

NAME _____

NONCOMPLIANCE

Date	Problem	Goal/Outcome	Interventions	Date	Evaluation	NOTES
	<p>Related To:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medication <input type="checkbox"/> Follow-up Care <input type="checkbox"/> Disease Process <input type="checkbox"/> Exercise <input type="checkbox"/> other (list) <p>AEB:</p> <ul style="list-style-type: none"> <input type="checkbox"/> persistent symptoms <input type="checkbox"/> progressions of disease process <input type="checkbox"/> impaired ability to perform tasks <input type="checkbox"/> verbalized noncompliance <input type="checkbox"/> observed Noncompliant behavior <input type="checkbox"/> missed appointments <input type="checkbox"/> missed medications <input type="checkbox"/> nonparticipation <input type="checkbox"/> other (list) 	<p>1. Demonstrated compliance AEB: (LIST)</p>	<p>NURSING</p> <ol style="list-style-type: none"> 1. Assess understanding of disease process <ul style="list-style-type: none"> • Barriers to compliance • Support system • Perception of noncompliance 2. Teach meds <ul style="list-style-type: none"> • Name • Purpose • Dosage/Time • Side Effects 3. Teach disease process <ul style="list-style-type: none"> • Signs and symptoms to report • Current treatment • Behavior indicative of compliance 4. Other 		<p><i>(Address all items listed in "goal/outcome" column. If goal not met, revise plan)</i></p>	

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			DELEGATE 1. Assist with meds as ordered 2. Encourage and monitor compliance with meds, current treatment 3. Daily exercise according to ability (active/passive) 4. Adequate food/liquid intake 5. Other (list)			
RN SIGNATURE:				DATE:		