

Comprehensive Care Plan

(Insert institution name here)

PATIENT NAME

DOB: (patient's date of birth)

MR #:

Primary Insurance:

Secondary Insurance:

Parent/Guardian Name(s)

Street Address

City, Province/State

Home telephone number(s)

Mobile telephone number(s)

Work telephone number(s)

Current photograph
of child when well

Primary Diagnosis: (List primary diagnosis)

Secondary Diagnoses: (List secondary diagnoses)

- 1.
- 2.
- 3.

Alerts:CPR STATUS and allergies

Description of child (2-3 lines): Developmental milestones, communication, likes/dislikes

Important Family Information (2-3 lines): Relevant information about family constellation, child custody etc.

Most Involved Health Care Providers/Emergency and Medical Contacts:

List up to a maximum of 3 (all other care providers are listed at end of care plan)

Name	Role	Contact Information
	e.g. pediatrician/nurse/allied health care provider who best knows this patient and their contact information should be listed here.	Address: Telephone: Fax: E-mail:

Current Daily MedicationsScheduled/PRN/Complementary or Alternative Medications

Weight (Date recorded):

Medication	Dose	Route	Schedule	Specific Information
				Include preparation/ reconstitution instructions

EMERGENCY MANAGEMENT GUIDELINES: (This section includes information related to presentation and treatment when the child presents to the ED)

Common Presentation	Approach to Work-up	Approach to Treatment
A succinct list of presenting signs can include presenting diagnoses, physical examination relevant for the patient	An approach for work-up should be presented here especially if not common practice	An approach to treatment should then be outlined especially if not common practice

Detailed Information about Patient's Medical History (review of systems)

BODY SYSTEM	Diagnoses	Presentations, Relevant Tests, and Common Treatments
NEUROLOGY	List Relevant Diagnoses • •	List common presentations, relevant tests e.g. MRI, and common treatments
HEENT	List Relevant Diagnoses • •	List common presentations, relevant tests e.g. MRI, and common treatments

DIET/NUTRITION

Type (oral, enteral, parenteral):

Description:

TECHNOLOGY

Type	Details
Respiratory	oxygen (how it is administered and settings); tracheostomy (kind, size, notes); ventilation (invasive vs non-invasive, settings); suction (catheter size, kind of suctioning required); nebulizer (treatments needed)
IV Access	PORT (insertion date, issues); PICC (insertion date, issues); CVL (insertion date, issues)
Nutrition	enteral feed tube (kind, route, size)
Mobility equipment	wheelchair; walker; stander; AFO's
Other	

Hospitalizations:

Date of admission	Date of discharge	Main Issues
DD/MM/YYYY	DD/MM/YYYY	Main issues during hospitalization

Glossary of Medical Terms:

Term	Definition

List of health care providers & Locations of Care:

Name	Role	Contact Information
	e.g. Physician/Sub-Specialty; Nurse Practitioner/Sub-Specialty; Home Care Nurse; Clinic Nurse/Sub-Specialty; School Nurse; Dietician Social Worker; Physiotherapist; Occupational Therapist; Speech/Language Pathologist; Pharmacist; Durable medical equipment suppliers; School; Daycare	Address: Telephone: Fax: E-mail: