

LIFE CARE PLAN TRACEABILITY AUDIT

Life care plan for Baby E. Example (SYNTHETIC) | Supporting pages

Prepared for counsel. Subject to review and verification by retaining counsel.

SYNTHETIC SAMPLE. The plan, the child, the planner, the physicians and every record are invented. ICD-10-CM descriptors are real code-set text from the ICD-10 code connector. Each item below links to its row in the plan and to the page where support was located, both bundled behind this summary.

What this audit reports

For each of the 40 plan items, whether support for the item was located in the materials counsel provided, and where. It gives no opinion on medical need, appropriateness, cost, cost reasonableness, life expectancy, or whether any item belongs in the plan. A status of "no support located" means none was found in these materials, not that none exists.

Counts by status

Status	Items
support located	31
planner cites a source not in the materials	3
no support located in the materials provided	6
Total	40

Items by status

No.	Item	Frequency (plan)	Status	Plan row	Support located at	Note
1	Pediatric neurology follow-up visit	4 per year	support located	Plan p. 4 (p.5)	EXB000004 (p.11)	
2	Physiatry follow-up visit	2 per year	support located	Plan p. 4 (p.5)	EXB000007 (p.13)	
3	Pediatric gastroenterology visit	2 per year	support located	Plan p. 4 (p.5)	EXB000010 (p.15)	
4	Pediatric orthopedic visit	1 per year	support located	Plan p. 4 (p.5)	EXB000012 (p.16)	
5	Pediatric ophthalmology exam	1 per year	support located	Plan p. 4 (p.5)	EXB000013 (p.17)	
6	Pulmonology visit	2 per year	planner cites a source not in the materials	Plan p. 4 (p.5)	none located	The plan lists this letter among records reviewed. It is not in the materials provided, and no other document in the materials mentions pulmonology.
7	Complex care clinic visit (includes well-child care)	6 per year	support located	Plan p. 4 (p.5)	EXB000016 (p.19)	
8	Genetics consultation	One time	no support located in the materials provided	Plan p. 4 (p.5)	none located	The plan cites no treating source. No document in the materials mentions genetics.
9	Physical therapy	3 per week	support located	Plan p. 5 (p.6)	EXB000007 (p.13)	Frequency differs as written: the plan states 3 per week; the recommendation reads 2 times per week.
10	Occupational therapy	2 per week	support located	Plan p. 5 (p.6)	EXB000007 (p.13)	

