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Guide to developing social work care plans

- 1. Introduction
- 2. Official guidance and some research findings a very brief overview
- 3. SMART planning
- 4. Applying SMART planning to social work
- 5. An alternative approach to planning (POWER)
- 6. Case examples
- 7. Continued Professional Development

Introduction

Making plans is a critical activity for child and family social workers. All children in need, especially those in need of protection, must have a care plan. The same applies to children in care and many young people eligible for leaving care services too. Many disabled children, but not all, will have an Education, Health and Care Plan, particularly if the child needs cannot be met via mainstream education or 'social care' services. So common is the need to produce plans that for most social workers, writing a plan must feel like a routine part of the job. Once they are written, most care plans will be reviewed at various formal and informal meetings - during supervision, at care group meetings and child protection conferences and as part of looked after reviews. The idea behind this 'plan and review' approach is to make sure that everyone understands what tasks need to be completed, by when and whether sufficient progress is being made towards the overall objectives of the plan.

In addition to this rather technical approach to helping and supporting people, there are other, more important principles to consider. Perhaps most important of all is the principle that plans should be developed with children and families, in collaboration - or even better by children and families themselves (eg via a Family Group Conference). This approach is reinforced in law where it comes to adult services, with the opening paragraphs of the Care Act 2014 referring to 'the importance of...the assumption that the individual is best placed to judge (their own) well-being' and that 'the individual (should participate) as fully as possible in decisions' made about them, although not precluded of the



National Institutes of Health Stroke Scale

Score = 0 No stroke
Score = 1-4 Minor stroke
Score = 5-15 Moderate stroke
Score = 15-20 Moderate to severe stroke
Score = 21-42 Severe stroke

National Institutes of Health Stroke Scale score	
1a. Level of consciousness	0 = Alert; keenly responsive 1 = Not alert, but arousable by minor stimulation 2 = Not alert; requires repeated stimulation 3 = Unresponsive or responds only with reflex
1b. Level of consciousness questions: What is the month? What is your age?	0 = Answers two questions correctly 1 = Answers one question correctly 2 = Answers neither question correctly
1c. Level of consciousness commands: Open and close your eyes. Grip and release your hand.	0 = Performs both tasks correctly 1 = Performs one task correctly 2 = Performs neither task correctly
2. Best gaze	0 = Normal 1 = Partial gaze palsy 2 = Forced deviation
3. Visual	0 = No visual loss 1 = Partial hemianopia 2 = Complete hemianopia 3 = Bilateral hemianopia
4. Facial palsy	0 = Normal symmetric movements 1 = Minor paralysis 2 = Partial paralysis 3 = Complete paralysis of one or both sides
5. Motor arm 5a. Left arm 5b. Right arm	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity; limb falls 4 = No movement
6. Motor leg 6a. Left leg 6b. Right leg	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement
7. Limb ataxia	0 = Absent 1 = Present in one limb 2 = Present in two limbs
8. Sensory	0 = Normal; no sensory loss 1 = Mild-to-moderate sensory loss 2 = Severe to total sensory loss
9. Best language	0 = No aphasia; normal 1 = Mild to moderate aphasia 2 = Severe aphasia 3 = Mute, global aphasia
10. Dysarthria	0 = Normal 1 = Mild to moderate dysarthria 2 = Severe dysarthria
11. Extinction and inattention	0 = No abnormality 1 = Visual, tactile, auditory, spatial, or personal inattention 2 = Profound hemi-inattention or extinction
Total score = 0-42.	

