# Montana Mental Health Nursing Care Center

**Lewistown, MT**

## Initial Care Plan

**1. Elimination:**

_____ Independent
_____ Incontinent
_____ Attends
_____ Catheter
_____ Bladder Program

**Bowel:**

_____ Independent
_____ Incontinent
_____ Constipated
_____ Ostomy
_____ Attends
_____ Bowel Program

**2. Mental Status**

_____ Oriented
_____ Forgetful
_____ Depressed
_____ Disoriented
_____ Lethargic
_____ Agitated
_____ Combative
_____ Cooperative
_____ Can Verbalize Needs
_____ Smokes

**3. ADL's: Use I – Independent, A – Assist, D – Dependent**

Feeding:_____ Hygiene:_____ Equipment Needs:_____ Positioning:_____

Walking:_____ Transfer:_____ With assist of:_____

| Problem Identification | Recommendation |
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Signature: _____ Name: _____ Date: _____