No.	Item	Frequency (plan)	Status	Plan row	Support located at	Note
11	Speech-language and feeding therapy	1 per week	support located	Plan p. 5 (p.6)	EXB000015 (p.18)	The GI letter of 03/30/2026 states the same frequency.
12	Hippotherapy	1 per week	no support located in the materials provided	Plan p. 5 (p.6)	none located	The plan cites no treating source. No document in the materials mentions hippotherapy.
13	Aquatic therapy	1 per week	no support located in the materials provided	Plan p. 5 (p.6)	none located	The plan cites the psychiatry letter. That letter (both pages) does not mention aquatic therapy, and no other document in the materials does.
14	Botulinum toxin injections, lower limbs	4 per year	support located	Plan p. 5 (p.6)	EXB000007 (p.13)	
15	Routine EEG	1 per year	support located	Plan p. 5 (p.6)	EXB000004 (p.11)	
16	Brain MRI	One time	support located	Plan p. 5 (p.6)	EXB000004 (p.11)	
17	Antiseizure drug level, CBC and metabolic panel	2 per year	support located	Plan p. 6 (p.7)	EXB000005 (p.12)	
18	AP pelvis X-ray (hip surveillance)	1 per year to age 8, then every 2 years	support located	Plan p. 6 (p.7)	EXB000012 (p.16)	
19	Spine X-ray (scoliosis surveillance)	1 per year	support located	Plan p. 6 (p.7)	EXB000012 (p.16)	
20	Videofluoroscopic swallow study	1 per year	support located	Plan p. 6 (p.7)	EXB000010 (p.15)	
21	Levetiracetam oral solution	Daily	support located	Plan p. 6 (p.7)	EXB000005 (p.12)	Also on the pharmacy profile.
22	Intranasal rescue benzodiazepine	4 doses per year	support located	Plan p. 6 (p.7)	EXB000005 (p.12)	
23	Baclofen oral	Three times daily	support located	Plan p. 6 (p.7)	EXB000007 (p.13)	
24	Omeprazole suspension	Daily	support located	Plan p. 6 (p.7)	EXB000010 (p.15)	
25	Pediatric enteral formula	About 1,000 mL daily	support located	Plan p. 7 (p.8)	EXB000010 (p.15)	
26	Enteral feeding pump and monthly supplies	Pump every 5 years; supplies monthly	support located	Plan p. 7 (p.8)	EXB000010 (p.15)	The recommendation does not state a pump replacement interval; the 5-year interval is the plan's.
27	Gastrostomy button replacement	2 per year	support located	Plan p. 7 (p.8)	EXB000010 (p.15)	
28	Bilateral ankle-foot orthoses	1 pair per year	support located	Plan p. 7 (p.8)	EXB000008 (p.14)	
29	Custom tilt-in-space wheelchair with seating	Every 5 years	support located	Plan p. 7 (p.8)	EXB000008 (p.14)	
30	Adaptive stroller	Every 3 years	support located	Plan p. 7 (p.8)	EXB000008 (p.14)	
31	Supine stander	Every 5 years	support located	Plan p. 7 (p.8)	EXB000008 (p.14)	
32	Adaptive bath chair	Every 5 years	support located	Plan p. 7 (p.8)	EXB000008 (p.14)	
33	Enclosed pediatric safety bed	Every 10 years	planner cites a source not in the materials	Plan p. 8 (p.9)	none located	The cited letter is not in the materials provided. No document in the materials mentions a bed.
34	Eye-gaze speech-generating device	Every 5 years	support located	Plan p. 8 (p.9)	EXB000015 (p.18)	

No.	Item	Frequency (plan)	Status	Plan row	Support located at	Note
35	Portable suction machine	Every 5 years	planner cites a source not in the materials	Plan p. 8 (p.9)	none located	The cited letter is not in the materials provided. No document in the materials mentions suction.
36	Attendant care	16 hours per day	no support located in the materials provided	Plan p. 8 (p.9)	none located	The plan cites a family interview. No treating-source recommendation for attendant care was located in the materials. The complex care note records bathing and transfer difficulty only.
37	Nurse case management	12 hours per year	support located	Plan p. 8 (p.9)	EXB000016 (p.19)	
38	Teacher of the visually impaired consultation	1 per school year	support located	Plan p. 8 (p.9)	EXB000013 (p.17)	
39	Home modification (accessible bathroom and ramp)	One time	no support located in the materials provided	Plan p. 8 (p.9)	none located	The plan cites no treating source. No document in the materials recommends a home modification.
40	Wheelchair-accessible van conversion	Every 7 years	no support located in the materials provided	Plan p. 8 (p.9)	none located	The plan cites no treating source. No document in the materials mentions a van.

Index of bundled pages

Bundle page	Source page	Document
p.4	Plan p. 2	Life care plan: records reviewed
p.5	Plan p. 4	Life care plan: plan items
p.6	Plan p. 5	Life care plan: plan items
p.7	Plan p. 6	Life care plan: plan items
p.8	Plan p. 7	Life care plan: plan items
p.9	Plan p. 8	Life care plan: plan items
p.10	EXB000002	NICU discharge summary, 06/20/2024
p.11	EXB000004	Pediatric neurology recommendation letter, 05/12/2026
p.12	EXB000005	Pediatric neurology recommendation letter (cont.), 05/12/2026
p.13	EXB000007	Physiatry recommendation letter, 04/28/2026
p.14	EXB000008	Physiatry recommendation letter (cont.), 04/28/2026
p.15	EXB000010	Pediatric gastroenterology recommendation letter, 03/30/2026
p.16	EXB000012	Pediatric orthopedic clinic note, 02/17/2026
p.17	EXB000013	Pediatric ophthalmology note, 01/22/2026
p.18	EXB000015	Speech-language and feeding evaluation (cont.), 03/05/2026
p.19	EXB000016	Complex care clinic note, 06/09/2026
p.20	EXB000017	Pharmacy medication profile, 06/30/2026

