



**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Illness Management Action Plan(s) (IMAP)**

The IMAP is not an order-set. Orders should be made by the current attending provider

- **Emergent Condition:**

\_\_\_\_\_  
\_\_\_\_\_

- **Symptoms:**

\_\_\_\_\_  
\_\_\_\_\_

- **Recommended Stabilizing Care:**

\_\_\_\_\_  
\_\_\_\_\_

- **Required Confirmatory Diagnostics:**

\_\_\_\_\_  
\_\_\_\_\_

- **Criteria for Transfer:**

\_\_\_\_\_  
\_\_\_\_\_

- **Established Care Facility Name and Transfer Center Phone Number:**

\_\_\_\_\_  
\_\_\_\_\_

**Provider signature indicating they have reviewed and agree with associated management plan:**

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

The IMAP is not an order-set. Orders should be made by the current attending provider.

**EXAMPLE:**

**Patient Name:** *John Doe*

**DOB:** *4/16/2022*

**Illness Management Action Plan(s) (IMAP)**

The IMAP is not an order-set. Orders should be made by the current attending provider

- **Emergent Condition:** *VP Shunt Occlusion*
- **Symptoms:** *Headache, lethargy, coma, diplopia, N&V, seizure, irritability, poor feeding, fever, nuchal rigidity, ataxia, autonomic instability*
- **Recommended Stabilizing Care:** *Supportive care based on patient presentation and consultation with specialist.*
- **Required Confirmatory Diagnostics:** *None - Consult with specialist. May recommend CT comparison.*
- **Criteria for Transfer:** *Patient presents with any of the above symptoms that cannot be quickly and clearly ruled out as symptoms of another illness or problem.*
- **Established Care Specialist Name and 24-hour Phone Number:** *Cincinnati Children's Hospital 513-636-1111*

**Provider signature indicating they have reviewed and agree with associated management plan:**

**Printed Name:** Dr. Jane Doe

**Signature:** *Dr. Doe*

**Date:** 5/2/2024

**Time:** 1332

**Specialty:** *Pediatric Neurologist*