

Intentionally Left Blank

**Washington County PH & E
CLIENT CARE PLAN**

Client: Lead , All

Client ID#:
Admission Date:

1137187261
01-13-2006

03 Residence Potential Problem Individual

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
TGC	Home	Other Common sources of lead
TGC	Safety	Store / Remove Unsafe Substances Reducing lead exposure

35 Nutrition Potential Problem Individual

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
TGC	Dietary Management	Recommended Diet Prevention of excess lead absorption

17 Growth and Development Potential Problem Individual

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
TGC	Laboratory Findings	Other Blood lead levels
TGC	Growth/Development Care	Developmental Tasks Follow Along Program information
S	Laboratory Findings	Other Blood lead levels
TGC	Safety	Environmental Hazards Handwashing

41 Health Care Supervision Potential Problem Individual

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
TGC	Screening Procedures	Standardized Assessment Guides / Diagnostic Tests Follow up lead level testing

**Washington County PH & E
CLIENT CARE PLAN**

Client: Lead , hv

Client ID#: 1137187366
Admission Date: 01-13-2006

03 Residence Potential Problem Individual

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
TGC	Home	Other Elevated lead levels in this home
S	Safety	Location / Use Of Hazards Health department - environmental assessment for lead
CM	Legal System	Health Department

35 Nutrition Potential Problem Individual

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
S	Dietary Management	Diet History

41 Health Care Supervision Potential Problem Individual

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
CM	Medical/Dental Care	Coordination Among Providers Follow Up with Health Care Provider for Lead Levels
S	Medical/Dental Care	Follows Plan Of Care

17 Growth and Development Potential Problem Individual

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
TGC	Growth/Development Care	Developmental Tasks
CM	Growth/Development Care	Other Follow Along Program Enrollment
S	Growth/Development Care	Appropriate Developmental Tasks For Age / Condition
S	Screening Procedures	Other ASQ or CDI