**UW Health-AFCH Pediatric Complex Care Program Shared Plan of Care**

**For @NAME@**

**@TODAYDATE@**

**“Who Am I?”/Patient Description:** **\*\*\***{One or two line description of patient - preferably patient/family helps create this.}

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| **PLANS OF ACTION:**{copy and paste goals and to-do list from AVS} |

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**MEDICAL SUMMARY:**

**Care Team:**

@CARECOORD@

 **@PTNAMEANDTITLE@ is enrolled in the Pediatric Complex Care Program. See "Medically Complex Patient" in Problem List.**

PCCP Team: 1-\*\*\*/2-\*\*\*/\*\*\*RN/\*\*\*CCA

Community Supports/Agencies:

\*\*\*name of person, \*\*\*name of agency, \*\*\*contact information

@PREFPHARMACY@

To reach the Pediatric Complex Care team:

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| --- | --- | --- | --- |
| **Patients/Families:**Call 608-263-6420 24 hours/day. Use option 3 during business hours.  | **UW Health Teams:** Use UW Paging to reach PCCP team members or provider on call. | **Provider-to-Provider:**Call UW Access Center at 1-800-472-0111 | **For RN, SW, or CCA:** call 608-263-6420, option 3 during business hours. |

Peds Complex Care *Fax* Number: 608-890-9678

Primary Care Provider: @PCP@

Specialty Providers: \*\*\*

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| **@PROBLEM2@** |

@MEDSCURRENT@

**FAMILY INFORMATION & PREFERENCES:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| @SOCDOC@@PATIENTFIRSTNAME@ lives with {parents' names}, \*\*\* and {PETS(MCHC UW TEAM):11712} in a {Housing :28847}1. @PATIENTFIRSTNAME@ enjoys \*\*\*.Transportation: Family describes \*\*\*{FAMILY:11988}2 and {SUPPORT PERSONS:12220}3 as source(s) of support. @PATIENTFIRSTNAME@ receives {private duty nursing, personal care worker services, respite care services}.Religious or cultural considerations:Preferences about sharing medical information/decision-making:Parental occupation(s):Daycare/School: @PATIENTFIRSTNAME@ attends \*\*\* school (\*\*\* School District) and has {School Educational Supports:32506}4 and receives {Thearpy Type:34994}5 there. Appointment Scheduling Preferences {days of week, number of visits/day}

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| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |
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**OTHER IMPORTANT ITEMS: {DELETE ANYTHING THAT IS NOT RELEVANT EXCEPT GOALS AT THE END}**

{Other Important Items:37712}



Goals for working with the Pediatric Complex Care Program...assistance with medical co-management, medications, feedings, complex scheduling, insurance issues, referrals to community resources, care coordination, help with transitions and other needs we can impact.

Note: Anything highlighted in yellow provides detail about other dot phrases and/or other items pulled into this note from other parts of the EMR.