

Care Plan Problems Specialties

Medical Home Care Plan

Previous

Nickname: Date of Birth: 04/07/1981 to note MRN: 123456 to note
Parent/Legal guardian: Relationship:
Address: PO BOX 123 HILLSHIRE ND 58008 to note
Language(s) spoken at home:
 Home phone: 701 232-1234 Cell: Primary: E-mail:

PCP: P CC:

Medical Home Care Coordinator: CC:

Special Behavior/ Care Strategies: Preferred pharmacy:

Problem List: Problem view to note Update PMH: List W/ Comment Mine Previous Clear

- HEADACHE - MIGRAINE (ICD-346.90) --
- DIABETES TYPE 1 (ICD-250.01) --
- AAA (ICD-441.4) --
- ABDOMINAL PAIN, LEFT UPPER QUADRANT (ICD-789.02) --

***Medications:** Update Med Review and Record
ACCU-CHEK ADVANTAGE DIABETES KIT (BLOOD GLUCOSE MONITORING SUPPL) use as directed, check BS BID

***Allergies:** Update Allergies
! PENICILLIN
Allergies were not reviewed at this visit.

Medication comments:
*Latex allergy: yes no
*Drug allergies: yes no
Allergies Reviewed

Entered by:

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Care Plan Problems Specialties

Past Surgical History: List W/Comment Mine Prev Clear
Hospitalizations: List W/Comment Mine Prev Clear
Serious Injuries/Other: Mine Previous Clear

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Problems

Problem #1 (Presenting signs & symptoms, suggested diagnostic studies, treatment considerations) Previous Clear

Problem #2 (Presenting signs & symptoms, suggested diagnostic studies, treatment considerations) Previous Clear

Problem #3 (Presenting signs & symptoms, suggested diagnostic studies, treatment considerations) Previous Clear

Problem #4 (Presenting signs & symptoms, suggested diagnostic studies, treatment considerations) Previous Clear

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Home Care Plan-Peds: FRODO BAGGINS

Care Plan Problems **Specialties**

Specialty	Name	Location	Phone	Fax	Comments	
Cardiology:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P
Gastroenterology:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P
Neurology:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P
Rehab Medicine:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P
Pulmonary:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P
Speech:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P
Nutrition:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P
OT:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P
PT:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P
Social Services:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P
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Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P
Nursing service:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P
Respite care:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P
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Home Care Plan 2-Peds: FRODO BAGGINS

Lab Studies Assist Tech Care Data

Test Results

Routine Labs (with frequency):

Previous

Laboratory results discussed with family.

Hematology:

WBC:	<input type="text"/>	10 (03/22/2010 3:09:00 F)	<input type="checkbox"/>	to note
HGB:	<input type="text"/>	13.2 11/15/2010 (03/22/2010 3:09:00 F)	<input type="checkbox"/>	to note
Platelets:	<input type="text"/>		<input type="checkbox"/>	to note
Segs:	<input type="text"/>	16 (03/22/2010 3:09:00 F)	<input type="checkbox"/>	to note
Bands:	<input type="text"/>	17 (03/22/2010 3:09:00 F)	<input type="checkbox"/>	to note
Lymphs:	<input type="text"/>	14 (03/22/2010 3:09:00 F)	<input type="checkbox"/>	to note
ESR:	<input type="text"/>		<input type="checkbox"/>	to note

Chemistries Comments:

Therapeutic Drugs:

Chemistries:

Sodium:	<input type="text"/>	10 (03/22/2010 3:09:00 F)	<input type="checkbox"/>	to note
Potassium:	<input type="text"/>	11 (03/22/2010 3:09:00 F)	<input type="checkbox"/>	to note
Chloride:	<input type="text"/>	12 (03/22/2010 3:09:00 F)	<input type="checkbox"/>	to note
Bicarbonate:	<input type="text"/>	13 (03/22/2010 3:09:00 F)	<input type="checkbox"/>	to note
BUN:	<input type="text"/>	15 (03/22/2010 3:09:00 F)	<input type="checkbox"/>	to note
Creatinine:	<input type="text"/>	14 (03/22/2010 3:09:00 F)	<input type="checkbox"/>	to note
Glucose:	<input type="text"/>		<input type="checkbox"/>	to note
Calcium:	<input type="text"/>	16 (03/22/2010 3:09:00 F)	<input type="checkbox"/>	to note
Bili T:	<input type="text"/>	19 (03/22/2010 3:09:00 F)	<input type="checkbox"/>	to note
Bili D:	<input type="text"/>		<input type="checkbox"/>	to note

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Studies:

MRI: Previous Clear

CT Scan: Previous Clear

EEG: Previous Clear

EKG: Previous Clear

Echo: Previous Clear

X-rays: Previous Clear

Other: Previous Clear

Comments: Previous Clear

Entered by:

Study results reviewed by:

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Equipment/appliances/assistive technology

Tracheostomy: Communication device: Previous

Gastrostomy: Suction:

Adaptive seating: Nebulizer:

Orthotics: Feeding pump:

Crutches: VP shunt:

Walker: Other:

Medical equipment supplier: Additional supplier:

Entered by:

Transportation

Transport company: Previous

Transport company phone number:

Special considerations:

Other:

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Home Care Plan 2-Peds: FRODO BAGGINS

Lab Studies Assist Tech **Care Data**

Baseline vital signs

Previous

Height: in Weight: lbs Wheelchair weight: Temperature: deg F O2 saturation:

Notable physical exam findings: (baseline)

Previous

Challenges: (check all that apply, please explain in box below)

Previous

- behavioral feeding/swallowing learning physical anomalies respiratory other
 communication sensory orthopedic/musculoskeletal stamina/fatigue hearing/vision

Procedures/foods/activities to be avoided:

Previous

Special care requests: (IV starts, distraction techniques, etc)

Previous

Behavioral/emotional needs: (including reinforcements, rewards to encourage cooperation)

Previous

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Home Care Plan 3-Peds: FRODO BAGGINS

School Family

School System

Previous

Early intervention:

School attending:

School principal:

Classroom teacher:

School nurse:

Special Ed coordinator:

Other:

Child care:

Previous

Special services:

Previous

Transition:

Previous

Advance Directives:

Add Validation Form

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School **Family**

Family Information

Previous

Mom alternate phone: E-mail: Dad alternate phone: E-mail:

Emergency contact: <input type="text"/>	Emergency contact: <input type="text"/>
Phone: <input type="text"/>	Phone: <input type="text"/>
Relationship: <input type="text"/>	Relationship: <input type="text"/>
Health Insurance/Plan: <input type="text"/>	Health Insurance/Plan: <input type="text"/>
ID #: <input type="text"/>	ID #: <input type="text"/>

Insurance case manager: Phone number: Fax number:

Additional Caregivers

Name	Relationship	Phone #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> at home
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> at home
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> at home
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> at home

Siblings at home

Name	DOB	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Entered by:

Care plan reviewed with: Copy of care plan printed and given to caregiver.

Caregiver voiced understanding asked appropriate questions agreed to abide by plan

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Previous

CC: <input type="text"/>	CC: <input type="text"/>
CC: <input type="text"/>	CC: <input type="text"/>
CC: <input type="text"/>	CC: <input type="text"/>
CC: <input type="text"/>	CC: <input type="text"/>
CC: <input type="text"/>	CC: <input type="text"/>

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