

SPECIAL CARE PLAN: CHILD / NEWBORN

This document is to be used for a child with a poor /guarded prognosis where clarification is necessary for management options on current and future care.

PLEASE ENSURE A COPY OF THIS DOCUMENT IS AVAILABLE IN THE PATIENTS MEDICAL NOTES, A COPY IS GIVEN TO THE FAMILY,
THE PRIMARY PHYSICIAN AND RELEVANT MEMBERS OF THE MULTIDISCIPLINARY TEAM

Time		1111	F PRIMARY PHYSICIAN AND RELEVANT	WILWIDERS OF	THE MOETIDISCIPEINART TEAM		
DATE TIME STEP SIGNATUR 1. Review condition, considering all therapeutic options and potential outcomes 2. Discuss options, outcomes and appropriate goal with caregiver 3. Devise the best possible care plan with caregiver 4. Provide bereavement counselling and support 5. Record participants in devising the care plan (below) 6. Record special care plan (overleaf) REASON KEY DETERMINANT VUNDERLYING ILLNESS 1. Brain stem death 2. Ilminient death with physiological deterioration despite treatment 3. Inevitable death with no beneficial interventions III. Life is limited in a provide bereave plan (overleaf) 1. Burden of the child's underlying condition causes suffering that overcomes potential benefits 3. Lack of ability to benefit 3. Lack of ability to benefit 4. Brain stem death 5. PECIAL CARE PLAN PARTICIPANTS Family member/Caregiver Doctor D	NAME:				IP N°:		
DATE TIME STEP SIGNATUR 1. Review condition, considering all therapeutic options and potential outcomes 2. Discuss options, outcomes and appropriate goal with caregiver 3. Devise the best possible care plan with caregiver 4. Provide bereavement counselling and support 5. Record participants in devising the care plan (below) 6. Record special care plan (overleaf) REASON KEY DETERMINANT VUNDERLYING ILLNESS 1. Brain stem death 2. Ilminient death with physiological deterioration despite treatment 3. Inevitable death with no beneficial interventions III. Life is limited in a provide bereave plan (overleaf) 1. Burden of the child's underlying condition causes suffering that overcomes potential benefits 3. Lack of ability to benefit 3. Lack of ability to benefit 4. Brain stem death 5. PECIAL CARE PLAN PARTICIPANTS Family member/Caregiver Doctor D	SDECIAL CA	ADE DI ANI ST	EDC				
1. Review condition, considering all therapeutic options and potential outcomes 2. Discuss options, outcomes and appropriate goal with caregiver 3. Devise the best possible care plan with caregiver 4. Provide bereavement counselling and support 5. Record participants in devising the care plan (below) 6. Record participants in devising the care plan (below) 7. REASONS FOR SPECIAL CARE PLAN 8. REASON REPORT Y UNDERLYING ILLNESS 8. Life is limited in 9. Life is limited in 1. Burden of treatment outwelghs 9. Detential benefits 9. Life is limited in 9. Life is limited in 1. Burden of treatment outwelghs 9. Detential benefits 9. Lack of ability to benefit 1. Life is limited in overcomes potential benefits 1. Lack of ability to benefit 1. Life is limited in overcomes potential benefits 1. Lack of ability to benefit 1. SPECIAL CARE PLAN PARTICIPANTS 1. Lack of ability to benefit 1. SPECIAL CARE PLAN PARTICIPANTS 1. Lack of ability to benefit 1. Device the care plan (Participants) 1. Life is limited in overcomes potential benefits 2. Burden of the child's underlying condition causes suffering that overcomes potential benefits 3. Lack of ability to benefit 1. Life is limited in overcomes potential benefits 2. Burden of the child's underlying condition causes suffering that overcomes potential benefits 3. Lack of ability to benefit 4. Participants 4. Participants 4. Participants 4. Participants 4. Participants 5. Participants 5. Participants 5. Participants 6. REASONS 6. RECORD PARTICIPANTS 6. Participants 6. REASONS 6. RECORD PARTICIPANTS 6. Participants 7. Participants 7. Participants 8. Participants 8. Participants 8. Participants 8. Participants 8. Participants 8. Participants 9. Part		1		STED		SIGNATURE	
