

Individual care plan

Form | CLN-FRM-003

Document type	Form
Title	Individual care plan
Document ID	{{facility.code}}-CLN-FRM-003
Version and status	1.0 Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 1 (Assessment, Care Planning and Safety), criterion 1.3
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

The individual care plan for one patient, with the goals, interventions and review date.

1. How to complete

- Write from the assessment.
- Record the goals and the patient's view.
- Set the review date.

2. Items to check

#	Item	Standard or evidence	Yes	No	N/A	Action if No
1	Problems taken from the assessment	Yes	☐	☐	☐	Action and who to tell
2	Goals or desired results stated	Yes	☐	☐	☐	Action and who to tell
3	Interventions and who does them	Yes	☐	☐	☐	Action and who to tell
4	Patient and family involvement recorded	Yes	☐	☐	☐	Action and who to tell
5	Review date set	Yes	☐	☐	☐	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus.

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E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval