Roadmap for Safe Effective Care

Review	Assess Current Status	Interventions	Assess Effectiveness of	Patient Goals and
Patient Problems	(patient and environment)	(Task Analysis: how do we get from problem to goal? What to do today?)	Treatment (progress toward goals)	Discharge Plan
Dependence on supplemental O2 at 2L/min (Carlyn – THR part 3, preparing to stand)	READ: chart MD orders re: O2; any status changes? ASK: other clinicians, sup PT/OT; communication with nursing and MD ASK: patient OBSERVE: Vital signs, SpO2 using pulse oximeter OBSERVE: Environment for safety PREPARE: Needed equipment			Tolerate PT interventions for modified THA protocol maintaining stable vital signs and SpO2 >90%
Post-THA hip pain, stiffness, weakness Example: hip abduction strength 1/5 (Carlyn – THR, part 1, initial eval)	ASSESS: Vital signs READ: chart – What do MD orders specify? what ther ex have been done, what other modalities have been used for pain control? Medication schedule? ASK: Nursing about pain meds prior to tx/best treatment time ASK: Patient about pain, with clarifying questions OBSERVE: Pain behavior OBSERVE: Surgical site (what are you looking for?) OBSERVE: Environment, placement in bed for performing ther ex per protocol (what are some restrictions you might see?)			Report surgical pain 3/10 at rest, <4/10 during and after treatment. Increase hip abduction strength to 2+/5 to enable bed mobility with minimal assistance.



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Patient	(patient and environment)	(Task Analysis: how do we get	Treatment	Discharge Plan
Problems		from problem to goal? What to do today?)	(progress toward goals)	
Unable to perform bed mobility without maximal assistance (Scooting up in bed: Normal Movement)	READ: Prior level of bed mobility function; what cues have been used effectively OBSERVE: Environment – lines and tubes arranged for end position; Bed linens out of the way PREPARE: Area and items for patient respect and draping ASK: Patient what they recall from prior treatment			Transfer supine to EOB with min assist for surgical limb
Unable to sit EOB without supervision (Ben: Acute care part 3: Monitoring BP while Sitting)	READ: Prior ability to sit – level of assistance, time, any LOB, activities performed, SpO2, other vital signs OBSERVE: Environment: floor safety (spills, objects on the floor; Patient – footwear, Oxygen tubing, other lines/tubes, catheter, IV, etc PREPARE: Needed equipment for sitting tasks ASK: Patient about symptoms while sitting, periodically. How can you ask in a way that encourages the patient to do more? ASK: Patient to support self while performing tasks			Sit EOB with minimal assist x 3 minutes maintaining SpO2 >90% on supplemental O2 per MD orders

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