

Activity	Prior to SOC (at home or in AIS)	Day 1 prior to hospital discharge/SOC in facility/MD office	Day 1 at home or in AIS
ASSESSMENTS	Reimbursement Coverage Physical Assessment baseline Appropriateness of therapy <ul style="list-style-type: none"> -Review any medication allergies and reactions -Determine optimal administration method/device -Determine first dose status for medication/class ordered -Determine pretreatment history, if any (e.g. diphenhydramine, acetaminophen, IV fluids) Appropriateness of RX/order (based on C&S testing, if available) Pt/caregiver ability to learn Patient support systems Home Safety	Pt/caregiver status Readiness for hospital discharge or start of care, as applicable Confirm first dose status and anaphylaxis orders, if applicable	Physical assessment: <ul style="list-style-type: none"> - Vital signs - Specific s/s of medication effectiveness and/or toxicity Baseline weight on patient's home scale (if weight based dosing or weight is a specific monitoring parameter) Patient/caregiver status Dietary restrictions and requirements Medication compliance process Nursing visit complete initial assessment Establish patient (and medication) specific plan of care within 72 hours of SOC, with extent and frequency of monitoring parameters.
LAB TESTS	Document baseline labs: <ul style="list-style-type: none"> - CMP, C&S, CBC, CRP, CPK, sed rate, monitored drug levels (e.g. peaks and/or troughs) as applicable 	Document most recent labs	Lab draws as ordered: <ul style="list-style-type: none"> - Schedule/draw drug peaks and/or troughs at appropriate times for applicable therapeutic drug monitoring orders - CMP, CBC, sed rate, CRP, CPK
ACCESS CARE	Central line placed, patency established <ul style="list-style-type: none"> -or- PICC line placed, tip placement verified, patency established <ul style="list-style-type: none"> -or- Peripheral line status, patient access appropriate for medication	Confirm patency or status of access device	Assess signs and symptoms (s/s) infection of site Dressing change per policy Flush per policy and physician orders <ul style="list-style-type: none"> - Flush unused lumen(s) daily with heparin/saline as indicated/ordered - Flush lumen in use for anti-infective therapy administration as indicated/ordered (e.g. SASH technique between doses)
PATIENT EDUCATION	Begin patient/caregiver teaching: <ul style="list-style-type: none"> - Infusion control device operation (e.g. pump, elastomeric, in-line controller), as applicable - Bag/cassette/tubing changes (timing and technique), if applicable - IV Push/IV flush methods, as applicable - Access, s/s infection - Dressing changes (Sterile, Clean) - Side effects of therapy - Goal for home anti-infective therapy - Compliance with medications - Compliance with self monitoring 	Reinforce initial teaching before facility departure, as applicable: <ul style="list-style-type: none"> - Infusion control device operation in transit to/from home, when applicable - Medication and supply storage upon arrival at home - Caregiver/patient have 24/7 on call number for CCS and coordinating HHA, if applicable 	Continue patient teaching at initial visit (home or AIS) <ul style="list-style-type: none"> - Infusion control device operation (alarms, program review, batteries) if applicable - Medication administration dose and schedule - Container/tubing changes (timing and technique) - Access device patency/flush procedures, s/s infection - Dressing changes (Sterile, Clean) - Effects of therapy (positive and adverse) - Goal for therapy - Medication and supply storage, inventory management Reinforce self-monitoring and reporting specific to anti-infective therapy management and plan of care
THERAPY	Obtain discharge or initiation of therapy orders, as applicable Review medication history Review potential interactions	Reconfirm orders <ul style="list-style-type: none"> - Medication regimen - Pretreatment, if applicable - First dose/anaphylaxis orders, if applicable When/if hospital or facility hook up is needed: <ul style="list-style-type: none"> - Deliver infusion control device/ initial container to hospital or facility room - Review infusion control device program/operation, medication dosage - Connect container/device to patient, as applicable 	Confirm current orders (pretreatment/ drug/ dose/ flush/ line and site care) Confirm medication administration schedule, including container and tubing change timing, if applicable Confirm infusion control device program and battery change schedule, if applicable Confirm flush process (see Access Care) Confirm supply needs
CARE COORDINATION	Home health nursing, if applicable Wound care, if applicable	Clarify initial home or AIS visit timing	Initial home nursing or AIS visit for assessment, patient education, care coordination with MD, pharmacy, other applicable services

