

Mississippi Division of Youth Services Medical Record Review -- CONFIDENTIAL <u>SPECIAL HEALTH NEEDS</u>

Unit: Reviewer: Date:

	MDYS Number	MDYS Intake Date	Condition	Date Tx Plan Identified	Direction given to Staff	Nursing Care Plan in Chart	Lab/ Med Monitoring	Specialist Consult	Therapeutic Diet Order	Individualized Education	Physician monitoring	Comments
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
	Pero Comp		%	%	%	%	%	%	%	%	%	