

Creating a Life Care Plan and Interpreting the Format

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### Creating a Life Care Plan and Interpreting the Format

Diabetes is a chronic disease process that is impactful due to the many associated complications and morbidities that can arise when not treated and controlled. Heart disease, stroke, kidney disease and vascular disease, as well as, many others develop as a complication of diabetes (Haley & Richards, 2014). Thorough assessment of a patient recognizes the needs of the patient with diabetes allowing a plan to be formulated to prevent and slow the progress of the disease that can lead to these unwelcome comorbidities. Using Mr. Iam Sweet, a fictitious client, this author demonstrates the utility of Lifecarewriter as a beneficial tool for assessing a patient and their needs, as well as, in developing a plan to address those needs.

#### Assessment and Plan of Care

This section is prepared using Lifecarewriter as a tool and template (Lifecarewriter.com website, n.d.).

## Life Care Plan

### SUMMARY PAGE

<b>NAME:</b>	<b>Iam Sweet</b>
<b>SOCIAL SECURITY NUMBER:</b>	<b>118-67-5309</b>
<b>DATE OF BIRTH:</b>	<b>1/4/1948</b>
<b>DATE OF ONSET:</b>	<b>02/01/1990</b>
<b>DATE OF EVALUATION:</b>	<b>2/25/2015</b>
<b>DATE OF COMPLETED REPORT:</b>	
<b>TOTAL TIME (Interview/Record Review, Care Plan Consultations-Research, etc.):</b>	<b>18 hours</b>

**DIAGNOSIS:** Type II insulin dependent diabetes. Hypertension. High cholesterol.

**MMI:** N/A

**IMPAIRMENT RATING:** N/A

**PHYSICAL DEMAND LEVEL:** May work if desired.

## Life Care Plan Report

**Referring Party:** Dr. Will Sugarfre  
**Evaluation Location:** St. Joseph's Hospital Health Center  
301 Prospect Avenue  
Syracuse, NY 13203

**Examinee:** Iam Sweet  
**Date of Onset:** 02/01/1990  
**Date of Evaluation:** 2/25/2015

### Medical Intake/History Review

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**MEDICAL RECORDS PROVIDED BY:** Will Sugarfre, MD

**MEDICAL RECORDS REVIEWED:** Wayne Schwartz, RN

**CHIEF COMPLAINT AND SUBJECTIVE HISTORY OF PRESENT INJURY BY PATIENT:**

Mr. Sweet's medical record and history were reviewed with Mr. Sweet. He has been an active member of society working until full retirement age while coping with type II diabetes for 25 years. He was able to control the diabetes somewhat with diet and oral medication for a period, but has now progressed to the need for insulin therapy. Currently, he monitors his blood sugars with meals and at bedtime. He takes Apidra for mealtime glucose levels and uses Lantus 20 units QD. He enjoys bowling three nights a week. In order to avoid the discomfort associated with finger sticks on his bowling hand, he performs his sticks on his non-dominant hand. He expresses concern over abilities to do any traveling as an insulin dependent diabetic.

**EFFECTS OF INJURY ON DAILY LIVING:**

Mr. Sweet is independent in his activities of daily living. His exercise currently consists of yard work and walking around the block several times a day where he often will visit with his neighbors. He has monitored his blood sugars for years, but is adapting to the need to keep his insulin with him when he goes out of the house along with a source of sugar in the event of a hypoglycemic episode. He opts for three small meals per day and several sensible snacks to help regulate his blood sugars. Additionally, Mr. Sweet states he has been considering joining the health club around the corner from his home, as he always enjoyed swimming.

**CURRENT PHYSICAL COMPLAINTS:**

Mr. Sweet's primary physical complaint is not enjoying the multiple needle sticks though he admits they are more of a nuisance than painful. Physical examination reveals that Mr. Sweet has a stable weight and has been able to maintain his blood glucose within the prescribed range, despite the adjustment to the use of insulin. He denies any pain at this time.

**PAST MEDICAL HISTORY:**

<b>Surgical History:</b>	None
<b>Past illnesses/injuries:</b>	Left Colles fracture with closed reduction, hypertension, cholesterolemia
<b>Prior on-the-job injuries:</b>	None
<b>Allergies:</b>	None

**FAMILY AND SOCIAL HISTORY:**

Mr. Sweet is divorced with two children. He currently resides in a house living alone. The house is a small two-bedroom ranch with only three steps to enter. His two children live in opposite parts of the country. His son works for a computer company in California while his daughter works as an executive at a large family resort in Florida. Mr. Sweet indicates that although his children have very busy lives, they call on a regular basis to check on him, and he

enjoys traveling to spend time with his children and grandchildren. He states he has supportive friends and neighbors with whom he has been friends for years who often help him out. Furthermore, he indicates that the group of neighbors supports each other in times of crisis or need.

**CURRENT MEDICAL AND REHABILITATION SITUATION:**

Mr. Sweet is not currently using any form of services for home care. He will require supportive diabetes education due to the new requirement of subcutaneous insulin and precautions that are associated with insulin therapy. Encouraging his current interest in joining a health club to partake in swimming would be beneficial in his blood glucose regulation.