2. Discuss options, outcomes and appropriate goal with caregiver 4. Provide bereavement counselling and support 5. Record participants in devising the care plan (below) 6. Record participants in devising the care plan (below) REASON FOR SPECIAL CARE PLAN REASON KEY DETERMINANT VUNDERLYING ILLNESS 1. Life is limited in quantity 2. Imminent death with physiological deterioration despite treatment 3. Inevitable death with no beneficial interventions II. Life is limited in quality potential benefits 2. Burden of the child's underlying condition causes suffering that overcomes potential benefits 3. Lack of ability to benefit III. Informed competent refusal of treatment refusal of treatment SPECIAL CARE PLAN PARTICIPANTS Family member/Caregiver Family m	DATE	TIIVIE	1 Review condition considering a		ntions and notential outcomes	SIGNATURE	
3. Devise the best possible care plan with caregiver 4. Provide bereavement counselling and support 5. Record participants in devising the care plan (below) 6. Record special care plan (overleaf)							
4. Provide bereavement counselling and support 5. Record participants in devising the care plan (below) 6. Record special care plan (overleaf) REASON FOR SPECIAL CARE PLAN REASON KEY DETERMINANT VUNDERLYING ILLNESS 1. Life is limited in quantity 2. Imminent death with physiological deterioration despite treatment 3. Inevitable death with no beneficial interventions II. Life is limited in quantity 2. Surden of the child's underlying condition causes suffering that overcomes potential benefits 3. Lack of ability to benefit III. Informed competent refusal of treatment SPECIAL CARE PLAN PARTICIPANTS NAME/DEPARTMENT CONTACT DETAIL Family member/Caregiver Doctor Do							
S. Record participants in devising the care plan (below) 6. Record special care plan (overleaf) 7. REASON SEPCIAL CARE PLAN							
REASONS FOR SPECIAL CARE PLAN REASON KEY DETERMINANT VUNDERLYING ILLNESS 1. Brain stem death 1 quantity 2. Imminent death with physiological deterioration despite treatment 3. Inevitable death with no beneficial interventions III. Life is limited in quality 1. Burden of treatment outweighs potential benefits 2. Burden of the child's underlying condition causes suffering that overcomes potential benefits 3. Lack of ability to benefit III. Informed competent refusal of treatment SPECIAL CARE PLAN PARTICIPANTS NAME/DEPARTMENT CONTACT DETAIL Family member/Caregiver Doctor Doc							
REASON KEY DETERMINANT UNDERLYING ILLNESS 1. Ufe is limited in quantity 2. Imminent death with physiological deterioration despite treatment 3. Inevitable death with no beneficial interventions 11. Life is limited in quality 2. Burden of the child's underlying condition causes suffering that overcomes potential benefits 3. Lack of ability to benefit 11. Informed competent refusal of treatment SPECIAL CARE PLAN PARTICIPANTS SPECIAL CARE PLAN PARTICIPANTS NAME/DEPARTMENT CONTACT DETAIL Family member/Caregiver Doctor Docto					,		
REASON KEY DETERMINANT UNDERLYING ILLNESS 1. Ufe is limited in quantity 2. Imminent death with physiological deterioration despite treatment 3. Inevitable death with no beneficial interventions 11. Life is limited in quality 2. Burden of the child's underlying condition causes suffering that overcomes potential benefits 3. Lack of ability to benefit 11. Informed competent refusal of treatment SPECIAL CARE PLAN PARTICIPANTS SPECIAL CARE PLAN PARTICIPANTS NAME/DEPARTMENT CONTACT DETAIL Family member/Caregiver Doctor Docto	REASONS I	FOR SPECIAL	. CARE PLAN				
2.Imminent death with physiological deterioration despite treatment 3. Inevitable death with no beneficial interventions 1. Burden of treatment outweighs potential benefits 2. Burden of the child's underlying condition causes suffering that overcomes potential benefits 3. Lack of ability to benefit 3. Lack of ability to benefit 5. PECIAL CARE PLAN PARTICIPANTS NAME/DEPARTMENT CONTACT DETAIL 5. PECIAL CARE PLAN PARTICIPANTS NAME/DEPARTMENT CONTACT DETAIL 5. PECIAL CARE PLAN PARTICIPANTS			<u> </u>	✓	Underlying Illi	NESS	
deterioration despite treatment 3. Inevitable death with no beneficial interventions 1. Burden of treatment outweighs potential benefits 2. Burden of the child's underlying condition causes suffering that overcomes potential benefits 3. Lack of ability to benefit 1. Burden of treatment 1. Burden of treatment 1. Burden of the child's underlying condition causes suffering that overcomes potential benefits 3. Lack of ability to benefit 1. Burden of treatment 1. Burden of t	I. Life is limi	ted in	1. Brain stem death				
deterioration despite treatment 3. Inevitable death with no beneficial interventions 1. Burden of treatment outweighs potential benefits 2. Burden of the child's underlying condition causes suffering that overcomes potential benefits 3. Lack of ability to benefit 1. Burden of treatment 1. Burden of the child's underlying condition causes suffering that overcomes potential benefits 1. Lack of ability to benefit 1. Burden of treatment 1. Burden of the child's underlying condition causes suffering that overcomes potential benefits 1. Lack of ability to benefit 1. Burden overcomes potential benefits 1. Lack of ability to benefit 1	quantity		2.Imminent death with physiologica	ıl			
II. Life is limited in quality 1. Burden of treatment outweighs potential benefits 2. Burden of the child's underlying condition causes suffering that overcomes potential benefits 3. Lack of ability to benefit SPECIAL CARE PLAN PARTICIPANTS SPECIAL CARE PLAN PARTICIPANTS NAME/DEPARTMENT CONTACT DETAIL Family member/Caregiver Doctor Doctor Doctor Nurse Therapist Social worker Psychologist Other (specify) DETAILS OF DISCUSSION WITH TEAM AND FAMILY/CAREGIVER (RATIONALE FOR SPECIAL CARE PLAN) PROGNOSIS			_ · · · · -				
1. Burden of treatment outweighs potential benefits 2. Burden of the child's underlying condition causes suffering that overcomes potential benefits 3. Lack of ability to benefit SPECIAL CARE PLAN PARTICIPANTS NAME/DEPARTMENT CONTACT DETAIL Family member/Caregiver Family member/Caregiver Doctor Doctor Nurse Therapist Social worker Psychologist Other (specify) DETAILS OF DISCUSSION WITH TEAM AND FAMILY/CAREGIVER (RATIONALE FOR SPECIAL CARE PLAN) PPROGNOSIS			3. Inevitable death with no beneficia	al			
potential benefits 2. Burden of the child's underlying condition causes suffering that overcomes potential benefits 3. Lack of ability to benefit 3. Lack of ability to benefit SPECIAL CARE PLAN PARTICIPANTS NAME/DEPARTMENT CONTACT DETAIL Family member/Caregiver Family member/Caregiver Doctor Doctor Nurse Therapist Social worker Psychologist Other (specify) DETAILS OF DISCUSSION WITH TEAM AND FAMILY/CAREGIVER (RATIONALE FOR SPECIAL CARE PLAN) PROGNOSIS			interventions				
