MDT **SUMMARY**

DATE

RESIDENT

Full Name

NHI

DOB

ROLES

Presenter:

Notes by:

OVERVIEW OF RELEVANT HISTORY

WHY REFERRED

CARE TO DATE

WHAT WAS DISCUSSED?

WHAT WAS DECIDED?

CHECKLIST FOR DISCUSSION

- [ ] General condition
- [ ] Services / professionals involved
- [ ] Met / unmet needs
- [ ] Urine/output
- [ ] Labs of note
- [ ] Radiology – CT scan etc
- [ ] Food and fluid
- [ ] Weight trend
- [ ] Vitals
- [ ] Past medical history
- [ ] Dental
- [ ] Pain and analgesia
- [ ] Mobility
- [ ] Responsive behaviours
- [ ] Medications review, changes
- [ ] Important people, culture, values
- [ ] Is EPOA activated, on file
- [ ] Advance Care Planning
- [ ] Shared goals of care, DNR