

# 48 Hour Base Line Activity Care Plan

Resident Name:

Problem/Risk	Goal	Interventions
I am at risk for social isolation r/t decreased activity participation associated with: New admission COVID pandemic precautions Transmission-based precautions Other _____	I will participate in two activities of choice per week	Assist me to/from activities Provide me an activity calendar Remind me of activities that interest me Praise my efforts and involvement in activities Encourage me to continue self-directed/self-initiated activities Provide tactile stimulation
I am at risk for depression r/t decreased activity participation	I will participate in two 1:1 activities per week.	Provide animal/pet therapy Provide in-room visits Provide me with supplies/equipment needed for self-directed/self-initiated activities
I am at risk for mood and/or behavior problems r/t decreased socialization or decreased cognitive stimulation.	I will participate in the self-directed/self-initiated activities of my choice each week.	Large print books Craft supplies Puzzles
	I will express satisfaction with my individualized activity program	Other _____ Provide adaptive equipment _____
	I will not demonstrate mood and/or behavior problems	Provide/assist me with my activities of choice: Bingo                      Television/Movies Arts/Crafts                Image enhancing programs Spiritual Programs        Support groups Music                        Reminisce program Reading                     New staff orientee Games                      "scavenger hunt" assignment Writing                      Community Projects Gardening                 I can teach others to Trips/Outings              _____ Cards                        Other Volunteering              _____
	I will participate in resident council.	