1. Records reviewed

- 1. NICU discharge summary, SYN Example Children's Hospital NICU, 06/20/2024
- 2. Brain MRI report, SYN Example Children's Hospital Radiology, 06/14/2024
- 3. Pediatric neurology recommendation letter, N. Example, MD, pediatric neurology (SYNTHETIC), 05/12/2026
- 4. Pediatric neurology clinic note, N. Example, MD (SYNTHETIC), 05/12/2026
- 5. Physiatry recommendation letter, R. Sample, MD, physical medicine and rehabilitation (SYNTHETIC), 04/28/2026
- 6. Physiatry clinic note (botulinum toxin), R. Sample, MD (SYNTHETIC), 04/28/2026
- 7. Pediatric gastroenterology recommendation letter, G. Example, MD, pediatric gastroenterology (SYNTHETIC), 03/30/2026
- 8. Pediatric gastroenterology clinic note, G. Example, MD (SYNTHETIC), 03/30/2026
- 9. Pediatric orthopedic clinic note, T. Sample, MD, pediatric orthopedics (SYNTHETIC), 02/17/2026
- 10. Pulmonology recommendation letter, P. Sample, MD, pulmonology, letter dated 06/02/2026
- 11. Pediatric ophthalmology note, V. Example, MD, pediatric ophthalmology (SYNTHETIC), 01/22/2026
- 12. Speech-language and feeding evaluation, S. Sample, MS, CCC-SLP (SYNTHETIC), 03/05/2026
- 13. Complex care clinic note, C. Example, MD, complex care pediatrics (SYNTHETIC), 06/09/2026
- 14. Pharmacy medication profile, SYN Example Pharmacy, 06/30/2026
- 15. Family interview, 07/10/2026
- 16. Home visit, 07/10/2026

2. Method

Items are grouped by category. Frequency and duration are stated for each item. Unit costs are from the sources named in each row. Recommending sources are named in the last column.

5. Plan items (1 to 8)

No.	Category	Item	Frequency	Duration	Unit cost	Cost source	Recommended by
1	Physician care	Pediatric neurology follow-up visit	4 per year	Lifetime	\$285.00	SYN Example Children's Hospital price list	N. Example, MD letter 05/12/2026
2	Physician care	Physiatry follow-up visit	2 per year	Lifetime	\$310.00	SYN Example Children's Hospital price list	R. Sample, MD letter 04/28/2026
3	Physician care	Pediatric gastroenterology visit	2 per year	To age 18	\$295.00	SYN Example Children's Hospital price list	G. Example, MD letter 03/30/2026
4	Physician care	Pediatric orthopedic visit	1 per year	To age 18	\$260.00	SYN Example Children's Hospital price list	T. Sample, MD note 02/17/2026
5	Physician care	Pediatric ophthalmology exam	1 per year	Lifetime	\$240.00	SYN Example Eye Institute fee schedule	V. Example, MD note 01/22/2026
6	Physician care	Pulmonology visit	2 per year	Lifetime	\$300.00	SYN Example Children's Hospital price list	P. Sample, MD letter 06/02/2026
7	Physician care	Complex care clinic visit (includes well-child care)	6 per year	To age 21	\$275.00	SYN Example Children's Hospital price list	C. Example, MD note 06/09/2026
8	Physician care	Genetics consultation	One time	One time	\$520.00	SYN Example Children's Hospital price list	Planner recommendation

