**Short-term care plan *EXAMPLE*** Identification label

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| **Start date:** | Resident identified as frail – slow (potentially reverse) progression of frailty syndrome. Frail NH score: ………… |
| Goal: | Intervention: *How will we do that?* | Evaluation: *Did it work?* |
| Measurable gain in lean muscle mass in four weeks | * Ensure eats 2g/kg/day protein (sources include milk, supplements, whey powder, meat, nuts)
* Assess and optimise physiological and psychological issues impacting on eating (includes tooth and gum health, food modification, preferences, timing, assistance, social eating patterns, mood, self-assessed quality of life)
* Monitor food intake (food charting, ‘blue plate’ system, weigh weekly)
* Referral for professional assessment
* Work with family regarding additional nutritional treats, eg, trip out to eat, bring food in, extra stuff aged residential care can’t supply
 | **Date:** |
| Measurable gain in strength in four weeks | * Physiotherapy assessment for individual activity plan; includes strength and stamina training
* Intense support to implement PT plan
* Agree small specific daily activities that increase activity
* Measure against baseline activity at weekly intervals
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| Optimise medication regime | Work with NP/GP to:* review BP (lower BPs in frail older adults have worse outcomes)
* optimise analgesia
* consider mental health prescribing (depression worsens fatigue, as does hyponatraemia ADE)
* consider vitamin D prescribing
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| Optimise medical management | Review and work with NP/GP to optimise chronic condition management (eg, inhalers and SOB, glucose and DM, fluids and HF, rest and sleep cycle, cognition and activities) |  |