

Care Plan for Children with Special Healthcare Needs

A **care plan** is an all-around plan of action that is specific to the needs of your child and family. You (parents or other family caregivers) and your child’s Personalized Primary Care providers develop it together. The care plan promotes your child’s quality of life by helping the family, the Personalized Primary Care team, your child’s school, specialists, and community providers work together. This is the care plan we have developed together for your child.

Treatment guidelines

- See the primary care physician for routine well-child visits and scheduled immunizations. Next visit due: _____
- Medical history and problem list reviewed and updated on: (date) _____

ACTION PLAN	
Today _____ was seen by _____ We discussed the following instructions and recommendations:	
Recommended studies	Referrals
Recommended labs and tests	
Return to _____ Clinic	Follow-up appointments with specialists
Please schedule an appointment with _____ in _____ If you have questions or concerns before your next clinic visit, please call _____ or use MyHealth.	

Thank you for entrusting your child’s healthcare to _____ Intermountain Clinic!
 RN Care Manager _____ phone _____
 Health Advocate _____ phone _____

Self-care goals to improve quality of life for you and your child

Healthy behaviors for your child:

- Identifying personal strengths
- Connecting with kids who have similar challenges
- Getting proper nutrition
- Getting enough exercise
- Getting enough sleep

Healthy behaviors for you:

- Balancing your own needs and family member needs
- Talking with other caregivers and identifying supports
- Getting proper nutrition
- Getting enough exercise
- Getting enough sleep

Improved functioning for you and your child:

What could help you or your child function better in any of the following areas?

Physical	Emotional	School/Cognitive/Social	Financial
Activities of daily living:	Behavioral:	Individual Education Plan (IEP) or 504 Plans:	Insurance/Medicaid/Waivers:
Therapy (PT, OT, ST):	Parenting:	Siblings:	Division of Services for People with Disabilities (DSPD):
Equipment:	Support groups:	Friends:	Social Security Income (SSI):
Augmentative/adaptive equipment:	Recreational:	Social group/parent group:	Financial assistance:
Nutrition/feeding:	Spiritual:	Safety (Medical ID):	Grants/scholarships:
Mobility:	Respite (formal/informal):	Transition (guardianship):	Community service agencies:

Other caregiver or child goals: _____

Self-management (Parent-child)

We discussed some changes you can make that will help you and your child reach your goals.

- How important are these changes to you? (1-10): _____
- What would help you move from a _____ to a _____?

- How confident are you that you can make these changes? (1-10): _____
- What would help you move from a _____ to a _____?

- How could your healthcare team help you with your goals? (For example, funding, transportation, time, understanding, phone or email contact) _____

Patient education resources

Handouts

- Personalized Primary Care handout (first visit)
- Care Plan given or updated: (date) _____
- Other: _____

Online resources:

- Medical Home Portal: www.medhomeportal.org
- Special Needs Resource Project: www.snrproject.com
- National Dissemination Center for Children with Disabilities: www.nichcy.org
- Community information and referrals: www.211ut.org or 888-826-9790
- Financial resources: www.needymeds.org and www.health.utah.gov or 801-538-6003
- Utah Parent Center: www.utahparentcenter.org or 800-468-1160
- Problem-specific education: _____