5. Plan items (9 to 16)

No.	Category	Item	Frequency	Duration	Unit cost	Cost source	Recommended by
9	Therapies	Physical therapy	3 per week	To age 18	\$145.00	SYN Regional therapy survey (planner)	R. Sample, MD letter 04/28/2026
10	Therapies	Occupational therapy	2 per week	To age 18	\$145.00	SYN Regional therapy survey (planner)	R. Sample, MD letter 04/28/2026
11	Therapies	Speech-language and feeding therapy	1 per week	To age 18	\$150.00	SYN Regional therapy survey (planner)	S. Sample, SLP evaluation 03/05/2026
12	Therapies	Hippotherapy	1 per week	Age 3 to 18	\$120.00	SYN Example Equestrian Center quote	Planner recommendation
13	Therapies	Aquatic therapy	1 per week	Age 3 to 18	\$110.00	SYN Regional therapy survey (planner)	R. Sample, MD letter 04/28/2026
14	Therapies	Botulinum toxin injections, lower limbs	4 per year	To age 18	\$1,850.00	SYN Example Children's Hospital price list	R. Sample, MD letter 04/28/2026
15	Diagnostics	Routine EEG	1 per year	To age 18	\$980.00	SYN Example Children's Hospital price list	N. Example, MD letter 05/12/2026
16	Diagnostics	Brain MRI	One time	At about age 5	\$3,200.00	SYN Example Children's Hospital price list	N. Example, MD letter 05/12/2026

5. Plan items (17 to 24)

No.	Category	Item	Frequency	Duration	Unit cost	Cost source	Recommended by
17	Diagnostics	Antiseizure drug level, CBC and metabolic panel	2 per year	Lifetime	\$190.00	SYN Example Lab fee schedule	N. Example, MD letter 05/12/2026
18	Diagnostics	AP pelvis X-ray (hip surveillance)	1 per year to age 8, then every 2 years	To age 18	\$160.00	SYN Example Children's Hospital price list	T. Sample, MD note 02/17/2026
19	Diagnostics	Spine X-ray (scoliosis surveillance)	1 per year	Age 8 to 18	\$175.00	SYN Example Children's Hospital price list	T. Sample, MD note 02/17/2026
20	Diagnostics	Videofluoroscopic swallow study	1 per year	To age 10	\$640.00	SYN Example Children's Hospital price list	G. Example, MD letter 03/30/2026
21	Medications	Levetiracetam oral solution	Daily	Lifetime	\$38.00	SYN pharmacy price survey, per month	N. Example, MD letter 05/12/2026
22	Medications	Intranasal rescue benzodiazepine	4 doses per year	Lifetime	\$310.00	SYN pharmacy price survey, per dose	N. Example, MD letter 05/12/2026
23	Medications	Baclofen oral	Three times daily	Lifetime	\$42.00	SYN pharmacy price survey, per month	R. Sample, MD letter 04/28/2026
24	Medications	Omeprazole suspension	Daily	To age 18	\$55.00	SYN pharmacy price survey, per month	G. Example, MD letter 03/30/2026

5. Plan items (25 to 32)

No.	Category	Item	Frequency	Duration	Unit cost	Cost source	Recommended by
25	Nutrition	Pediatric enteral formula	About 1,000 mL daily	Lifetime	\$620.00	SYN home infusion supplier quote, per month	G. Example, MD letter 03/30/2026
26	Nutrition	Enteral feeding pump and monthly supplies	Pump every 5 years; supplies monthly	Lifetime	\$285.00	SYN home infusion supplier quote, per month	G. Example, MD letter 03/30/2026
27	Nutrition	Gastrostomy button replacement	2 per year	Lifetime	\$450.00	SYN home infusion supplier quote	G. Example, MD letter 03/30/2026
28	Equipment	Bilateral ankle-foot orthoses	1 pair per year	To age 18	\$2,400.00	SYN Example Orthotics quote	R. Sample, MD letter 04/28/2026
29	Equipment	Custom tilt-in-space wheelchair with seating	Every 5 years	Lifetime	\$9,800.00	SYN Example Mobility quote	R. Sample, MD letter 04/28/2026
30	Equipment	Adaptive stroller	Every 3 years	To age 10	\$3,100.00	SYN Example Mobility quote	R. Sample, MD letter 04/28/2026
31	Equipment	Supine stander	Every 5 years	To age 18	\$4,200.00	SYN Example Mobility quote	R. Sample, MD letter 04/28/2026
32	Equipment	Adaptive bath chair	Every 5 years	Lifetime	\$1,650.00	SYN Example Mobility quote	R. Sample, MD letter 04/28/2026

