

# Jonathan Swift Clinic Care Plan Document

## Patient Expectations Form

Name: \_\_\_\_\_

MRN: \_\_\_\_\_

Team Nurse: \_\_\_\_\_

We ask that you complete this form so that we have a better understanding of your needs during your stay in hospital. We use this form to assist us in developing a care plan in consultation with you.

What are your current main concerns?

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What do you need to ask your team at the meeting?

Do you wish your family / chosen carer to be involved in your care plan?

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Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team Nurse signature: \_\_\_\_\_

### Care Coordinator (CC) and Patient Communication Sheet

Please confirm each of the following CC and associate CC inputs by initialling and dating

**Patient:**

**CC:**

First meeting between patient and CC and explained CC role and role of team.

..... / ..... / .....  
Initials .....

Meet family, carer or chosen advocate, if appropriate, and explained role of CC and team

..... / ..... / .....  
Initials .....

Discussed with patient their expectations of care: (Enter date and initials)

..... / ..... / ..... Initials: .....    ..... / ..... / ..... Initials .....

..... / ..... / ..... Initials: .....    ..... / ..... / ..... Initials .....

..... / ..... / ..... Initials: .....    ..... / ..... / ..... Initials .....

# MULTIDISCIPLINARY CARE PLAN

Patient's Name: MRN:

Date: Ward:

## DIAGNOSES

Problems / Needs  
(Date)

Goals

Interventions/Actions

Discipline/person  
responsible

Outcome/Comments (Initial & Date)

Problems / Needs  
(Date)

Goals

Interventions/Actions

Discipline/person  
responsible

Outcome/Comments (Initial & Date)

Patient's signature .(Indicating you have seen this MDT Assessment & Date

Care Plan)

Does the patient wish to receive a copy of this plan, YES / NO (Please circie answer). Team member faciitating patient witnessing/receiving care plan,

initials: \_\_\_\_\_ Date: \_\_\_\_\_

# MDT Discharge Plan

Date and initials

To be discussed from first MDT meeting and coordinated by the CC

Discharge meeting has taken place and is recorded in the MDT continuation notes on the date of ...../...../....., and includes names of those present and matters discussed...../...../.....

Initials.....

Evidence of communication with relevant agent(s) in the community

Early Warning Signs of relapse and safety factors (wellness card)

Follow up Plan:

Discharge actions: Not already recorded in the "MDT Care Plan"

### Discharge Plan discussed with Patient/other:

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nirussfiri with

(Staff Initials & Date .....)(Staff Initials & Date .....)

Record your name and initials here so that all entries on the care plan need only be initialled

Name (Block capitals)

Initials

Discipline