



Home and Community Services (HCS)
Nurse Case Review Referral

When you have a case for the review panel, the expectation is that you have already worked through it the best you can and are still needing answers or clarification. Send the completed form and all ancillary medical documents along with your request for a meeting with the Nurse Case Review Panel. Send to Nursingservices@dshs.wa.gov.

Nursing Area: <input type="checkbox"/> PDN <input type="checkbox"/> RND <input type="checkbox"/> SN <input type="checkbox"/> SOP <input type="checkbox"/> Other	
Client Name	ACES ID
Current Hospital or Location	Client Age / Date of Birth
CARE Assessment Date	CARE Classification
NCC	Supervisor
What are you needing from this panel? Please paint a picture of the situation.	
Diagnoses (medical and psychiatric)	
Nursing Systems Assessment	
Clinical presentation (stable / unstable)	
IV or IM medication	
Current behaviors	Options already explored
Recommended Nursing Service (RND, PDN, SN)	
Prior Living Arrangement (e.g., with parents, rented room, couch surfing for past two years, AFH setting, etc.)	Client preferences (likes, dislikes, choice of setting, location)
Additional Information	
The below is completed by committee at staffing.	
Date of Regional Staffing:	Client: <input type="checkbox"/> Acute <input type="checkbox"/> Complex <input type="checkbox"/> Both
Recommendations / Notes	
Date of HQ Staffing: Recommendations / Notes	