SUGGESTED FORM to address medical needs

Residential Medical Checklist for: _____

Date Information Verified:_____ By whom: _____

The following items should be assessed, identified and addressed, as applicable, on the ~~Individual Service Plan~~ Plan for Supports (PFS) prior to admission into the service and as frequently as needed due to changes in the individual's condition:

	Item to be addressed:	**Yes/No**	**Addressed on the ~~ISP~~ PFS**
1	Prior to admission, has the agency received past and current medical information regarding this individual, <u>that is included in the plan</u>?		
1a	**If yes**, have staff received training re: the individual's medical condition? How is this completed? _____ By whom? _____		■
2	Does this individual have on-going health care needs or doctor-ordered medical procedures (blood work/lab tests, etc.)?		
2a	**If yes**, have all staff been made aware of this need and the procedures? How have staff been informed? _____		■
3	Does this individual take medication(s)?		
3a	**If yes**, have all staff been informed about the side effects of the medication(s) taken by this individual?		■
3b	Are there procedures for sharing observations of side effects/concerns?		■
4	Is this individual on a doctor-ordered special diet?		
4a	**If yes**, have staff been trained to follow/administer this individual's diet?		■
5	Is a staff member designated to schedule on-going medical follow-up appointments for this individual? Who? _____		■
5a	Is a staff member designated to inform/train other staff re: medical instructions given by h/c professionals (following these appointments/phone calls to doctor/pharmacist, etc.)? Who? _____ How is this documented? _____		■
5b	Is a staff member designated to follow up when appointments are missed or need to be re-scheduled?		■
6	Following a hospitalization/medical problem, does the agency have adequate staff to ensure the individual's needs are addressed?		■
7	Have staff been trained to implement universal precautions in dealing with infectious diseases/conditions and monitor their implementation?		■

Comments:
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_____
_____
_____

For details, refer to 9/2/05 DMHMRSAS MEMO from Leslie Anderson, OL Director

rev. 8/28/13