

HOSPICE INTERDISCIPLINARY GROUP (IDG) MEETING NOTES

Primary Physician: _____ SOC Date: _____

IDG Meeting Date: _____ DNR: ☐ Yes ☐ No
Level of Care: ☐ Routine home care ☐ Respite ☐ Inpatient ☐ Continuous Activity: _____
Patient/Caregiver Participation: ☐ Care Plan reviewed with patient/caregiver
☐ Patient/Caregiver present at IDG Signature: _____
Comments: _____

OXYGEN: _____ LPM PRN _____ LPM continuous ☐ N/A

☐ Care Plan Effective - Continue ☐ Change or New Needs ☐ Physician Order Received Date: _____
DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other _____

MEDICATIONS:

☐ Care Plan Effective - Continue ☐ Change or New Needs ☐ Physician Order Received Date: _____
DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other _____

PROBLEM (only check applicable issues)

1. ALTERATION IN PAIN/COMFORT/SAFETY: ☐ N/A

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DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other _____

2. POTENTIAL/ACTUAL ALTERATION IN CARDIOPULMONARY STATUS: ☐ N/A

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DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other _____

3. ALTERATION IN NUTRITION INCLUDING SKIN INTEGRITY AND/OR WOUND STATUS: ☐ N/A

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DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other _____

PATIENT NAME - Last, First, Middle Initial

ID#

4. ALTERATION IN ELIMINATION:☐ N/A**URINARY:** ☐ Retention ☐ Dysuria ☐ Incontinence**BOWEL:** ☐ Diarrhea ☐ Constipation ☐ Incontinence☐ Care Plan Effective - Continue ☐ Change or New Needs ☐ Physician Order Received Date: _____DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other _____**5. SELF CARE:** ☐ Deficit/Mobility ☐ Bathing/Hygiene ☐ Dressing/Grooming ☐ Feeding ☐ Toileting☐ N/A☐ Care Plan Effective - Continue ☐ Change or New Needs ☐ Physician Order Received Date: _____DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other _____**6. INEFFECTIVE COPING/IMPAIRED COMMUNICATION:**☐ N/A☐ Care Plan Effective - Continue ☐ Change or New Needs ☐ Physician Order Received Date: _____DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other _____**7. GRIEVING, ANTICIPATORY:**☐ N/A☐ Care Plan Effective - Continue ☐ Change or New Needs ☐ Physician Order Received Date: _____DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other _____**8. SPIRITUAL DISTRESS:**☐ N/A☐ Care Plan Effective - Continue ☐ Change or New Needs ☐ Physician Order Received Date: _____DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other _____**9. OTHER:**☐ N/A☐ Care Plan Effective - Continue ☐ Change or New Needs ☐ Physician Order Received Date: _____DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other _____**Anticipated visit frequency next 2 weeks**

SN _____ x Spiritual Counselor _____ x Volunteer _____ x Music _____ x Therapy (PT, OT or ST) _____ x

SW _____ x Aide _____ x Dietitian _____ x Massage _____ x Other _____

IDG Attendees:☐ RN _____ ☐ Volunteer _____☐ Therapist (PT, OT, ST, Music, Massage) _____ ☐ MSW _____☐ Medical Director _____ ☐ Other _____☐ Spiritual Counselor _____ ☐ Bereavement Counselor _____

PATIENT NAME - Last, First, Middle Initial

ID#