

Kennedy Krieger Children's Hospital Treatment Plan	KKI 12-19-03 1479715 AL YASIN, HAYA JHH 6/09/03 X F P 7/07/08 B32
OT _____ PT <u>2x/day</u> S/L _____	
Steering date <u>07/09/08</u>	
Tentative DC date _____	
Revised Date(s) _____	
Actual DC date and Disposition: _____	

**PART I: THERAPY TEAM**

Team Members	Phone Number	Name
Attending Physician	443-923-9433	<i>M. [Signature]</i>
Resident/Nurse Practitioner	443-923-9433	
Nurse	443-923-9433	
Social Work Case Manager	443-923-2800	<i>Megan Grayfort, LCSW c</i>
Clinical Care Manager	443-923-9440	
Occupational Therapist	443-923-9290	
Physical Therapist	443-923-9280	<i>B. C. [Signature]</i>
Speech/Language Pathologist	443-923-2650	<i>[Signature] MS CCC-SLP</i>
Neuropsychologist	443-923-2725	
Behavior Psychologist	443-923-2900	
Therapeutic Recreation	443-923-2630	
Child Life	443-923-2630	
Nutrition	443-923-2730	
Education	443-923-9102	<i>Janet Brendlinger, MA, MEd.</i>
Other persons present at steering:		

Primary Care Provider:

Phone Number:

Fax:

Address:

The Plan of Care was reviewed with me at the steering:

Parent/Guardian:

Parent/Guardian:

Patient:

Kennedy Krieger Children's Hospital Team Treatment Plan	KKI 12-19-03 14797100.2 AL YASIR, HAYA JFH 6/09/03 X F 0010 7/01/02 632
--	---

**Patient/Family Strengths:**

**Family Goals and Expectations:**

**Family needs and preferences (e.g., cultural, learning, communication):**

**PART II: DIAGNOSIS**

**Primary Impairment (reason for admission)** \_\_\_\_\_

**Date of Onset/Injury/Surgery:** \_\_\_\_\_

Secondary Impairments (Other Diagnoses)	
1)	4)
2)	5)
3)	6)

**Initial GCS (TBI only):** \_\_\_\_\_

**Duration/Termination of COMA (TBI only):** \_\_\_\_\_

**Duration/Resolution of Post-Traumatic Amnesia (TBI only):** \_\_\_\_\_

Notes: For additional information related to *impairments*, please refer to KKI scores

For information related to *activity*, refer to WeeFIM Scores

For information related to *participation*, refer to social work admission note and discharge note

For specifics regarding *caregiver training* please refer to therapist/nursing notes

**Functional outcome measures used:**

- WeeFIM: Functional independence Measure for Children (see key)
- KKI nutritional score: Kennedy Krieger Nutrition Scale
- KKI OMMS: Kennedy Krieger Institute, Oral Motor Measurement Scale
- KKI UEMS: Kennedy Krieger Institute, Upper Extremity Measurement Scale
- KKI PAMS: Kennedy Krieger Institute, Physical Ability and Mobility Scale
- KKI CALS: Kennedy Krieger Institute, Cognitive and Linguistic Scale

Kennedy Krieger Children's Hospital  
 Team Treatment Plan

**PART IV: CAREGIVER TRAINING**

Summary of group discussion regarding progress toward caregiver training for discharge and TLOA (include discharge transportation plan when applicable)

KKI 12-19-03 1472710012  
 AL YASIN, MAYA  
 JMH  
 P 6/09/03 X F 8010  
 P 7/07/08 PIR

DATE	TLOA (Y/N) Family/TR	Discussion Notes
TRANSFERS and DATES of READMIT (yes/ no to continue same tx plan		

Kennedy Krieger Children's Hospital  
Team Treatment Plan

**PART V: Discharge Planning**

KKI 12-19-03  
AL YASIN, HAYA  
JAN  
6/09/03 A F 000  
P 7/07/08 030

Inpatient Clinical Care Manager:

Insurance Benefit Information (Carrier, Inpt., Outpt., DME, Preferred Vendors) Initial Discharge Date:  
Extension Date(s):  
Actual Discharge Date:

Insurance or Community D/C Case Manager:

Discharge Planning Status: (Narrative update of team status regarding: progressive d/c planning, home care needs, equipment, insurance and community resources, therapy needs, education reintegration)

Dx & Admitted from:
Parent/Caregiver & Phone #s:
Patient Address:
Inpatient Core Team:
Steering / / 0 , Notes:

Kennedy Krieger Children's Hospital  
Team Treatment Plan

**PART V: Discharge Planning (Continued)**

KKJ 12-19-02 1479710000  
AL YASIN, HAYA  
JRH  
6/09/03 X F

**Follow-up plans:**

PCP:

Other appts:

Caregiver's preferred pharmacy or prescription arrangements:

Continuing therapy plan:

Medical Equipment Agency:

Home Health Agency:

Patient's School plan:

Other: