

FORMAT FOR MEDICALLY FRAGILE CARE PLAN

RE: _____,

DOB: _____

The following regime is followed in order to adequately address (child's name) medical needs specific to the diagnosis of _____.

PART I: Daily Medical Care

- A. Special hygiene care including but not limited to feeding tubes, gastrostomy tubes, incisions, wounds, and mouth care (if applicable).
- B. Medication
 - 1. name
 - 2. amount
 - 3. time given (specific or bid etc.)
 - 4. how it is administered (orally, G-tube, nebulizer etc.)
 - 5. what each medication is forExample: Measure and administer .25 cc of albuterol, a bronchodilator, three times/day via nebulizer to treat asthma.
- C. List any other medical equipment and reasons they are needed. Example: apnea monitor – prematurity, BPD, etc.

PART II: Physical Care

- A. List support that child needs to complete Activities of Daily Living specific to the child's diagnosis or developmental delay.
 - 1. bathing
 - 2. dressing
 - 3. toileting
 - 4. feeding
- B. List adaptive equipment that the child uses. Include walkers, wheelchairs, mafo's, standing tables, etc.
- C. List special considerations needed in regards to lifting, transferring and transporting child.

PART III: Medical Specialists

- A. List name of doctor, specialty, affiliation, and how often child sees the specialist.
Example: Child is seen by Dr. Jones, Pediatric Orthopedist of St. Christopher's, on a monthly basis.
- B. List nursing support and/or regular contact with medical supply company.

PART IV: Evaluations/Recommendations

- A. Date of Early Intervention Assessment and recommendations.
- B. Type of intervention, service provider, length/session and frequency of session.
Example: Child receives physical therapy from Joe smith of Easter Seals on a weekly basis for 1 hour.
- C. Recommendations made for home program.
- D. Projected date (mo/year) of re-evaluation.

PART V: Medical appointments which occurred that month.

PART VI: Unusual Medical Circumstances that occurred during that month.

PART VII: Upcoming Medical Appointments

PART VIII: Visitation

Dates of Visits, With Whom, Where they took place, and Child's reaction to visits.

PART IX: School Information

If Applicable, where they go, Progress in School and Any appointments.

PART X: Other Pertinent Information

i.e. Milestones, behaviors, personality, siblings, and peer interactions.

PART XI: Physicians, Specialist and Therapist names and phone numbers.

MEDICALLY FRAGILE CARE PLAN

Month _____

Managed Care Coordinator: _____

RE: _____,

DOB: _____

The following regime is followed in order to adequately address **ENTER CHILD'S NAME** medical needs specific to the diagnosis of _____.

PART I: Daily Medical Care

A. Special Hygiene

B. Medication

C. Medical Equipment

PART II: Physical Care

A. Support needed to Complete Daily Activities

B. Adaptive Equipment

C. Special Considerations

PART III: Medical Specialists

A. Doctors/Specialist

B. Nursing Support/Medical Supply Company

PART IV: Evaluations/Recommendations

A. Date of Evaluation

B. Type of Service/Intervention

C. Recommendations

D. Projected Date of Re-Evaluation

PART V: Medical appointments which occurred that month.

PART VI: Unusual Medical Circumstances that occurred during that month.

PART VII: Upcoming Medical Appointments

PART VIII: Visitation

Dates of Visits, With Whom, Where they took place, and Child's reaction to visits.

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If applicable, where they go, Progress in School and Any appointments.

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i.e. Milestones, behaviors, personality, siblings, and peer interactions.

PART XI: Physicians, Specialist and Therapist names and phone numbers.