**FINANCIAL SUMMARY:**

Mr. Sweet collects his pension as a retired mail carrier for the United States Postal Service. He carries a private supplemental insurance in addition to Medicare. According to Mr. Sweet, the house he lives in will be paid for within three months. Additionally, as a one-level home with only three steps to get into, the home is suitable for his continued use. He will require services of education that will be provided through St. Joseph's Hospital Health Center ("Diabetes Self," n.d.).

**Conclusions**

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Mr. Sweet is a 67-year-old pleasant man, who is new to insulin therapy for his type II diabetes. A careful review of his medical and surgical histories has been done. He has lived alone successfully until this time managing his chronic disease of diabetes with oral medication and diet and exercise. As he has shown interest in swimming, he is encouraged to join his local health club, which will benefit his blood sugar and overall health with the added exercise.

He is able to perform his activities of daily living independently. Mr. Sweet also has friends and neighbors who are supportive and have been helpful.

Due to his status of being retired there are no issues surrounding current employment. Possessing both private and Medicare coverage will provide means for current diabetic supply needs, education and physician appointments. His current housing should serve his medical requirements adequately.

Thank you for the opportunity to assess your client and his needs. If there are any questions or you wish to discuss your client regarding the conclusions and the resulting Life Care Plan that was formulated.

Sincerely yours,

Wayne Schwartz RN

**Appendix A**  
**Life Care Plan**

**Life Care Plan**

Appendix A-1: Future Medical Care-Routine							
Routine Medical Care Description	Frequency of Visits	Purpose	Cost Per Visit	Cost Per Year	Non-Recurring Cost	Growth Trend	Recommended By:
Endocrinologist	4x annually	Monitor and adjust insulin therapy and response	\$290.00 initially, \$104.00 for follow-up ("Endocrinology," n.d.)	416.00	290.00	To be defined by an economist.	Dr. Sugarfre
Primary Care Physician	2x annually	Monitor overall systems integrity as treating physician status	\$145.00 for a full exam @ 1x annually; \$100.00 for follow-up 1x	205.00		To be defined by an economist.	Dr. Sugarfre
Eye Care Professional	1x annually	Dilated eye exam to monitor for retinopathy	122.00 for exam	122.00		To be defined by an economist	Dr. Sugarfre

**Cost Per Year** (subtotal) = **\$743.00**

**Life Care Plan**

Appendix A-2: Drug Needs						
Drugs (Prescriptions)	Purpose	Per Unit Cost	Cost Per Year	Non-Recurring Cost	Growth Trend	Recommended By:
Apidra	Blood glucose control	\$204.35/vial	2452.20		To be defined by an economist	Dr. Sugarfre
Metoprolol 50 mg BID	Antihypertensive	\$0.17	124.10		To be defined by an economist	Dr. Sugarfre
Simvastatin 40 mg QD	Cholesterol reduction	\$0.23	83.95		To be defined by an economist	Dr. Sugarfre
Lantus	Blood glucose control	\$255.84/vial	3070.08		To be defined by an economist	Dr. Sugarfre
insulin syringes	Blood glucose control	\$27.46/100ct	411.90		To be defined by an economist	Dr. Sugarfre

**Cost Per Year** (subtotal) = \$6,142.23

**Life Care Plan**

Appendix A-3: Supplies						
Supplies	Purpose	Per Unit Cost	Cost Per Year	Non-Recurring Cost	Growth Trend	Recommended By:
Glucose meter	Monitor blood sugars	\$37.95		37.95	To be defined by an economist.	Dr. Sugarfre
Lancets	For blood glucose sampling	\$19.95/100	299.25		To be defined by an economist.	Dr. Sugarfre
Glucose test strips	Monitor blood sugars	29.50/50ct	885.00		To be defined by an economist	Dr. Sugarfre

**Cost Per Year** (subtotal) = \$1,184.25



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**Life Care Plan**


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Appendix A-4: Projected Therapeutic Modalities							
Therapy	Age / Year Initiated	Age / Year Suspended	Frequency of Treatment	Base Cost per Year	Non-Recurring Cost	Growth Trend	Recommended By:
Diabetic support group	67/2015		ongoing	0			Dr. Sugarfre
St. Joseph's Hospital diabetic education	67/2015		1x class series	0			Dr. Sugarfre
Join the YMCA health club.	67/2015		Ongoing	489.00		To be defined by an economist.	Dr. Sugarfre

**Cost per year (subtotal) = \$489.00**

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**Life Care Plan**


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<b>Appendix A-5: Potential Complications</b>		
<b>Complication</b>	<b>Estimated Cost Per Year</b>	<b>Estimated Non-Recurring Cost</b>
End stage renal disease resulting in hemodialysis ("Kidney Disease," n.d.).	82000.00	
Diabetic foot ulcer Wagner grade 1 (Cavanagh et al., 2012).		3096.00
Diabetic foot ulcer resulting in amputation (Cavanagh et al., 2012).		107000.00
Stroke and initial 90-day rehabilitation ("Stroke," 2013).		35000.00
Coronary artery disease ("The Burden," n.d.).		19022.00

