


Care Plan –Problematics
(Thoughts on Making Portable Care Plans)


Kent Jones
QTIP, January 2018

Nothing to disclose.

I've been working on doing Portable Care Plans for a long time...



15 years
Starting with a handwritten care plan



AND THEN THREE ELECTRONIC RECORDS:
Cerner, ECW, and EPIC


Be sure to jot down your ideas to share in the discussion later.

First Thoughts

1. Decide what do you want the Portable Care Plan to be.
- A. Medical information
 - B. Action Plan
 - C. A Combination of Both

- My old handwritten plan included:
- 1. a diagnosis list,
 - 2. a medication/allergy list,
 - 3. sick plan for home as well as when and where to seek emergency treatment.

2. It is better to do one thing well...



So, use something that's already in your EHR- usually your Visit Summary

3. You don't need
treat all patients
equally.



CHILDREN WITH
MEDICAL
COMPLEXITY



CHILDREN IN
FOSTER CARE

Parents with
Limitations

Parents who
speak
English as a
Second
Language



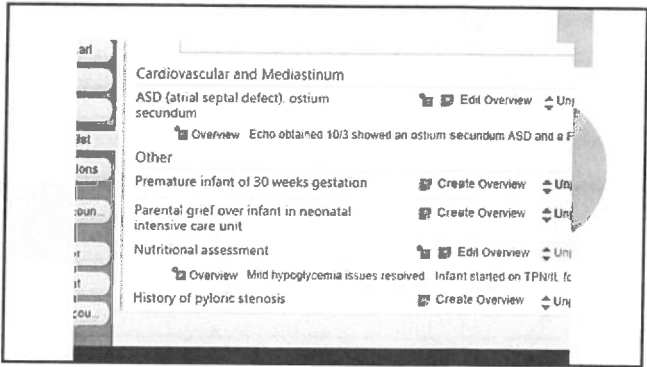
**And Especially patients with a
Combination of those problems!**

The only thing worse than no information is...

Wrong Information!!

Review the Problem/ Diagnosis Lists

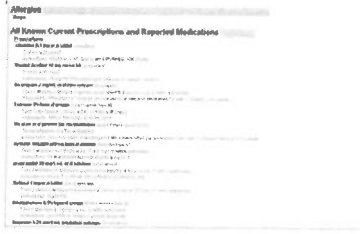
1. Eliminate obsolete diagnoses
2. But also use the Problem List to give some Past Medical History by leaving some old diagnoses and changing some to "history of"



MAKE SURE THE MED LIST IS RIGHT

FOR LONG LISTS
REVIEW ORALLY
AND VISUALLY!

PASS OUT
COPIES



You can use the Med List for more than Just Meds

COMMONLY KNOWN AS: LUPRIMIN	
COMPLEAT PEDIATRIC 0.03 1 gram kcal/mL Generic drug: pediatric nutr. iron, LF fiber	
CPAP	New Start, EPR C
fluticasone 50 mcg/actuation nasal spray Commonly known as: FLONASE	
glycopyrrolate 1 mg/5 mL (0.2 mg/mL) Commonly known as: ROBINUL	Take 2.5 ml Per J
menthol-zinc oxide 0.44 20.6 %	Apply topically 3 (irritation).
mometasone-formoterol 100 5 mcg/actuation inhaler Commonly known as: DULERA	Inhale 2 puffs 2 (
omeprazole 2 mg/mL in sodium bicarbonate	TAKE 3 ML PER J
ondansetron 4 mg disintegrating tablet	Take 1/2 tablet

gram/dose powder	
Patient taking differently: 8.5 g Oral As needed. Reported on 2/7/201	
Unassociated	
ibuprofen (ADVIL,MOTRIN) 100 mg/5 mL suspension (Expired)	10 mg/kg, Oral, Ever
nutritional therapy-inulin-fos (PEPTAMEN JUNIOR WITH PREBIO1) 0.03-1 gram-kcal/mL	Oral
Occupational Therapy	
Physical Therapy	
Speech Therapy	

The Instruction Section can be used in numerous ways but two to think about

1. Action Plans for parents
2. Additional history pertinent to the patient or even a whole past history section.

Document on 1/19/2018 by William Jones, MD of After Visit Summary

Instructions

from William Jones, MD
Your personalized instructions can be found at the end of this document.

