

Staff: Ashley Martinez

Date: 10/2/24



Service Recipient: Brittney Gibson

Service Span: 6/2024-06/2025

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

Allergies: <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 Ceflor, Cipro, Suprax, Cefamine, Latex *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Will monitor Staff are trained Will follow protocol
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Doesnt eat orally, will keep small non edible items away receives med. + nutrition via g-tube.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Constipation, dysmenorrhea static encephalopathy Scoliosis w/ spinal fusion (oz) DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: receive meds from guardian. staff will set up and pass meds Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Disposable briefs, bag Ceiling lift Needs full assist
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: wheel chair, staff propel
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, protect & serve provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Present item at close distance eye gazing + smiling, crying calm area or walk
Behavior Support: <input checked="" type="checkbox"/> No <input 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, rock music, being comfortable, comfort temp, quiet environment	
Important for: seizure protocol, NPO order, team who adv advocates for her.	

Staff: _____

Date: _____



Service Recipient: _____

Service Span: _____

Likes: Having hair done, recliner time, quiet environment
motorcycles having time w/ family 1:1 w/ staff listening to
rock music

Dislikes: being uncomfortable, discomfort related to g-tube
being too hot or ~~too~~ too cold extended touch hand over hand
expresses discomfort by crying short verbal phrases + ~~discomfort~~
gestures

Communication Style: vocalizations, facial expression, eye pointing

Learning Style: Visual Auditory, kinesthetically repetition

Staff: Jessica Gmundson



Service Recipient: Brittney Gibson

Date: 10/2/24

Service Span: 6/24-6/25

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

Allergies: <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 Cipro, Utor, Spectra, Suprax, Cafamine, Lulex	*Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: seizure protocol, has VNS	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: does not eat orally, receives nutrition via g-tube, communicate concerns to parents	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: constipation and dysmenorrhea State encephalopathy, scoliosis, uses in ceiling track system	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: request meds from parents, pass meds via g-tube Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes	*A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: disposable briefs, not able to reposition herself	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff help her propel	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: protect and serve provide transportation in the community, & provide supervision to meet health & safety needs	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety,
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: give choices up close distance eye gazing / smiling she likes something, crying she doesn't like something take her to quiet area, doesn't like loud noises	
Behavior Support: <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, Rock music, being comfortable, good temp, quiet space		
Important for: seizure protocol, NPO order, advocates		

Staff: _____

Date: _____



Service Recipient: _____

Service Span: _____

Likes: having her hair done, time in recliner, Quiet environment, motorcycles, family, 1:1 time, Rock music

Dislikes: being uncomfortable, discomfort from G-tube, too hot too cold, extended touch, hunched over hand, loud noises

Communication Style: vocalizations, facial expressions, eye pointing, crying, use short verbal phrases and gestures to communicate w/ Britt

Learning Style: visual, auditory, kinesthetic, repetition