

# Pediatric Palliative Care Program

## Interdisciplinary Team Meeting

DATE:

COUNTY:

ATTENDEES:

DEATHS:

DISCHARGES:

REFERRALS/ADMISSIONS PENDING:

NEW ADMISSIONS:

ROUTINE PATIENT REVIEWS:

Date:

<b>Name:</b>		<b>DOB:</b>	
Nurse Care Coordinator:			
Expressive Therapist:			
MSW/Bereavement:			
Disease Process:			
Symptom Management:			
Other Services:			

ER Visit this month? yes no Reason:

Hospital admission? yes no Was the admission planned? yes no

Reason:

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