

Appendix A: Care Plan Template

Care Plan For: _____
Medical Record _____
Number: _____
Date of Birth: _____

Rationale:

----- has presented to the ED on x occasions in the past 12 months for a variety of complaints related to -----. (S)he has received x prescriptions for opioids in the past year.

(S)he has a history of ----- . (S)he is currently being treated with x.

The patient states that (s)he is allergic to .

Interventions:

The patient will be treated with opiates only for serious acute medical disorders, but not for other presentations. The patient will not receive prescriptions for oral opiate medications for chronic pain from the ED.

Goals and Expected Outcomes:

The goal is to refer the patient for follow-up with a primary care physician. Her(his) care plan will be reviewed every 6 months.

Submitted by:		
Approved by Task Force:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Effective Date:
PCP/Group:	Name: None Phone #	Discussed with PCP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Discussed/Mailed w/Patient.	<input type="checkbox"/> Discussed <input type="checkbox"/> Mailed	Date:
Due for Review:		