Section:	Division of Nursing	**************************************	Index:	7070.006a 1 of 1
Approval:		* PROCEDURE * ***********************************	Page: Issue Date: Reviewed Date:	May 12, 1992 April, 2005
	HACK	ETTSTOWN COMMUNITY H	OSPITAL	
Originator: Reviewed by:	Nancy DelPlato, RN N. DelPlato, RN			
		HEALTHSTART (Scope)		
TITLE:	CASE CONFERENCE REVIEWS			
PURPOSE:	To inform the Dietician and Social Worker when clients are due for trimester evaluations and case conferencing.			
EQUIPMENT:	Case Conference Review Form Inter-office Envelopes			
CONTENT:	PROCEDURE KEY POINTS			
	 Record clients name, date of trimester teaching and need for specialized service (if indicated) on form. 			
	 Place the names, dates and times of new patients expected to present to the clinic during the following week in the designated area on the form so that the dietician and social worker can allot time to see them. 			
	3. Use one form per week.			
	At the conclusion photocopies.	of clinic week, make two		
	5. Deliver photocopies to:			
	a. Social Serviceb. Dietary	ce		
	Place original in file cabinet under "Case Conference Reviews" and keep for one (1)			

year.