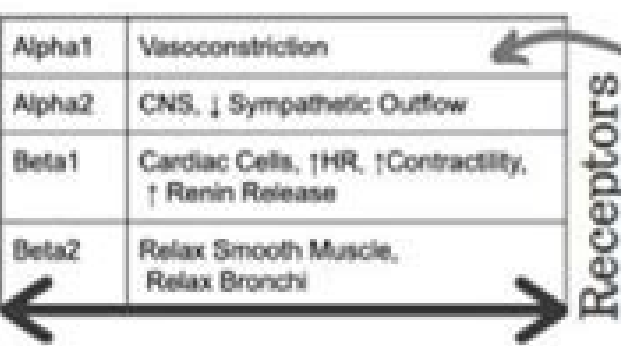
ABG's	pH	PCO2	HCO3	Common Causes
Normal	7.35-7.45	35-45	22-28	
Respiratory Acidosis	↓	↑	Normal or ↑	Respiratory Depression (Drugs, CNS Issues, COPD, PE, etc)
Respiratory Alkalosis	↑	↓	Normal or ↓	Hyperventilation (Anxiety, Pain)
Metabolic Acidosis	↓	Normal or ↓	↓	Diabetes, Shock, Renal Failure
Metabolic Alkalosis	↑	Normal or ↑	↑	Sodium Bicarbonate Overuse, Prolonged Vomiting, NG Drainage

-GCS-

Eye Opening	Spontaneously To Speech To Pain No Response	4 3 2 1
Verbal Response	Oriented x 3 Confused Inappropriate Words Incomprehensible Sounds No Response	5 4 3 2 1
Motor Response	Obeys Commands Moves to Localized Pain Withdraws From Pain Abnormal Flexion Abnormal Extension No Response	6 5 4 3 2 1



Electrolyte/Lab	Normal Value	S/S of Abnormality
Sodium	135-145	↑↑↑↑↑: Neurologic Agitation ↓↓↓↓↓: Central adema, nausea, seizures
Potassium	3.5-5	↑: Muscle weakness, arrhythmias, peaked T waves, wide QRS complex ↓: Muscle weakness, cramps, flaccid paralysis
Magnesium	2-3	↓: Deep tendon reflexes ↓↓: ↓PR, muscle paralysis ↑: Tachy, arrhythmias (Torsade de Pointes)
Calcium	8-10	↑: Polyuria, polydipsia, muscle weakness ↓: Tachy
Phosphorous	2.5-4.5	↑: Effects of ↓Ca (Phosphorous and calcium are inversely proportional) ↓: Effects of ↑Ca
Ammonia	0-55	↑: Encephalopathy



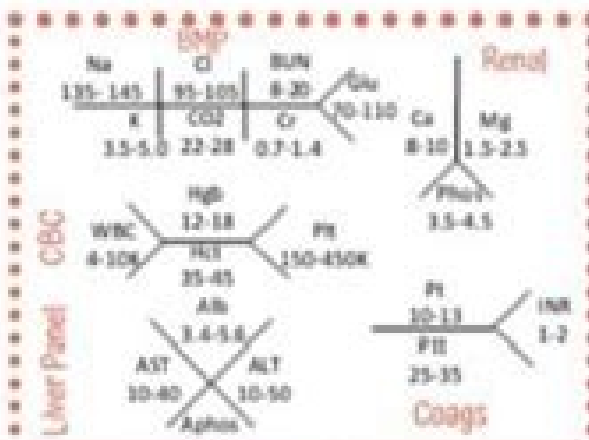
Common Ventilator Modes

Mode	Description	Special Notes
Continuous Mandatory Ventilation (CMV)	Set tidal volume delivered at a set respiratory rate. Patient is unable to trigger breaths.	Used for apneic or paralyzed and sedated patients.
Synchronized Intermittent Mandatory Ventilation (SIMV)	Mandatory breaths synchronized with spontaneous breaths. Patient triggered breaths given at total volume generated by patient.	Can decrease cardiac output in patients with left-ventricular dysfunction.
Pressure Controlled Ventilation (PCV)	Ventilator initiated breaths set to a predetermined pressure level. Tidal volumes vary in order to achieve set pressure.	Used for patients with neuromuscular disease. Patients do not trigger breaths.
Pressure Support Ventilation (PSV)	Patient triggers respiratory frequency and inflation volume. Ventilator controls pressure.	Used to augment[] spontaneous breathing.
Alveolar Pressure Release Ventilation (APRV)	Positive airway pressure augments spontaneous inspiration. Pressure level is reduced to allow for exhalation.	Decreases incidence of barotrauma. No set rate. Good for patients with obstructive lung disease.



