Inpatient rehabilitation case conference template

This template is provided as a sample of information that clinicians caring for paediatric rehabilitation inpatients should consider discussing during the patient case conference.

# Patient details

|  |  |
| --- | --- |
| Name |  |
| MRN |  |
| Admission date |  |
| Length of stay |  |
| Suburb of residence |  |
| Parent and/or carer names |  |
| Diagnosis |  |

# Discharge planning

|  |  |  |
| --- | --- | --- |
| Estimated date of discharge |  | |
| LHD contacted | Yes | No | Not applicable | Date: |
| Location: | Contact details: |
| Transfer to LHD inpatients | Yes | No | Not applicable | Date: |
| iCare or NDIS status |  | |
| Home setup |  | |
| Next family meeting (date) |  | |
| Local therapy team (if applicable) |  | |
| Equipment required for discharge and status |  | |

# Goals

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient and family goals for discharge (if applicable): | | | | |
| **Current goals** | **Update** | **Goal status (% completion)** | **Action required** | **Timeframe (weeks to 100%)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Team updates

|  |  |
| --- | --- |
| Medical |  |
| Nursing |  |
| Allied health |  |
| Other |  |