Staff: Colette Rice

Date: 9/19/24

PAI

Service Recipient: Dan Sederstrom

Service Span: 9/24 - 9/25

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

| | |
|---|---|
| **Allergies:** ☒ No ☐ Yes ☐ N/A | List & Describe Supports: Medication Allergies? ☐ No ■ Yes *Listed on MAR, only administer meds per dr. order* <br> Codeine, morphine, Insect bites <br> Seasonal allergies |
| **Seizures:** ☒ No ☐ Yes ☐ N/A | Describe Supports: <br> Partially Controlled by medications <br> Tonic clonic Seizures! |
| **Choking/ Specialized Diet:** ☒ No ☐ Yes | Describe Supports: <br> Eats orally. may Put object in mouth |
| **Chronic Medical Conditions:** ☒ No ☐ Yes ☐ N/A | List & Describe Supports: <br> Osteoporosis, CP, <br> Psychomotor delay <br> DNR/DNI? ☐ No ■ Yes *Located in main file, share with EMT in emergency* |
| **Medication:** ☒ No ☐ Yes | Describe Supports: <br> Staff administers <br> NPO order <br> Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order* |
| **Personal Cares:** ☒ No ☐ Yes | Describe Supports: <br> arjo, Standing Pivot transfer to Recliner |
| **Mobility/Fall Risk:** ☒ No ☐ Yes | Describe Supports: <br> Arjo, Brief, full Support |
| **Community Support:** ☒ No ☐ Yes | Describe Supports: ■ Staff will model pedestrian & stranger safety, <br> 1:1 in community <br> provide transportation in the community, & provide supervision to meet health & safety needs |
| **Sensory Support:** ☒ No ☐ Yes ☐ N/A | List & Describe Supports: <br> Right Optic Astrphy |
| **Behavior Support:** ☐ No ☒ Yes | List & Describe Supports: <br> N/A |
| **Unsupervised time while at PAI?** ☒ No ☐ Yes | |
| **Important to:** | massages, Recliner, music & Pet therapy <br> Socialize w/ Staff & Peers |
| **Important for:** | Bear weight, Arjo. |

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient:

Service Span:

| |
|---|
| |
| **Likes:** Being w/ Sister, being in the Community music, ! |
| **Dislikes:** Reflux, not participate in groups, Being letharic, |
| **Communication Style:** eye gazing, facial expressions |
| **Learning Style:** Auditory, routine, Repetions, Kinesthetic |
| |

Lead Review Completed: _____

Staff: Ashley

Date: 9/19

Service Recipient: Dan Sederstrom

Service Span: 9/24 - 9/25

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

| | |
|---|---|
| **Allergies:** ☒ No ☐ Yes ☐ N/A | List & Describe Supports: Medication Allergies? ☐ No ■ Yes *Listed on MAR, only administer meds per dr. order* Codeine + Morphine bite/sting allergy Season Allergies Be mindful of insects + bees |
| **Seizures:** ☒ No ☐ Yes ☐ N/A | Describe Supports: Seizure disorder partially controlled by meds generalized Tonic Clonic whole body jerking w/ clenched fist staff knowprotocol Keep him comfortable |
| **Choking/ Specialized Diet:** ☒ No ☐ Yes | Describe Supports: Doesnt eat orally, At risk of choking Dan might eat pieces of chair |
| **Chronic Medical Conditions:** ☒ No ☐ Yes ☐ N/A | List & Describe Supports: Osteoporosis, CP, Psychomotor Delay DNR/DNI? ☐ No ■ Yes *Located in main file, share with EMT in emergency* |
| **Medication:** ☒ No ☐ Yes | Describe Supports: Needs assistance, staff will assist. Daily medication at PAI? ☒ No ☒ Yes *A trained staff will administer meds per a signed dr. order* |
| **Personal Cares:** ☒ No ☐ Yes | Describe Supports: Full support, briefs, arjo. |
| **Mobility/Fall Risk:** ☒ No ☐ Yes | Describe Supports: Does not know how to bear weight independently tends to lean over wheelchair Needs full support 2 person |
| **Community Support:** ☒ No ☐ Yes | Describe Supports: ■ Staff will model pedestrian & stranger safety, protect + serve provide transportation in the community, & provide supervision to meet health & safety needs |
| **Sensory Support:** ☒ No ☐ Yes ☐ N/A | List & Describe Supports: Right optic Atrophy, Doctors unable to confirm how much he can see |
| **Behavior Support:** ☒ No ☐ Yes | List & Describe Supports: N/A |
| **Unsupervised time while at PAI?** ☒ No ☐ Yes | |
| **Important to:** Massages staff rub back + shoulders likes recliners music + Pet therapy community outings, bowling loves to socialize, very affectionate | |
| **Important for:** For staff to be trained on how best to serve him to continue to bear weight continue to assist w/ arjo. | |

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient:

Service Span:

| |
|---|
| |
| **Likes:** sister, going in community, listening to music, participating in activities, relaxing w/ massager being able to rest head on therapy dogs. |
| **Dislikes:** reflux, not being able to parcipate, being lethergic staying in one area. not having massager |
| **Communication Style:** eye gazing, facial expression, vocalization, gestures |
| **Learning Style:** Auditory, routine, repetition, kinesthetic |
| |

Lead Review Completed: _____