

# Patient Care Procedure

Use this template to care procedure for [condition/treatment] with milestones and discharge criteria.

## Template Metadata

Field	Details
Category	Healthcare
Owner	[Team or owner]
Version	[Version number]
Effective Date	[Date]
Review Cycle	[Monthly / Quarterly / Annual / Event-based]
Status	[Draft / In Review / Approved]

## Purpose & Scope

Clinical context, patient population, and care setting (ward, ICU, outpatient).

Item	Details	Owner	Status
[Item or requirement]	[Describe the relevant detail, evidence, or decision]	[Owner]	[Open / Complete]
[Item or requirement]	[Describe the relevant detail, evidence, or decision]	[Owner]	[Open / Complete]

## Notes

[Add context, assumptions, exceptions, evidence links, screenshots, calculations, or reviewer comments.]

## Patient Assessment

Initial assessment checklist, vital sign monitoring frequency, pain assessment tool, and neurovascular checks.

Item	Details	Owner	Status
[Item or requirement]	[Describe the relevant detail, evidence, or decision]	[Owner]	[Open / Complete]
[Item or requirement]	[Describe the relevant detail, evidence, or decision]	[Owner]	[Open / Complete]

### Notes

[Add context, assumptions, exceptions, evidence links, screenshots, calculations, or reviewer comments.]

## Care Protocol

Day-by-day or phase-based care plan with specific nursing interventions, medications, wound care, and nutrition.

Item	Details	Owner	Status
[Item or requirement]	[Describe the relevant detail, evidence, or decision]	[Owner]	[Open / Complete]
[Item or requirement]	[Describe the relevant detail, evidence, or decision]	[Owner]	[Open / Complete]

### Notes

[Add context, assumptions, exceptions, evidence links, screenshots, calculations, or reviewer comments.]

## Pain Management

Multimodal pain management plan with medication table (drug, dose, route, frequency), pain score targets, and escalation pathway.

Item	Details	Owner	Status
[Item or requirement]	[Describe the relevant detail, evidence, or decision]	[Owner]	[Open / Complete]
[Item or requirement]	[Describe the relevant detail, evidence, or decision]	[Owner]	[Open / Complete]

## Notes

[Add context, assumptions, exceptions, evidence links, screenshots, calculations, or reviewer comments.]

## Mobility Milestones

Progressive mobility goals with timeline (e.g., Day 0: bed exercises, Day 1: chair transfer, Day 2: ambulation with walker).

Item	Details	Owner	Status
[Item or requirement]	[Describe the relevant detail, evidence, or decision]	[Owner]	[Open / Complete]
[Item or requirement]	[Describe the relevant detail, evidence, or decision]	[Owner]	[Open / Complete]

## Notes

[Add context, assumptions, exceptions, evidence links, screenshots, calculations, or reviewer comments.]

## Complication Monitoring

Signs and symptoms to monitor, early warning criteria, and escalation contacts.

Item	Details	Owner	Status
[Item or requirement]	[Describe the relevant detail, evidence, or decision]	[Owner]	[Open / Complete]

Item	Details	Owner	Status
[Item or requirement]	[Describe the relevant detail, evidence, or decision]	[Owner]	[Open / Complete]

## Notes

[Add context, assumptions, exceptions, evidence links, screenshots, calculations, or reviewer comments.]

## Discharge Criteria

Specific measurable criteria that must be met before discharge.

Item	Details	Owner	Status
[Item or requirement]	[Describe the relevant detail, evidence, or decision]	[Owner]	[Open / Complete]
[Item or requirement]	[Describe the relevant detail, evidence, or decision]	[Owner]	[Open / Complete]

## Notes

[Add context, assumptions, exceptions, evidence links, screenshots, calculations, or reviewer comments.]

## Patient Education

Key teaching points for patient and family before discharge. Use tables for medication schedules, milestone timelines, and assessment checklists.

Item	Details	Owner	Status
[Item or requirement]	[Describe the relevant detail, evidence, or decision]	[Owner]	[Open / Complete]
[Item or requirement]	[Describe the relevant detail, evidence, or decision]	[Owner]	[Open / Complete]

## Notes

[Add context, assumptions, exceptions, evidence links, screenshots, calculations, or reviewer comments.]

## Review and Signoff

Document review conclusions, approvals, unresolved items, and next review date.

Role	Name	Date	Notes
Preparer	[Name]	[Date]	[Notes]
Reviewer	[Name]	[Date]	[Notes]
Approver	[Name]	[Date]	[Notes]