

# Individualized Care Plan (ICP)

## **Purpose:**

To address client's problems/risks/concerns identified during prenatal visits, Prenatal Combined Assessment/Reassessment and/or Postpartum Assessment.

## **Definition:**

The ICP is a document developed by a comprehensive perinatal practitioner(s) in conjunction with the client. The plan includes four components: obstetrical, nutritional, health education, and psychosocial. Each component includes identification of risk conditions, prioritization of needs, proposed intervention(s) including methods, timeframe, outcome goal, proposed referrals, and each health discipline's responsibilities based on the results of the assessments.

## **Procedure:**

### **Client Information:**

#### *Patient:*

Write in the client's complete name following the format of first name, middle initial and last name.

#### *Gravida:*

Write in the number of times the patient became pregnant including this one. All pregnancies should be counted regardless of whether they resulted in a live birth or not.

#### *Para:*

Write in the number of previous deliveries resulting in infants weighing 500 grams or more or having a gestational age of 20 weeks or more whether alive or dead at delivery. A multiple fetal pregnancy (twins, triplets, etc.) counts as only one delivery.

#### *EDC:*

Estimated Date of Confinement (EDC) or the due date is the calculated birthdate of the infant using the first day of the patient's last menstrual period. Charts or "OB wheels" can be used for the calculation. Write in the month/day/year.

#### *Provider Name:*

Write in the name of the physician or certified nurse midwife in charge of the patients overall OB care.

#### *Case Coordinator:*

Write in the full name and title. Example: Sarah Smart, CPHW

#### *Provider Signature:*

It is recommended that the physician sign the Individualized Care Plan to comply with CPSP regulations that all services are provided by or under the personal supervision of a physician. (Title 22, CCR, Section 51179)

#### *Date:*

Write in the date that the physician reviewed the Individualized Care Plan.

## Column 1

*Date:*

Write in the date when the problem is identified whether at the initial assessment, reassessment, or a follow-up visit.

*Strengths Identified:*

Write in the patient's strengths that can help change the particular problem(s) or issue(s) identified at this visit. Strengths need to be matched to specific problems/risks (eg. problem: low education; strength: patient motivated to go back to school.)

## Column 2

*Identified Problem/Risk/Concern:*

Write in all problems, risks, and concerns related to obstetrical, health education, nutrition, and psychosocial issues. Problems/risks are the shaded items that are found on the prenatal combined assessment. Number the problems using the same number of the question from the prenatal combined assessment. This column should include concerns that the patient wants addressed at this visit as well as issues identified by the CPSP Support Services staff. List all risk conditions that require follow-up by the support services and medical staff. **Do not** include issues that have been adequately addressed with interventions noted in the Prenatal Combined Assessment/Reassessment Tool itself. Use all the space you need to adequately document the problem/risk/concern. Refer to Appendix 2 for a sample list of obstetrical, health education, nutrition, and psychosocial problem/risk/concern(s).

*Goal/Timeframe:*

Each identified problem on the ICP needs to have a goal. This is the status or outcome to be achieved by the plan of action (intervention) for addressing the problem/need/risk. The projected length of time must be identified by which goals will be achieved (eg. Stabilize blood sugar level by next visit).

## Column 3

*Teaching/Counseling/Referral(s)*

Refer to clinic CPSP protocols. Look up the number of the risk identified in the CPSP protocols. Write in all specific actions being performed to remedy the problem/ risk/ concern(s). Make sure the patient agrees with proposed interventions. These actions are based on advice, counseling, resources, and referrals provided by the staff to the patient. If patient is unwilling to follow the plan provided, document your efforts. The referrals to other professionals (RD, SW, etc.) or programs (smoking cessation program, alcohol/drug services, male involvement program, etc.) should be made in accordance with practice protocols or provider recommendation. Use short sentences and do not rewrite the problem.

