

Staff: Erin Sandstrom  
 Date: 9/20/2024



Service Recipient: JOHN BOECK  
 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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>PENICILLIN, AMOXICILLIAN, BACTRIM, LATEX</u> <u>INSECT BITES</u> <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>SEIZURE ACTIVITY, HIS NURSE ADMINISTERS</u>
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>OROPHARYNGEAL DYSPHAGIA,</u> <u>INTUBATION/ NAG-TUBE</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>AGEMENTS OF CORPUS COLOSSEUM</u> <u>SPASTIC QUADRIPLEGIA CP, TACHYCARDIA</u> <small>DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          *Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NURSE GIVES HIS MEDS</u>  Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>DISPOSABLE BRIEF, IN CEILING TRACK, ONE PERSON LIFT</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>SPASTIC CP, IN CEILING TRACK, NURSE DOES HIS CARES</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 IN COMMUNITY</u> <u>NURSE ACCOMPANIES JOHN</u>  <small>Staff will model pedestrian &amp; stranger safety,          provide transportation in the community,          &amp; provide supervision to meet health &amp; safety needs</small>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>STARTLES EASILY,</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Important to:</b> <u>FAMILY, TV/GAME SHOWS, MUSIC, SINGING</u> <u>BEING OUTSIDE</u>	
<b>Important for:</b> <u>HIS TRACT, HEALTH PROTOCOLS, NPO ORDER</u>	

Staff: \_\_\_\_\_



Service Recipient: \_\_\_\_\_

Date: \_\_\_\_\_

Service Span: \_\_\_\_\_

<b>Likes:</b>	PEOPLE MAKING HIM LAUGH, GAME SHOWS, SINGING, OTHERS SINGING TO HIM, WARM WEATHER, MUSIC
<b>Dislikes:</b>	LOUD EXPECTED NOISES, NOT BEING INCLUDED, LISTENING TO OTHERS READ, NOT HAVING QUIET TIME
<b>Communication Style:</b>	VISUALIZATIONS, BODY LANGUAGE, MACK-SWITCHES SMILES/LAUGHS WHEN ENJOYING ACTIVITIES. YELLS OUT <sup>TO COMMUNICATE</sup> IF HE DOES NOT LIKE WHAT IS BEING
<b>Learning Style:</b>	AUDITORY/KINESTHETIC



Staff: Colette Rice

Date: 9/20/24



Service Recipient: John Boeck

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <span style="float: right;">*Listed on MAR, only administer meds per dr. order*</span> <u>Penicillin, amoxicillin, Bectrim, latex, cats, dogs!</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>John's nurse will administer meds!</u> <del>now</del>
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>oropharyngeal dysphagia!</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Agensis of Corpus Colosseum</u> <span style="float: right;">DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</span> <u>Spastic Quadriplegia Palsy</u> <span style="float: right;">*Located in main file, share with EMT in emergency*</span>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>John's nurse administers all medications</u>  Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes <span style="float: right;">*A trained staff will administer meds per a signed dr. order*</span>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable briefs, mat table, in ceiling trac.</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>CP, Quadra paresis</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <span style="float: right;"><input checked="" type="checkbox"/> Staff will model pedestrian &amp; stranger safety,</span> <u>1:1 in community</u>  <span style="float: right;">provide transportation in the community, &amp; provide supervision to meet health &amp; safety needs</span>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Present choices verbally to John</u> <u>Does not like loud environment</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Important to:</b> <u>family, tv, game show, singing,</u> <u>Being outside</u>	
<b>Important for:</b> <u>family, health Protocol, NPO order</u>	

Staff: \_\_\_\_\_

Date: \_\_\_\_\_



Service Recipient: \_\_\_\_\_

Service Span: \_\_\_\_\_

Likes:	Game Shows, Warm weather, music People who make him laugh
Dislikes:	unexpected noises, listening to others Read
Communication Style:	Body language, YANS may yell if he doesn't like what he
Learning Style:	Auditory, Kinesthetic is doing or needs Something

Staff: Jessica Ommundson  
 Date: 9/20/24



Service Recipient: John Boeck  
 Service Span:

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Penicillin, amoxicillin, Bactrim, high fat products, latex, mosquito bites, cats, dogs, anesthesia, *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: nurse will monitor
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: oropharyngeal dysphagia if eating nurse will monitor
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: agenesis of corpus callosum CP, hypothyroidism, tachycardia, adrenelin insufficiency, colitis, parkinsonism, acute respiratory failure DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: nurse gives medication.  Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: disposable brief, mat table via hoist, in ceiling track system nurse does his cares
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: chest strap for transportation
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, Protect and serve provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: startles easy from loud noises and may be moved away
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: family, TV, game shows, music, singing, spending time outside	
Important for: trash, health protocols, NPO order	

Staff: \_\_\_\_\_

Date: \_\_\_\_\_



Service Recipient: \_\_\_\_\_

Service Span: \_\_\_\_\_

<b>Likes:</b> being around people who make him laugh, watching game shows, singing, hearing people sing to him, warm weather
<b>Dislikes:</b> loud unexpected noises, not being included, listening to others read, not having quiet time during the day
<b>Communication Style:</b> vocalizations, body language, mack switch, smiled and laugh, yell if not like
<b>Learning Style:</b> auditory and kinesthetic