Activity	Day 2-Day 6 as needed	Weekly (direct or via care coordination)
ASSESSMENTS	Physical assessment: -Vital signs - Specific s/s of medication effectiveness and/or toxicity Review, and as necessary, update patient/therapy-specific plan of care for extent and frequency of monitoring parameters to - Decrease the potential for side effects of medication - Decrease the potential for therapy complications - Meet the goals of therapy - Ensure patient compliance - Ensure patient psychosocial/coping mechanism Patient/caregiver status Dietary restrictions and requirements Patient weight on home scale (if applicable) Medication compliance process Infusion control device Nursing visit complete assessment	Physical assessment - Vital signs - Specific s/s of medication effectiveness and/or toxicity Review, and as necessary, update patient/therapy-specific plan of care for extent and frequency of monitoring parameters Patient/caregiver status Dietary restrictions and requirements Patient weight on home scale (if applicable) Medication compliance process Infusion control device Nursing visit complete assessment
LAB TESTS	Lab draws as ordered (see Day 1)	Lab draw: - Basic or comprehensive metabolic profile, sed rate, CBC, CRP, CPK or as ordered - Schedule/draw drug peaks and/or troughs at appropriate times for applicable therapeutic drug monitoring orders
ACCESS CARE	Catheter lumen(s) patent Assess s/s infection of site Dressing change per policy if needed Flush per policy and physician orders (see Day 1 at home or in AIS)	Catheter lumen(s) patent Assess s/s infection of site Dressing change per policy Flush per policy and physician orders (see Day 1 at home or in AIS)
PATIENT EDUCATION	Reinforce teaching (see Day 1 at home or in AIS): - Medication and supply storage - Container change process/timing, as applicable - Infusion control device, as applicable - Access device/Line and site care/flush procedures - Medication compliance - Goal of therapy - Medication effects - Supply management - Contact process Reinforce self-monitoring and reporting specific to anti-infective therapy management	Reinforce teaching: - Medication and supply storage - Container change process/timing, as applicable - Infusion control devices, as applicable - Access device/Line and site care/flush procedures - Medication compliance - Goal of therapy - Medication effects - Supply management - Contact process Reinforce self-monitoring and reporting specific to anti-infective therapy management
THERAPY	See Day 1 at home or in AIS	Confirm current order (drug/dose/flush/schedule) Confirm medication administration schedule, including container and tubing change timing, if applicable Confirm infusion control device program and battery change schedule if applicable Confirm flush process (See Access Care) Confirm supply needs
CARE COORDINATION	Home or AIS nursing visit(s) for assessment, lab draw, access care, and continued patient education, as needed	Home or AIS nursing visit for assessment, lab draw, access care, and reinforced patient education Care coordination: MD, CCS, pharmacy, other applicable services

Figure 3 Sample care plan for anti-infective therapy

XYZ Agency PLAN OF CARE	
Patient Name: John Smith Therapy: Vancomycin 1.5 gm in 150 mL over 1.5 hours q 12 hours x 4 weeks for cellulitis left great toe Date: 12/1/2007 Note: initial vanco dosing in hospital started 11/23/2007 after MRSA c/s	
Lab Work: CMP, CBC/diff, ESR, vanco trough q weekly Vanco trough target 15-20.	Report To: Dr. Bugsy Siegel Lab report Telephone: 702-555-5555 Lab report Fax: 702-555-5555
Monitor patient: <input checked="" type="checkbox"/> Weight: Maintain <input type="checkbox"/> TPR <input type="checkbox"/> BP <input type="checkbox"/> Pain Scales (1-10) <input type="checkbox"/> Other Additional Interventions: Verify SASH technique	Frequency of monitoring: weekly Draw initial home trough Monday 12/4/07 before 6 pm dose
1. Access Approp: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Dose/Freq Approp for Diagnosis <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Dose Approp for Ht/Wt/BSA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Delivery Method/Stability Approp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
2. GOAL: Decrease the potential for side effects of medication: OTOTOXICITY, NEPHROTOXICITY, SKIN RASH. PLAN: Patient will be able to verbalize and/or recognize the side effects (SEs) of the medication including tinnitus, decreased urination, itching, flushing Teaching done by: K Ross. RN Side effects will be monitored by the pharmacist through nursing and patient followup. SEs will be reported to the physician and treatment recommended as appropriate.	
3. GOAL: Decrease the potential for therapy complications: RED MAN SYNDROME, LINE SEPSIS, PHLEBITIS, NEPHROTOXICITY, OTOTOXICITY PLAN: Patient will not experience any complications related to the therapy. CCS RN to visit weekly for labs and dressing change, will monitor on site Patient will be monitored for potential drug therapy complications by the pharmacist through lab monitoring, nursing notes, and physician interaction. Complications will be reported to the physician and treatment recommended as appropriate.	
4. GOALS: Therapy Goals: <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Suppression of infection <input type="checkbox"/> Prophylaxis Other PLAN: 4 weeks of vancomycin, then repeat radiology followup per MD office Response to care will be monitored at each visit or weekly with lab results Response to care will be communicated to the physician. Recommendations will be made as needed.	
5. GOAL: Ensure patient compliance: potential for non-compliance as identified through assessments: monitored via nursing visits monitor through patient inventory	

<p>PLAN: Patient will be compliant with therapy. Using elastomeric device and SASH through single lumen PICC Compliance will be monitored at each contact. Compliance issues will be reported to the physician as appropriate.</p>	
<p>6. GOAL: Ensure patient psychosocial/coping mechanism <input checked="" type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Denial <input type="checkbox"/> Caregiver/family dynamics <input checked="" type="checkbox"/> Other <u>Stress-induced over eating</u> Patient/caregiver will experience minimal anxiety related to the home infusion therapy. PLAN: Coping mechanisms will be assessed via each contact and visit. Encourage verbalization. Assessment of problem areas to include: <u>Diet and blood sugar control</u> Patient/caregiver will be involved in the development of coping mechanisms. Referrals will be made as needed:</p>	
<p>Prognosis: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Guarded</p>	
<p>Identified needs related to cultural/religious practices: none noted</p>	
<p>Additional assessed need: patient has decreased visual acuity GOALS: patient to be able to read all medication labels and written materials PLAN: Ensure that all medication teaching materials are in legible print or type, verify ability to see with read-back</p>	
<p>Identified discharge needs: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Identified need</p>	
<p>Clinical Nurse: K Ross, RN Clinical Pharmacist: CM Bing, RPh</p>	