

Staff: Alice L. Cox
 Date: 4.1.22



Service Recipient: Brittney G.
 Service Span: JUNE 2021

Outcomes:

Outcome #1:	<u>listen to music from a different Rock Band</u>
Summarize Steps:	<u>Enjoys music and this gives her an opportunity to expand her preferences</u> <u>85% of time</u>
Outcome #2:	<u>and she wants a lotion massage</u> <u>85% of time</u>
Summarize Steps:	<u>Enjoys sensory + 1-1 time</u>
Communication Style:	<u>Non Verbal expressions + vocalizations, eye gazing</u>
Learning Style:	<u>Calm environment choice making</u>

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cipro, Ceflor, Septa, Suprax, Latex, Cefamine</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Partially Controlled</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO choking hazard, 6, Tube</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Scoliosis, Dysmenorrhea, Constipation, static encephalopathy</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>trained in seizures, VNS, Med Passer</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 person, 2 person hoyer, Side RAILS up, positioned w/ pillows</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Side RAILS, seat better positioned w/ pillows</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full support 1-1</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>WARN her about loud noises hold items close up</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No alone time</u>
Important to:	<u>Rock Music, Mom + Dad, understand by Staff</u> <u>Relax in recliner</u>
Important for:	<u>NPO, seizure orders, DRY comfortable</u>
Likes:	<u>Music, crafts, look nice jokes</u>
Dislikes:	<u>Loud noises being uncomfortable, leaving 6-tube</u>

Staff: Natalie Johnson
 Date: 2-9-2022



Service Recipient: Brittney Gibson
 Service Span: June 2021

Outcomes:

Outcome #1: <u>listen to music from different rock bands.</u> Summarize Steps: <u>enjoys music and this gives her an opportunity to expand her preferences.</u>
Outcome #2: <u>Indicates she wants a lotion massage.</u> Summarize Steps: <u>enjoys sensory and 1:1 time</u>
Communication Style: <u>Non-Verbal expressions & vocalizations, eye gazing.</u>
Learning Style: <u>calm environment choice making</u>

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cipro, Leclor, Septea, Suprax, klex, Cefamine</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Partially Controlled - VNS</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO - G-tube</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO - G-tube</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sciiosis, dysmenorrhea, constipation, static encephalopathy</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>trained in Seizures - VNS</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 person, 2 person hoyer, positioned pillows, side rails up</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Side rails, seat belts, positioned pillows</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full support 1:1</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Warn her about loud noises, hold items up close</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>MA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No alone time</u>
Important to: <u>Rock music, mom & dad, relax in the recliner, understood by staff.</u>	
Important for: <u>NPO, Seizure orders, Dry & comfortable</u>	
Likes: <u>music, crafts, looks nice, Jokes</u>	
Dislikes: <u>Loud noises, being uncomfortable, leaking g-tube</u>	

Lead Review Completed: AS