

Resident Name:

Date of Birth:

CASE CONFERENCE CHECKLIST

Reason for case conference:
 1-2 months post admission

 Management initiated

 Nurse initiated

 Resident initiated

 Responsible person/advocate initiated

 GP/NP/MP initiated

 Allied Health initiated

 Annual

 Other:

How was the conference conducted?
Individuals represented at the consultation
 Resident

 Resident responsible person/advocate

 Management

 Nurse

 GP/NP/MP

 Allied Health Professional

 AIN

 Hospitality

 Lifestyle officer

 Other

Name/s of individuals present at the conference
Care Plans Discussed (please document what was discussed)

Nutrition and Hydration

Mobility and Transfers

Skin Integrity

Communication and Cognition

Behaviour Management

Restraint

Medication Administration

Specialised Nursing Care

Pain Management

Wound Management

Lifestyle and Leisure

Intimacy and Privacy Needs

Sleep and Rest

Allied Health

Palliative and End of Life Care

Hospitality and Maintenance

Does the consumer have concerns or other things they wish to discuss?		
Does the Consumer Representative have anything they wish to discuss?		
Risk Management discussion		
Other Care Plan Areas Discussed		
Resident's Preferences, Needs and Choices Discussion		
Action Items		
Signature of resident (where applicable)		
Name of responsible person		
Signature of responsible person		
Name of GP/NP/MP (where applicable)		
Signature of GP/NP/MP (where required)		
Name of staff member/consultant		
Signature of staff member/consultant		
Next review date for a case conference		
Name of person completing the case conference checklist:		Designation:
Date:	Time:	Date uploaded to iCare