## Column 4 & 5

*Follow-up/Reassessment Date - Outcome/Plan*


Write in the date at the top of the box. Restate the problem with the respective number assigned in column 2. At the follow -up antepartum visit/reassessment, record patient's progress towards resolving the problem. Recheck the previous plan and comment on results obtained. If goals were not achieved, modify the plan and record new interventions. If the problem continues past column 5, rewrite it on an additional care plan sheet. If problem/ risk/concern (s) has been resolved, write a short note and then "resolved." A sample of an Individualized Care Plan is as follows:

Patient: Patty Preggers

Gravida: 1 Para: 0 EDC: May 1, 2009

Provider Name: Dr Le Bron

Case Coordinator: Sarah Smart, CPHW

Provider Signature: 

Date: 2/08/09

Date: 12/20/08	Identified Problem /Risk/ Concern	Teaching/ Counseling/ Referral	Follow-up Reassessment Date-Outcome/Plan	Follow-up Reassessment Date-Outcome/Plan
<p><b>Strengths Identified:</b> Motivated to see dentist</p>	<p><b>#30.</b> Has not been to dentist within past year because of lack of insurance</p> <p><u>Goal:</u> Will go to dentist by next prenatal visit</p>	<p>-CPHW reviewed /discussed STT HE p. 47 "Oral health during Pregnancy".</p> <p>- CPHW referred pt to dentist (denti-cal provider) HAPPY DENTAL (323)2221111</p>	<p>2/08/09 -Pt did not go to dentist appt because she states that she didn't feel well. Pt will go to dentist by next prenatal appt.</p>	<p>4/26/09 - Pt went to dentist appt 3/9/09 and states that she has no cavities</p> <p>-Problem resolved</p>
<p><b>Date:</b> 12/20/08</p> <p><b>Strengths Identified:</b> -willing to discuss problems in relationship - willing to provide safe environment for self/baby</p>	<p><b>#102</b> Feels threatened by boyfriend</p> <p><u>Goal:</u> Pt will feel safe immediately</p>	<p>-CPHW informed pt of limits of confidentiality -CPHW reviewed/ discussed STT Psych p. 53-55 "Spouse/Partner abuse" -CPHW referred pt to SW, Wilma Ward, (323) 8675309 scheduled appt 12/30/08 -CPHW informed MD. -referred to Women's shelter (323) 445-5694 -referred to domestic violence hotline (800) 456-1111</p>	<p>-Pt met with SW (12/30/08) See SW notes. - Pt states broke up with boyfriend last month/feeling okay &amp; safe. Denies seeing boyfriend</p>	<p>-Pt states she no longer has contact with boyfriend</p> <p>-Problem resolved</p>
<p><b>Date:</b> 12/20/08</p> <p><b>Strengths Identified:</b> Encouraged to learn about breastfeeding</p> <p>Will @ least try to breastfeed</p>	<p><b>#89</b> Plan to breast feed/formula feed because will return to work in 6 weeks.</p> <p><u>Goal:</u> To understand benefits of exclusively breastfeeding by next prenatal visit</p>	<p>- CPHW reviewed/discussed STT HE p. 99-100 "Infant Feeding Decision making" - CPHW reviewed/discussed STT Nutrition" How to get Started Making plenty of Milk" - CPHW reviewed Pt concerns related to return to work (I. E Breast pumps)</p>	<p>- Pt considering exclusively breastfeeding but is worried about milk supply - CPHW enc. Pt to attend WIC breastfeeding classes; WIC (323) 3124444</p>	<p>-Pt agrees to exclusively breastfeed for at least first 4 weeks. -CPHW referred pt to La Leche League (800) 9999999 - CPHW to schedule return to clinic appt after pt d/c from hospital to evaluate breastfeeding</p>

<b>Date:</b> 12/20/08	<b>Identified Problem /Risk/ Concern</b>	<b>Teaching/ Counseling/ Referral</b>	<b>Follow-up Reassessment Date-Outcome/Plan</b>	<b>Follow-up Reassessment Date-Outcome/Plan</b>
<p><b><u>Strengths Identified:</u></b> Willing to receive treatment Concerned about health &amp; baby's health</p>	<p>Lab test positive for Chlamydia</p> <p><u>Goal:</u> To receive treatment today</p>	<p>-Dr LeBron treated pt Azithromycin 1gm PO</p> <p>Strongly advised to tell boyfriend to come to clinic for treatment - CPHW discussed/reviewed STT HE p23-25 "STDs"</p> <p>- MD advised to refrain from sex for 2 weeks.</p> <p><i>Sarah Smart, CPHW</i></p>	<p>-T.O.C. negative</p> <p>-Per pt: left msgs for boyfriend to call back but no response.</p> <p>-Per MD orders advised to practice safer sex.</p> <p>- Problem resolved</p> <p><i>Sarah Smart, CPHW</i></p>	<p>-Pt states no complaints</p> <p><i>Sarah Smart, CPHW</i></p>