5. Plan items (33 to 40)

No.	Category	Item	Frequency	Duration	Unit cost	Cost source	Recommended by
33	Equipment	Enclosed pediatric safety bed	Every 10 years	Lifetime	\$11,500.00	SYN Example Medical Supply quote	P. Sample, MD letter 06/02/2026
34	Equipment	Eye-gaze speech-generating device	Every 5 years	Lifetime	\$15,800.00	SYN Example AAC vendor quote	S. Sample, SLP evaluation 03/05/2026
35	Equipment	Portable suction machine	Every 5 years	Lifetime	\$780.00	SYN Example Medical Supply quote	P. Sample, MD letter 06/02/2026
36	Home care	Attendant care	16 hours per day	Lifetime	\$34.00	SYN home care agency survey, per hour	Family interview
37	Home care	Nurse case management	12 hours per year	Lifetime	\$125.00	SYN case management survey, per hour	C. Example, MD note 06/09/2026
38	Education	Teacher of the visually impaired consultation	1 per school year	Age 3 to 21	\$400.00	SYN school district rate (planner)	V. Example, MD note 01/22/2026
39	Home and transport	Home modification (accessible bathroom and ramp)	One time	One time	\$68,000.00	SYN Example Builders estimate	Planner recommendation
40	Home and transport	Wheelchair-accessible van conversion	Every 7 years	Lifetime	\$32,000.00	SYN Example Mobility Vans quote	Planner recommendation

SYNTHETIC SYN EXAMPLE CHILDREN'S HOSPITAL NICU

NPI SYN-NPI-N0010 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

NICU discharge summary | 06/20/2024

Term infant born by emergency cesarean delivery after a Category III tracing. Cord arterial pH 6.84. Whole-body therapeutic hypothermia for 72 hours.

Discharge diagnoses: severe hypoxic-ischemic encephalopathy; neonatal seizures, resolved on levetiracetam; oropharyngeal dysphagia; gastrostomy tube placed on day 21.

Discharged home on day 34 on levetiracetam and gastrostomy feeds. Follow-up arranged with neurology, gastroenterology and the complex care clinic.

SYNTHETIC N. EXAMPLE, MD, PEDIATRIC NEUROLOGY (SYNTHETIC)

NPI SYN-NPI-N0012 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

Pediatric neurology recommendation letter | 05/12/2026

I have followed Baby E. Example since the NICU. The diagnoses are spastic quadriplegic cerebral palsy after severe HIE, and epilepsy that is controlled on medication.

My recommendations for ongoing neurological care are as follows.

Neurology clinic follow-up every 3 months.

Routine EEG once a year, and sooner for any change in seizures.

Repeat brain MRI at approximately age 5 to document the injury after myelination.

SYNTHETIC N. EXAMPLE, MD, PEDIATRIC NEUROLOGY (SYNTHETIC) (continued)

Continue levetiracetam twice daily; the dose will be adjusted for weight.

Intranasal rescue benzodiazepine for seizures lasting more than 5 minutes, about 4 doses a year.

Antiseizure drug level, CBC and metabolic panel twice a year.

Continue follow-up with physiatry, gastroenterology, orthopedics and ophthalmology as they direct.

Electronically signed, N. Example, MD, pediatric neurology (SYNTHETIC), 05/12/2026.

SYNTHETIC R. SAMPLE, MD, PHYSICAL MEDICINE AND REHABILITATION (SYNTHETIC)

NPI SYN-NPI-N0013 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

Physiatry recommendation letter | 04/28/2026

Baby E. Example has spastic quadriplegic cerebral palsy, GMFCS level V. I recommend the following rehabilitation services and equipment.