Return in about 2 months
(around 3/19/2018) for WAIVER CHECK 45

What's Next

DATE	TYPE	DESCRIPTION	LOCATION
01/23/2018	PT, EAR, SEAT EVAL with MARY J		Kidderick Greenville 27 North St. 29601 Greenville, SC 29601 864 311 3350
01/23/2018	Tuesday January 23 2:00 PM		
01/24/2018	WEDNESDAY		
01/24/2018	Wednesday February 14 2:00 PM		Pediatric Surgery-Cross Park 6100 Park Court Greenville, SC 29605 864 767 7600
01/24/2018	Drive by 1:45 PM		Fetalto Center for

Today's Visit

You saw William Jones, MD on January 19, 2018 for

- Follow-up

The following issues were added:

- Spastic quadriplegia
- Chronic lung disease
- Seizure disorder
- Need for vaccination
- Wheelchair dependence
- Gastrostomy tube in place

Wright 72 lb 9.6 oz (161.1)

Document on 1/18/2018 by William Jones, MD of After Visit Summary

INSTRUCTION HISTORY

from William Jones, MD

SUMMARY OF MEDICAL HISTORY.

Past Medical History

Diagnosis

- Absent corpus callosum (HCC)
- ABSENCE OF THE CORPUS CALLOSUM**
- Allergic rhinitis
- Asthma, extrinsic
- Cerebral palsy (HCC)
- Congenital malformation of brain (HCC)
- Cerebral visual impairment
- MODERATE TO SEVERE IMPROVING**
- Developmental delay
- SEVERE**
- Failure to thrive
- Gastrostomy tube in place (HCC)
- General lymphom
- SEPTUM PELLUCIDUM
- GERD (gastroesophageal reflux disease)

8/18/2015

Document on 1/19/2018 by William Jones, MD of After Visit Summary

L & R PHED OPTIC NERVE HYPOPLASIA LEFT EYE

- Pachymyopia (HCC)
- Parosmia with probable closed lip schizencephaly
- Pneumonia
- Scalosis
- Seizure disorder (HCC)
- Spastic quadriplegia (HCC)
- Unspecified constipation
- Vision impairment
- Wheelchair dependence

05/2017

8/18/2015

8/18/2015

9/5/2015

8/18/2015

Past Surgical History

Procedure	Laterality	Date
ADENOIDECTOMY		2007
FOOT CAPSULE RELEASE W/ PERITRANEXOS HEEL CORD		
LEASTENSURE TIBIAL TENDON TRANSFER		
GASTROSTOMY		6/19/2009
MULTI SURGERY		2008
OTHER SURGICAL HISTORY		2008
HEEL CORD		2013
OTHER SURGICAL HISTORY		2013

So, is a "enhanced" Visit Summary a Portable Care Plan?

Only if the Caregiver can access it when they need it. That's the hard part.

How do we make that happen?

PRESENT IT AND REVIEW IT WITH THE FAMILY YOURSELF!

ASK THAT THEY KEEP IT IN A SPECIFIC PLACE

OLD ADVICE:

- On the Refrigerator
- Mom's Purse
- Diaper Bag
- "Go Bag" (Emergency Bag)

Then, I realized that parents always have their phones and phones can be used for more than just entertainment!!

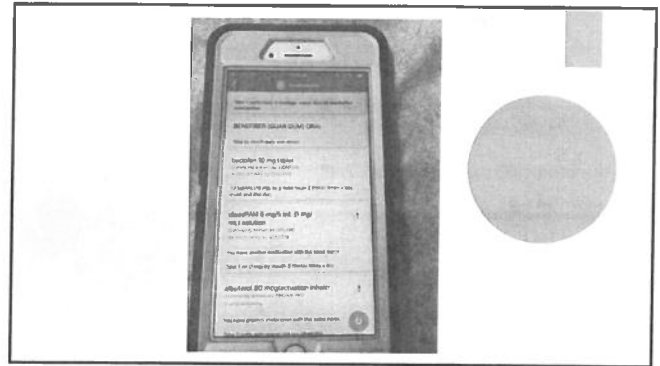
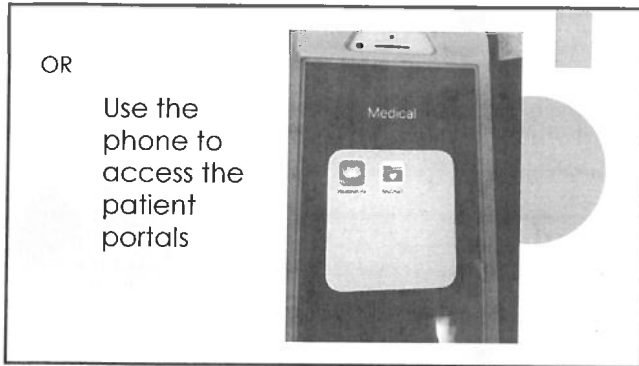


NEW ADVICE:

Keep it on your phone!

Take a picture of each page of the Care Plan





In the age of electronic medical records, are portable care plans even a relevant topic?

Absolutely!

We need to keep a portable care plan mindset.

1. Parents will always need a visual reminder of health information

2. As the use of patient portals increases, our records will become portable care plans whether we intend it or not!

