**Shared Surgical Plan of Care**

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| **Item to Complete** | **Notes** | **Responsible Party** | **Completed** |
| Goals for Surgery (Quality of life, etc- what does that mean to you?) | FamilyChildProvider |  |  |
| Health assessment  | CardiacRespiratoryMotility |  |  |
| Specialty referrals |  |  |  |
| Tests |  |  |  |
| Equipment needs |  |  |  |
| Individualized needs | Get to Know Me | Family |  |
| Ease of placing an IV |  |  |  |
| Pain | Individualized Pain Scale | Family |  |
| Follow-up |  |  |  |
| School |  |  |  |
| Home Needs |  |  |  |
| Family Member Needs |  |  |  |