**Estimated Cost Per Year** (subtotal) = **\$82,000.00**

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**Life Care Plan Financial Summary**

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<b>Description</b>	<b>Cost Per Year</b>	<b>Non-Recurring Cost</b>
<b>Appendix A-1: Future Medical Care-Routine</b>	<b>\$743.00</b>	<b>\$290.00</b>
<b>Appendix A-2: Drug Needs</b>	<b>\$6,142.23</b>	<b>\$0.00</b>
<b>Appendix A-3: Supplies</b>	<b>\$1,184.25</b>	<b>\$37.95</b>
<b>Appendix A-4: Projected Therapeutic Modalities</b>	<b>\$489.00</b>	<b>\$0.00</b>
<b>Appendix A-5: Potential Complications</b>	<b>\$82,000.00</b>	<b>\$164,118.00</b>
<b>TOTAL:</b>	<b>\$90,558.48</b>	<b>\$164,445.95</b>

### **Summary and Interpretation of Format**

Using this format to present an assessment and plan of care provides a thorough overview of the client, as well as, the needs of that client. A care plan is limited in its utility by the scope of the interview and assessment done. Using a tool such as Lifecarewriter provides a means to ensure all aspects of a patient are assessed including medical and social issues, both current and past, as well as, the financial situation of the client (Lifecarewriter.com website, n.d.).

Furthermore, this format provides a means to examine not only the current effects of the illness, but also the potential impacts the condition will have for the client in the future. The format provides a detailed organized review and plan of care for the patient presented in an easy to read document that is assembled with provided web research links that may be customized by the user (Lifecarewriter.com website, n.d.).

Additionally, this provides a means to illustrate clearly, what costs will be incurred over time, as well as, the potential costs to come if complications arise. Including the added potential complications of the future provides a means of justifying current expenditures on medications and interventions, especially those that are preventive or aide in keeping the illness from progressing to a worsening state as in the case of diabetes that has many potential comorbidities when not well controlled, such as heart and vascular disease, stroke, kidney disease, and more (Haley & Richards, 2014). Using the sample patient, Mr. Sweet, and this format, illustrates exponential growth in the costs of the disease if potential complications develop amounting to \$82,000.00 yearly and \$164,118.00 in one-time expenditures while the current treatment plan utilizes a comparatively small \$8558.48 in yearly expenses and \$327.95 in non-recurring expenses. Therefore, this tool may be useful in demonstrating to resistant insurance and

individuals how spending some now can reap much greater future savings. For Mr. Sweet, it puts a number on the benefits realized with good control of his disease and may serve as stimulus to partake in the added education, support, and swimming.

### **Conclusion**

Developing a care plan based upon a thorough assessment illustrates and justifies the current care given to the patient in addition to helping improve the quality of the outcome. Using a tool contributes to making the assessment and plan well organized in a standard uniform way that allows readers to readily find the information desired. Improving outcomes while preventing needless future expenses serves to strengthen the status of the healthcare system. Diabetes is one chronic disease diagnosis with potentially improved outcomes given a care plan based on a careful and thorough assessment.

## References

- Cavanagh, P., Attinger, C., Abbas, Z., Bal, A., Rojas, N., & Xu, Z.-R. (2012). Cost of treating diabetic foot ulcers in five different countries. *Diabetes Metabolism Research and Reviews*, 28, 107-111. <http://dx.doi.org/10.1002/dmrr.2245>
- Diabetes self-management. (n.d.). Retrieved February 25, 2015, from <http://www.sjhsyr.org/programs/diabetes>
- Endocrinology-2014 deductible plan members or non-covered services. (n.d.). Retrieved February 25, 2015, from [http://info.kaiserpermanente.org/info\\_assets/colorado-deductible-plans/pdfs/endocrinology\\_fee\\_list.pdf](http://info.kaiserpermanente.org/info_assets/colorado-deductible-plans/pdfs/endocrinology_fee_list.pdf)
- Haley, N., & Richards, M. (2014). Diabetes: the past the present and the challenging future. *MLO: Medical Laboratory Observer*, 47(5), 8-15. Retrieved from <http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=496f12a8-50e7-467f-8d56-95407159f872%40sessionmgr198&vid=36&hid=123>
- Kidney disease statistics for the United States. (n.d.). Retrieved February 25, 2015, from <http://kidney.niddk.nih.gov/KUDiseases/pubs/kustats/#17>
- Lifecarewriter.com website. (n.d.). <http://www.lifecarewriter.com/about.asp>
- Stroke statistics. (2013). Retrieved from <http://www.uhnj.org/stroke/stats.htm>
- The burden of cardiovascular disease in New York. (n.d.). Retrieved from [https://www.health.ny.gov/diseases/cardiovascular/heart\\_disease/docs/burden\\_of\\_cvd\\_in\\_nys.pdf](https://www.health.ny.gov/diseases/cardiovascular/heart_disease/docs/burden_of_cvd_in_nys.pdf)