Lung Sounds

Rales/Crackles	Bubbling or popping sound. Caused by increased fluid in the alveoli.
Ronchi	A continuous, low-pitched sound that can be heard on inspiration and expiration. Usually caused by secretions or blockages in the upper airway.
Wheezing	High pitched musical sound that can be heard on inspiration and/or expiration. Caused by air flowing through constricted airways.
Stridor	A special kind of wheeze. A loud musical sound heard in patients with tracheal or laryngeal obstruction. Place stethoscope over the trachea rather than over the lungs.



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ISBN-13: 9781284161984 Editor: Jones & Bartlett Published: 21.09.2016 Sold by: Barnes & Noble Format: NOOK pages: 240 Sales rating: 476.578 File size: 14 MB Note: Download this product may take a few minutes. Easy to find different subjects due to guides. Drug sections are also quite valuable. Jarrett, PhD, ACNP, FNP – BC (University of Arkansas) Description: This handy pocket guide provides information on timely and pertinent topics in emergency medicine in the form of a note card. You can put it in a folder, place it on the dashboard of the car or tape it to the bathroom mirror. But your partner needs to be able to vent and trust someone he or she trusts from time to time. Doody's Review Service This is a great little book to have in your thicket. Let him or her choose the movie, the next series you're going to binge or even which video game to play.CC0/JESHOOOTS-com/Pixabay Do a Small But Friendly GestureWhat you do to show your significant other that you care, it doesn't have to be elaborated. Come check out the new museum that has opened in the city, come to a ball game or come volunteer at your local animal shelter together.CC0/Free-Photos/Pixabay Let them choose what they watch times, showing they care is as simple as letting your partner decide what you're going to watch. Maybe he does the laundry, or she does the dishes. Instead of half-listening while you play on your phone, actually listen to what your significant other is saying.CC0/Pixel2013/Pixabay Planning a spontaneous trip sometimes, you just need to get away. The Pocket Guide consolidates important information found in table references into a convenient 3"x5" pocket format that's handy enough to take with you on the go. Top comments Most recent Top Read an excerpt from this book! The most popular pocket reference in emergency nursing – now in a new edition! The Pocket Guide to Emergency Care and Critical Critics It is an essential resource for doctors, paramedics and nurses for over a decade. I wouldn't bother with this until MS1 if you're in nursing school. The authors are reliable, but do not provide references for their information.Features: The discussion of electrocardiogram changes with an acute myocardial infarction is by far the most sophisticated overview for providers. If you always eat out, cook your favorite meal Ä`Ä`Ä` Another important one at home, and if you never go out, take him or her to a favorite restaurant.CC0/TerriC/Pixabay Doing one of your tasksIf you live together, you've probably shared some of the tasks. Take a cooking class, learn to dance, or sign up for this half marathon. A weekend away to a location you've never visited may be just what you need to focus on your love.CC0/stokpic/Pixabay MORE THAN QUESTIONSANSWERED.NET For example, the section on prescription drugs is fairly concise, but without references, makes it difficult to trust the information. Assessment: This is a beautiful, up-to-date and concise pocket guide. It will be great to refresh the ones I've already learned though! Great for clinics CC0/Nietjuh/Pixabay Falling in love and starting a relationship is an amazing part of life, but over time, that passion dies a little. That's why it's important not only to tell your signifier how much you care about him or her, but also to show. Occasionally dive in and take care of your partner's main responsibilities at home so that he or she will have a little more time relaxing.CC0/PDPics/Pixabay Plan something fun and randomInstead of sticking to the same old routine every night or every Saturday, plan something spontaneous that you can do together. The only shortcoming of the book is the lack of references for each section. The previous edition was published in 2012. Make a pact to spend a night together your phones put umway.cc0 / stocksnap / pixabay Try a new new TogetherIs there something you two have always wanted to do, but one or both are hesitant? When you know your partner is having trouble at work or feels a little gloomy, improve it with a quick trip to a nearby destination. destination

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