

Date: _____

Primary MD: Deweese Grossman Consults: _____

Primary Dx: _____ Secondary Dx: _____

Circumstances of Injury: _____

POD# _____ (Procedures): _____

Discussion During Patient Care Conference:

Wound Care: <i>Drsgs, Tubbing,</i> <i>Topical Med</i>	
Skin Issues: <i>Graft Loss, Donor,</i> <i>Hypergranulation</i>	
Pain/Anxiety Mgmt <i>Drugs, Tolerance</i>	
Nutrition: <i>TF & tolerance,</i> <i>Diet and appetite,</i> <i>TPN, lipids</i>	
Therapeutics: <i>Eg: Vent, foley,</i> <i>SCD, Abx, O2, bipap</i>	Select applicable intervention and list any additional
Labs: <i>CBC, Chem,</i> <i>Coag's,</i> <i>ABG's</i>	
Microbiology: <i>Cultures</i>	



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**BOTHIN BURN CENTER
INTERDISCIPLINARY PATIENT CARE CONFERENCE**



CAREPLAN

Patient Identification:

Prior Level of Functioning: <i>Independent assist device</i>	
Present level of Functioning: <i>Physical Therapy, OT, ST, Splints, Assist Devices, Ambulation, Toileting, ADL Tolerance</i>	
Scar Management: <i>Isotoner glove, tubi-grip, Coban, Jobst, ace wraps</i>	Select applicable intervention and list any additional
Case Management: <i>Case Worker on case</i>	
Family/Psychosocial: <i>Support system, living Situation, Issues</i>	
Psychiatry: <i>History, Coping, Depression, Meds</i>	
Pediatric Growth & Development: <i>As expected, regressed, Developmentally delayed</i>	
Discharge Planning: <i>Needs and Disposition, Acute Rehab, SNF home with Home Health</i>	
Patient/Family Education Plan: <i>Wound Care, Pain Management, Mobility, Nutrition, Diabetic teaching</i>	Select applicable intervention and list any additional

Time: _____ Date: _____ Signature: _____



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CAREPLAN

Patient Identification:
