Restricted Health Condition Care Plans

Process for Review/Approval

- Communicate with the ID team- hospital, PCP, Licensee/Adm, Facility RN, Regional Center/SC, and Conservator/Family regarding the care needs of the client prior to discharge from the home, or admission to the facility/program
- 2. Obtain a physician's order with the restricted health condition, and specific instructions for care or treatment
- 3. The RN will in service and train all staff working with the client.*
- 4. The RN will write up the plan**
- 5. The Licensee/Adm and RN will review/sign the plan and submit a draft to Regional Center SC for review
- 6. SC will submit draft RHCCP to Nurse Consultant for review/feedback
- 7. Licensee/Adm and RN will make any necessary corrections or changes
- 8. Licensee/Adm will review plan with PCP. PCP will sign statement of stability
- 9. Licensee/Adm will submit final draft of RHCCP (with all signatures RN, Adm/Licensee, PCP) to Regional Center SC
- 10. SC will forward final draft RHCCP to FDLRC Nurse Consultant
- 11. FDLRC Nurse Consultant will review and discuss RHCCP with FDLRC Clinical Director***
- 12. Clinical Director approves/signs RHCCP
- 13. SC distributes copies of approved RHCCP- client chart, facility, day program

^{*}Training must be completed prior to admitting the client and providing the care.

^{**}Documentation of training and an initial draft of the RHCCP should be completed within 30days of admission

^{***}Allow 7-14 business days for the Final RHCCP to be reviewed/ approved

Check list of Items to Include with your Restricted Health Condition Care Plan Draft: □Outline of procedure, actions, interventions to implement □Outline of signs/symptoms to monitor □Include complications to monitor for, including identifying and responding to medical emergencies □Include steps for infection control, waste disposal, use of equipment, cleaning/maintenance/storage of medical equipment, and steps to ensure client/staff safety. □Include steps for calibrating or monitoring that equipment is functioning properly □Attach Physicians Order(s) □Attach copy of detailed nursing procedure or instructions □Attach copies of handouts, information about the medical condition used for the training □Attach "Staff Sign-in Sheet" for In-service/Training Provided

□All staff trained on the Restricted Health Condition are listed on the plan

□Physician has signed the statement of stability and approval

□Conservator/Family has signed the plan

□Administrator/Licensee has signed the plan

☐ Facility/Day Program RN has signed the plan

Final Draft Check List: