

Life Care Plan Development

A Life Care Plan is a dynamic document based upon published standards of practice, comprehensive assessment, research, and data analysis, which provides an organized, concise plan for current and future needs with associated costs for individuals who have experienced catastrophic injury or have chronic health care needs (combined definition of the University of Florida/Intellicus and the International Academy of Life Care Planners; April 3, 1998).

The development of a lifetime care plan is time intensive. It requires the careful review of the complete medical record as well as other supporting documentation. Current and future needs are documented through a careful review of the diagnosis and opinions reflected within the medical records. Consultation with medical providers as well as potential service suppliers is inherent in the accepted methodology.

The initial interview, typically held at the place of residence, should be attended by any person important to the client (spouse, sibling, parent, etc.). Individual and family needs as well as needs necessitated by the realities of the geographic location of one's residence are given careful consideration. A careful assessment of the home environment is conducted to document any architectural and/or safety concerns.

Components of a Life Care Plan may include:

- Projected evaluations
- Future medical care - routine
- Projected therapeutic modalities
- Diagnostic testing/educational assessment
- Medication/medical supply needs
- Potential complications/surgical interventions
- Aids for independent functioning
- Orthotics/prosthetics
- Wheelchair needs/accessories/maintenance
- Transportation needs/accessories/maintenance
- Health/strength/leisure maintenance
- Home care/facility care
- Home furnishings and accessories
- Architectural renovations/home modifications
- Vocational educational plan