UNIVERSITY of VIRGINIA HEALTH SYSTEM	**Individualized Care Plan: Generic** **LAST NAME, FIRST NAME MRN DOB** **Date Reviewed:** **Date Updated:**

This individualized care plan has been developed by a multidisciplinary team from medicine, nursing, social work, case management, and pharmacy. This care plan is not intended to replace clinical judgment but rather to serve as a guide for common presentations for this individual patient. It may be used to formulate your care plan for this patient but should not be copy/pasted into documentation. Edits or addenda to this care plan are to be made only by the owners; please direct any questions or information you wish to add to the care plan to {Document team / individual point of contact}

CONSIDERATIONS

Drivers of Utilization / Reasons for ED Presentation or Hospitalizations

1. ***
2. ***

Important to Know

Any general information for care providers to consider related to this patient's medical/behavioral comorbidities.

May reference content from the literature, research, etc.: ***

ED STRATEGIES

General Recommendations

- If presenting with ***, recommend ***
- IVF Recommendations: ***
- Any patient preferences for IV access: ***

Specific Recommendations (e.g., Pain Management, Medical Condition Management [DM, HF, etc])

- ***

If Decision to Admit: Recommend placement on *** (unit). Please initiate *** (any appropriate recommendations from Inpatient section below that should be started in ED).

If Discharged:

- Information about prescriptions: ***
- Contact info for follow-up providers, any medication or other recommendations: ***

INPATIENT STRATEGIES

General Recommendations

- Review ED strategies and continue as indicated.
- ***
-

Specific Recommendations for {Label for each driver}

- ***
-
-

Discharge Planning:
- Information about prescriptions: ***
- Contact info for follow-up providers, any medication or other recommendations: ***

AMBULATORY STRATEGIES

Outpatient
Encourage regular follow-up with PCP *** and Dr. *** (any specialists).

1. ***Big Picture Goals to Consider on Each Interaction*** Establish/expand comprehensive and person-centered plan that includes evidence-based pharmacological and nonpharmacological treatments (e.g., Motivational Enhancement Therapy; Cognitive Behavioral Therapy, Medical Management, Community based support groups).
2. Encourage follow up with all outpatient providers – PCP and *** teams.
3. Other: ***

Home/Community
Home management for ***:
- Patient should be directed to call during business hours for ***
  Is eligible for *** fills of full opioids. Early refills {will/will not:27216} be provided.
- If patient calls after-hours, ***
- Other: ***

Is patient eligible or enrolled in any community-based resources/programs? (e.g., Partner for Mental Health, Grandaids, the Haven, etc.). (SW, IHM advocates, and *** should be instrumental in helping build out this section.)

Next Steps: (issues to resolve, follow-up actions/plans, etc):

Goals of Care discussion:
- Clarify 6 & 12 month personal health goals
- Complete "The Conversation Project" Advanced Care Planning
- Surrogate decision maker clarification
- Other

Patient & Care Partner Education
How best does the patient learn; how can the care team best communicate with the patient? ***

Patient's Voice:
1. What are the 3 most important things for my care teams to know about me?
2. What is something I want to accomplish?

Did You Know: **Information about the patient that helps to connect with them as an individual and guide their care: *****

BACKGROUND

Multidisciplinary Care Team
PCP / Medical Home:

Medical Specialties:
  List by specialty/discipline:
Insurer Case Manager:
Insurer:
Preferred pharmacy:

Medicine HOME Program:

Medical and Behavioral Health History

Medical/Surgical
Allergies: ***
Diagnoses/Comorbidities: ***
Event/Admission triggers: ***

Behavioral/Psychiatric/Cognitive/Social
Diagnoses/Issues: ***
Contract (if applicable):
(reference Behavioral Treatment Plan if applicable)
Living arrangements, employment/school, financial or transportation issues; social support and network (family, friends, etc.): ***

References: