**CARE CONFERENCE SUMMARY SHEET**

Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Attendance:* Resident: **Y N** Resident’s Physician/NP: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Y N** Medical Coordinator **Y N**

Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pharmacist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rec Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dietitian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Member/Friend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Admission? **Y N** Admission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*Preparation prior to Care Conference (please do not discuss this box during the conference)\*\*\*\*\***

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| MOST up to date? **Yes No**    Standing Orders up to date? **Yes No**  Funeral Arrangements: **Yes No** | **Most recent outcome scores: (Frailty, PURS…)**  **Most recent MMSE/MoCA:** |

**Please discuss only pertinent information related to priority care concerns:**

|  |  |
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| Skin issues: **Yes No**  Infections: **Yes No**  Dental hygienist: **Yes No**  Date:  Foot care: **Yes No**  Date:  Current Flu immunization: **Yes No**  Pneumovax? **Yes No** | **Current:**  BP:  HR:  Recent falls (within a year)/mobility:  **\*\*Overall status relative to last year:** |

**If there has been a change in condition, please specify area of concerns and give detail (cognition, mood/behavior, sleep, mobility, GI/GU, level of dependency etc.)**

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| Notes: |

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| **PHYSICIAN/NP** | **SUMMARY** | **FOLLOW UP ACTIONS** |
| **Signature** | **MOST level: Date signed \_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **REC & THERAPY** | **SUMMARY** | **FOLLOW UP ACTIONS** |
| **Signature** |  |  |
| **DIETITIAN** | **SUMMARY** | **FOLLOW UP ACTIONS** |
| **Signature** | **Current weight: \_\_\_\_\_\_\_\_\_\_ Change? \_\_\_\_\_\_\_\_\_\_\_** |  |
| **PHARMACY** | **SUMMARY** | **FOLLOW UP ACTIONS** |
| **Signature** |  |  |
| **NURSING** | **SUMMARY** | **FOLLOW UP ACTIONS** |
| **Signature** |  |  |
| **Recorded by:** | | |