

# Pediatric Palliative Care Program

## TEAM MEETING/FAMILY CONFERENCE NOTE

PATIENT: \_\_\_\_\_ DOB: \_\_\_\_\_  
 DIAGNOSIS: \_\_\_\_\_

## CARE TEAM PARTICIPANTS

SEE SIGN IN SHEET FOR ATTENDANCE RECORD AND CONTACT INFORMATION

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

1

## UPDATES

<b>PROVIDER:</b>	
<b>CURRENT STATUS</b>	
<b>NEXT STEPS</b>	
<b>NEXT APPT.</b>	
<b>PROVIDER:</b>	
<b>CURRENT STATUS</b>	
<b>NEXT STEPS</b>	
<b>NEXT APPT.</b>	

Date:

Patient Initials:

<b>PROVIDER:</b>	
<b>CURRENT STATUS</b>	
<b>NEXT STEPS</b>	
<b>NEXT APPT.</b>	
<b>PROVIDER:</b>	
<b>CURRENT STATUS</b>	
<b>NEXT STEPS</b>	
<b>NEXT APPT.</b>	
<b>PROVIDER:</b>	
<b>CURRENT STATUS</b>	
<b>NEXT STEPS</b>	
<b>NEXT APPT.</b>	
<b>PROVIDER:</b>	
<b>CURRENT STATUS</b>	
<b>NEXT STEPS</b>	
<b>NEXT APPT.</b>	

Date:

Patient Initials:

**ACTIVE SYMPTOMS**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Fatigue/Activity Intolerance | <input type="checkbox"/> Diarrhea     |
| <input type="checkbox"/> Respiratory Symptoms         | <input type="checkbox"/> Anxiety      |
| <input type="checkbox"/> Secretion Control            | <input type="checkbox"/> Depression   |
| <input type="checkbox"/> Nausea                       | <input type="checkbox"/> Insomnia     |
| <input type="checkbox"/> Vomiting                     | <input type="checkbox"/> Agitation    |
| <input type="checkbox"/> Anorexia                     | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Pain                         | <input type="checkbox"/> Other:       |

**How are these symptoms being addressed?**

SYMPTOM	INTERVENTION

3

**CURRENT CONCERNS**

FAMILY CONCERNS:

PROVIDER CONCERNS:

Date:

Patient Initials:

## FOLLOW-UP/NEXT STEPS

TASK:	ASSIGNED TO:

## NOTES

4

PPCP CARE COORDINATOR:

SIGNATURE:

DATE:

Date:

Patient Initials: