

Checklist: Following the Patient's Plan of Care and Preferences

| Following the Patient's Plan of Care and Preferences | Able to Perform | Unable to Perform |
|--|--------------------------|--------------------------|
| 1. Perform hand hygiene before patient contact. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Review the patient's care plan, provider orders, assigned tasks, and documented preferences before providing care. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Identify the patient using facility-approved identification procedures. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Introduce yourself and explain the care or assistance to be provided. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Respect the patient's rights, dignity, privacy, cultural practices, and personal preferences during all care activities. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Follow only the care tasks and responsibilities permitted within your role and training according to Oregon regulations and facility policy. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Provide care according to the specific instructions outlined in the patient's care plan. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Encourage the patient's independence and participation in care activities whenever safe and appropriate. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Adapt care approaches when possible to honor the patient's preferences regarding routines, clothing, food choices, bathing preferences, positioning, or daily activities. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Observe the patient for physical, emotional, or behavioral changes during care. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Monitor for discomfort, pain, safety concerns, or changes in condition. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Report changes in the patient's condition, refusal of care, safety concerns, or unmet needs promptly to the supervising nurse according to facility policy. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Follow infection-control practices and standard precautions during all patient care activities. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Use approved safety techniques and assistive devices according to the care plan and facility policy. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Maintain confidentiality and protect patient information according to HIPAA and facility policy. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Communicate respectfully and professionally with the patient, family members, and healthcare team. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Document care provided, patient preferences addressed, observations made, and any changes or concerns according to facility policy. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Perform hand hygiene after completing patient care activities. | <input type="checkbox"/> | <input type="checkbox"/> |