**Case conference agenda**

**Agenda: Case conference for** [insert name and D.O.B.]

**Date and time:**

|  |  |
| --- | --- |
| **How to join the meeting in person** | |
|  | |
| **How to join the meeting remotely** | |
| **By phone only** |  |
| **Using your web browser** |  |

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| **Welcome.** **We acknowledge the traditional owners of this land that we meet on. We pay our respects to Elders past and present and any Elders who are meeting with us today.** |
| 1. Attendees   Note taker: |
| 1. Apologies |
| 1. Introduction and welcome from |
| **For information and discussion** |
| 1. Speciality updates 2. Transition planning 3. Action plan and next steps 4. Other business 5. Review action items 6. Next meeting: proposed next case conference in |
| **Close** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Speciality** | **Current management** | **Medications** | **Consumables and equipment** | **Transition plan/adult team** |
| **Dysphagia** |  |  |  |  |
| **Endocrinology** |  |  |  |  |
| **Gastroenterology** |  |  |  |  |
| **General medicine** |  |  |  |  |
| **NDIS** |  |  |  |  |
| **Neurology** |  |  |  |  |
| **Orthopaedics** |  |  |  |  |
| **Pain and palliative care** |  |  |  |  |
| **Pharmacy** |  |  |  |  |
| **Rehabilitation** |  |  |  |  |
| **Respiratory/sleep** |  |  |  |  |
| **Spinal** |  |  |  |  |
| **Stomal** |  |  |  |  |
| **TPN** |  |  |  |  |
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