**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.}

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

**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:

|  |  |  |  |
| --- | --- | --- | --- |
| **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: \*\*\*

|  |
| --- |
| **@PROBLEM2@** |

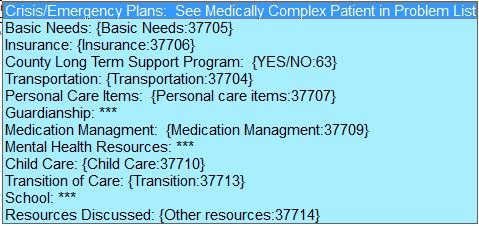
@MEDSCURRENT@

**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}   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 | |  |  |  |  |  | |

**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.