ACP | High Value Care

Neurology

Young Adults with Neurologic Disorders

Developed by:
Child Neurology Foundation

How Developed: The ***Transitions of Care Toolkit: Young Adults with Neurologic Disorders*** was developed by the Child Neurology Foundation (CNF) at the request of the American Academy of Neurology. The CNF gratefully acknowledges the work of the CNF Transitions Project Advisory Committee (TPAC) to develop these tools. The TPAC is supported by Eisai, Inc., Novartis Pharmaceuticals, Ipsen Biopharmaceuticals, and Upsher-Smith Laboratories.

All tools and additional transitions information are found on www.childneurologyfoundation.org/transitions.

Tool Name	Description of Tool	How to Use Tool
Transitions Policy	Sample of transitions policy that can be used by a pediatric office.	Can be customized, as needed.
Transitions Checklist	Tool that serves as a checklist/tracking tool and includes information such as: - Transitions policy - Readiness assessments - Medical summary	To be completed by the practice.
Self-Care Assessment (Youth/Young Adult)	This document will help provider learn: 1. What you already know about your health 2. What you already know about using health care 3. What areas that you think you want or need to learn more about	To be completed by youth and young adults (aged 14-25). However, if the youth/young adult is unable to complete this document, his/her parent or caregiver should fill out "Self-Care Assessment (Parents/Caregiver)"
Self-Care Assessment (Parents/Caregivers)	This document will help provider see what the youth/young adult already knows about his/her health; and will help find areas that they need to know more about.	To be completed by the parents and/or caregivers of the youth/young adult with a neurologic condition. If possible, the youth/young adult should also complete the "Self-Care Assessment (Youth/Young

		Adult)" form.
Transitions Package Cover Sheet	Cover sheet/checklist to ensure a comprehensive transfer package has been compiled.	Many of the individual tools in the larger *Transitions of Care Toolkit: Young Adults with Neurologic Disorders* will be included in this transfer package.
Transfer Letter Sample	Template from the pediatric provider to the adult provider	Customize, as needed.
Plan of Care	Document developed jointly with the transitioning youth to establish priorities and a course of action that integrates health and personal goals. Information from the transition readiness assessment can be used to guide the development of health goals.	The plan of care should be updated regularly and sent to the new adult provider as part of the transfer package. Customize for each patient; form adapted from www.gottransition.org
Medical Summary: Transitioning Patient	Document should be shared with the transitioning patient's new medical providers, as well as the patient himself/herself and his/her caregivers, as appropriate.	To be completed by medical providers, in collaboration with youth and their caregivers.