



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

CLIENT INTERVENTION PLAN (CIP)

Client Name: _____ ABC _____

Client Number: _____ 123456 _____

Occupational Therapist Name: _____

L= Likelihood X I= Impact

Occupational Therapy Department
Primary Care, Dublin South City - CHO 7
City Lodge, The Meath Community Service
1-9 Heytesbury Street, Dublin 8. D08 Y1TW

C=client Tick who the goal has been
FC = family/carer made with and review with
B= Both same person at d/c

Date	Goal No.	Identified Risks/Problems	Pre-OT Risk		Goals	Planned Interventions	Outcome, Date Achieved & Signed	Post OT Risk		Client/Carer Satisfaction that goal is addressed	
			L	I				L	I	Y/N	COMMENT
1/2/18	1	Risk of Carer stress – overwhelmed re future, day to day care and specifically with managing assistance with showering as client experiences increased agitation	5	4	To reduce carer stress	-refer to Public health nurse re having assistance with self care	-Completed. Health Care Assistant attending once/week for shower assist	3	4	Y	Wife reports reduction in stress and client's stress/agitation reduced with showering
	C		20			-provide carer education on dementia and taking care of self	-education provided over several sessions	12			
	FC x										
	B										
1/2/18	2	Risk of Falls	5	4	To reduce risk of falls	Install: 2 nd rail on stairs, grab bars at front door grab bar and shower seat in shower	Completed. Client is safer on steps/stairs.	3	4	Y	
	C		20					12			
	FC						provide falls prevention education	Falls prevention measures in place including night light			
	B x										
1/2/18	3	Risk of occupational deprivation and poor sleep habits (napping in day, poor sleep at night)	4	4	Increase engagement in meaningful activity, balancing physical and social activity with quiet/relaxation time	review brain health with both client and wife	Client now has weekly activity plan. He is attending Day Centre once per week	2	4	Y	
	C		16			-review resources such as Day centres	His family are visiting several times per week	8			
	FC						- review other activities such as family visits, listening to music	He is no longer napping during the day and sleeping better at night			
	B x										
	C										
	FC										
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CLOSURE	Date of RIP:	Date opened: Date closed: Date of transfer:	Final number of goals addressed to client or carer satisfaction: 3 / 3 =100% satisfaction OT Signature: _____ Date: _____			<table border="1"> <thead> <tr> <th rowspan="2">Goal #:</th> <th rowspan="2">Initial Risk Matrix</th> <th rowspan="2">Final risk Matrix</th> <th colspan="3">Change in risk</th> </tr> <tr> <th>Reduced by:</th> <th>Same</th> <th>Increased by:</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>20</td> <td>12</td> <td>8</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>20</td> <td>12</td> <td>8</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>16</td> <td>8</td> <td>8</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Goal #:	Initial Risk Matrix	Final risk Matrix	Change in risk			Reduced by:	Same	Increased by:	1	20	12	8			2	20	12	8			3	16	8	8																										
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