Physical therapy 2 times per week.

Occupational therapy 2 times per week.

Physiatry follow-up every 6 months.

Botulinum toxin injections to the lower limbs up to every 3 months.

Baclofen by mouth, three times daily, for tone.

SYNTHETIC R. SAMPLE, MD, PHYSICAL MEDICINE AND REHABILITATION (SYNTHETIC) (continued)

Bilateral ankle-foot orthoses, replaced yearly for growth.

Custom tilt-in-space wheelchair with seating system, replaced about every 5 years.

Adaptive stroller for community mobility, replaced about every 3 years.

Supine stander for daily standing program, replaced about every 5 years.

Adaptive bath chair, replaced about every 5 years.

Electronically signed, R. Sample, MD, physical medicine and rehabilitation (SYNTHETIC), 04/28/2026.

SYNTHETIC G. EXAMPLE, MD, PEDIATRIC GASTROENTEROLOGY (SYNTHETIC)

NPI SYN-NPI-N0014 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

Pediatric gastroenterology recommendation letter | 03/30/2026

Baby E. Example has oropharyngeal dysphagia with gastrostomy dependence. My recommendations are these.

Gastroenterology follow-up every 6 months.

Replace the gastrostomy button every 6 months, and as needed.

Continue omeprazole daily for reflux.

Pediatric enteral formula by gastrostomy, about 1,000 mL a day, adjusted for growth.

Enteral feeding pump with monthly supplies.

Speech and feeding therapy once a week.

Videofluoroscopic swallow study once a year to reassess oral feeding safety.

Electronically signed, G. Example, MD, pediatric gastroenterology (SYNTHETIC), 03/30/2026.

SYNTHETIC T. SAMPLE, MD, PEDIATRIC ORTHOPEDICS (SYNTHETIC)

NPI SYN-NPI-N0015 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

Pediatric orthopedic clinic note | 02/17/2026

Referral for hip surveillance in cerebral palsy, GMFCS V.

AP pelvis X-ray today: migration percentage 22 percent on the right, 18 percent on the left.

Recommend AP pelvis X-ray yearly for hip surveillance through age 8, then every 2 years.

Recommend spine X-ray yearly from age 8 for scoliosis surveillance.

Orthopedic follow-up yearly.

SYNTHETIC V. EXAMPLE, MD, PEDIATRIC OPHTHALMOLOGY (SYNTHETIC)

NPI SYN-NPI-N0016 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

Pediatric ophthalmology note | 01/22/2026

Cortical visual impairment. No retinopathy. Normal optic nerves.

Recommend dilated eye examination once a year.

Recommend a teacher of the visually impaired consultation each school year.

SYNTHETIC S. SAMPLE, MS, CCC-SLP (SYNTHETIC) (continued)

Recommend speech-language and feeding therapy once a week.

Recommend trial and purchase of an eye-gaze speech-generating device, replaced about every 5 years.

SYNTHETIC C. EXAMPLE, MD, COMPLEX CARE PEDIATRICS (SYNTHETIC)

NPI SYN-NPI-N0018 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

Complex care clinic note | 06/09/2026

Complex care clinic visit for a child with HIE, cerebral palsy, epilepsy and gastrostomy dependence.

Recommend complex care clinic visits every 2 months, including well-child care and immunizations.

Recommend care coordination through the clinic nurse case manager, about 1 hour a month.

Family reports difficulty with bathing and transfers at home. Discussed community resources.

SYNTHETIC SYN EXAMPLE PHARMACY

NPI SYN-NPI-N0019 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

Pharmacy medication profile | 06/30/2026

Active medications: levetiracetam oral solution twice daily; baclofen oral three times daily; omeprazole suspension daily; diazepam nasal spray as needed for seizures over 5 minutes.

Dispensing history: 6 fills in the last 6 months for each maintenance medication.