

Patient information sharing form (Care coordination rounds checklist)

When presenting each patient, the following information should be given and discussed:

Name _____ **Age** _____

Physician _____ **LOS to date** _____

Diagnosis _____

Admitted from and on what date _____

Care delivery plan

Who is the family spokesperson? _____

Anticipated discharge plans A _____

and B _____

Barriers to discharge

Next steps and who will do them

Which physician is on call for this patient today? _____