## Sample Strengths List

(Strengths must match specific risk identified from the assessment questions. Please see ICP example)

Ability to comprehend and make decisions  
Ability to cope  
Adequate food  
Adequate shelter/ clothing  
Adequate transportation  
Emotionally stable  
Employed  
Experience/knowledge of delivery  
Experience/knowledge of infant care  
Experience/knowledge of parenting  
Experience/knowledge of pregnancy  
Financially stable  
Positive compliance  
Positive self-esteem  
High School Education  
Interest/willingness to participate in individual/group classes  
Motivated- (complete with the action the patient is motivated to do)  
Refrigerator/stove  
Support system  
Thinking of the future  
Wanted/accepted/planned pregnancy

## Sample of Problem List

**Obstetrical**

Anemia/hemoglobinopathy  
 Blood problems  
 Cardiovascular disorders  
 Chronic renal disease  
 Diabetes Type 1  
 Diabetes Type 2  
 Dysplasia/GYN malignancy  
 Gastrointestinal disorders  
 Genetic risk  
 Gestational diabetes  
 Hepatitis  
 History of abnormal infant  
 History of C-Section/Uterine Surgery  
 History of DES exposure  
 History of gestational diabetes (insulin/diet controlled)  
 History of hospitalization(s)  
 History of Incompetent Cervix  
 History of less than 2500 gram infant  
 History of more than 4000 gram infant  
 History of neonatal death  
 History of preterm birth (less than 36 weeks)  
 History of stillbirth  
 HIV risk  
 Hypertension/chronic  
 Hypo/hyperthyroid  
 Kidney problems  
 Multiple gestation  
 Pregnancy induced hypertension  
 Pregnancy interval less than a year  
 Psychological illness  
 Pulmonary disease /TB  
 Rh hemolytic disease  
 Seizure disorders  
 STD  
 Uterine problems  
 Vaginal bleeding

**Nutrition**

Abnormal glucose  
 Anemia  
 Currently breast feeding  
 Eating disorders  
 Excessive wt. Gain during pregnancy  
 High caffeine consumption  
 High parity  
 Hypovolemia  
 Inadequate wt. Gain during pregnancy  
 Less than 3 years since first menses  
 Low income  
 Moderately overweight (more than 120% desirable wt. )  
 Previous obstetrical complications  
 Short interpregnancy interval  
 Substance use  
 Underweight (less than 90% desirable wt.)  
 Very overweight (more than 135% desirable wt.)

**Health Education**

Age less than 17 or greater than 35 years of age  
 Cardiovascular problems  
 Conflict scheduling class times  
 Diabetes  
 Economic and housing problems  
 Extreme anxiety or emotional problems  
 Low education level  
 Failed Appointments  
 Family problems/Abuse  
 HIV risk status  
 Inability to read or write or low reading level  
 Inability to reach decisions or comprehension difficulties  
 Inadequate nutritional status  
 Lack of social support structure  
 Late initiation of prenatal care  
 Low motivation or interest  
 Little or no experience with U.S. health care  
 Negative attitude about pregnancy  
 Noncompliance with medical advice  
 Occupational risk  
 Past negative experience with U.S. health care  
 Physical disabilities  
 Preterm labor  
 Primigravida or multi-gravida with five or more  
 Substance use  
 Transportation

## **Psychosocial**

Eating disorders

Excessive difficulty in coping with crisis interfering with self care

Excessive worries/fears regarding body image

Excessive worries/fears related to fetus

Extreme difficulty or resistance to comply with medical recommendations

Fear of dying during labor

Fears of inability to parent

Frequent complaints for which no diagnosis can be found

History or current indication of domestic violence

Lack of resources (financial, transportation, food, clothing, shelter)

Pregnancy complicated by detection of fetal anomaly

Previous pregnancy loss

Previous psychological history of depression, suicide, psychosis

Rejection or denial of pregnancy

Relationship problems or absence of a support person

Severe emotional problems

Unrealistic positive or negative feelings about pregnancy/motherhood/parenthood