2. Burden of the child's underlying condition causes suffering that overcomes potential benefits 3. Lack of ability to benefit 3. Lack of ability to benefit SPECIAL CARE PLAN PARTICIPANTS NAME/DEPARTMENT CONTACT DETAIL Family member/Caregiver Family member/Caregiver Doctor Doctor Nurse Therapist Social worker Psychologist Other (specify) DETAILS OF DISCUSSION WITH TEAM AND FAMILY/CAREGIVER (RATIONALE FOR SPECIAL CARE PLAN) CURRENT CONDITION PROGNOSIS	II. Life is lim	ited in	1. Burden of treatment outweighs				
condition causes suffering that overcomes potential benefits 3. Lack of ability to benefit 3. Lack of ability to benefit SPECIAL CARE PLAN PARTICIPANTS NAME/DEPARTMENT CONTACT DETAIL Family member/Caregiver Family member/Caregiver Doctor Doc	quality		•				
overcomes potential benefits 3. Lack of ability to benefit 3. Lack of ability to benefit SPECIAL CARE PLAN PARTICIPANTS NAME/DEPARTMENT CONTACT DETAIL Family member/Caregiver Family member/Caregiver Doctor Doctor Nurse Therapist Social worker Psychologist Other (specify) DETAILS OF DISCUSSION WITH TEAM AND FAMILY/CAREGIVER (RATIONALE FOR SPECIAL CARE PLAN) PROGNOSIS PROGNOSIS							
3. Lack of ability to benefit III. Informed competent refusal of treatment							
III. Informed competent refusal of treatment SPECIAL CARE PLAN PARTICIPANTS NAME/DEPARTMENT CONTACT DETAIL Family member/Caregiver Family member/Caregiver Doctor Doctor Nurse Therapist Social worker Psychologist Other (specify) DETAILS OF DISCUSSION WITH TEAM AND FAMILY/CAREGIVER (RATIONALE FOR SPECIAL CARE PLAN) PROGNOSIS PROGNOSIS			·				
SPECIAL CARE PLAN PARTICIPANTS Name/Department			3. Lack of ability to benefit				
SPECIAL CARE PLAN PARTICIPANTS NAME/DEPARTMENT CONTACT DETAIL Family member/Caregiver							
NAME/DEPARTMENT CONTACT DETAIL Family member/Caregiver Family member/Caregiver Doctor Doctor Nurse Therapist Social worker Psychologist Other (specify) DETAILS OF DISCUSSION WITH TEAM AND FAMILY/CAREGIVER (RATIONALE FOR SPECIAL CARE PLAN) CURRENT CONDITION PROGNOSIS PROGNOSIS	refusal of tr	eatment					
NAME/DEPARTMENT CONTACT DETAIL Family member/Caregiver Family member/Caregiver Doctor Doctor Nurse Therapist Social worker Psychologist Other (specify) DETAILS OF DISCUSSION WITH TEAM AND FAMILY/CAREGIVER (RATIONALE FOR SPECIAL CARE PLAN) CURRENT CONDITION PROGNOSIS PROGNOSIS	SDECIAL CA	ADE DI ANI DA	PTICIDANITS				
Family member/Caregiver Family member/Caregiver Doctor Doctor Nurse Therapist Social worker Psychologist Other (specify) DETAILS OF DISCUSSION WITH TEAM AND FAMILY/CAREGIVER (RATIONALE FOR SPECIAL CARE PLAN) CURRENT CONDITION PROGNOSIS	JPECIAL CA	ANE PLAIN PA		DTMENT	CONTACT	DETAIL	
Family member/Caregiver Doctor Doctor Nurse Therapist Social worker Psychologist Other (specify) DETAILS OF DISCUSSION WITH TEAM AND FAMILY/CAREGIVER (RATIONALE FOR SPECIAL CARE PLAN) CURRENT CONDITION PROGNOSIS	Family member/Caregiver		•	IVAIVIE/ DEPARTIVIENT		DETAIL	
Doctor Doctor Nurse Therapist Social worker Psychologist Other (specify) DETAILS OF DISCUSSION WITH TEAM AND FAMILY/CAREGIVER (RATIONALE FOR SPECIAL CARE PLAN) CURRENT CONDITION PROGNOSIS							
Doctor Nurse Therapist Social worker Psychologist Other (specify) DETAILS OF DISCUSSION WITH TEAM AND FAMILY/CAREGIVER (RATIONALE FOR SPECIAL CARE PLAN) CURRENT CONDITION PROGNOSIS		2017 C an egive.					
Nurse Therapist Social worker Psychologist Other (specify) DETAILS OF DISCUSSION WITH TEAM AND FAMILY/CAREGIVER (RATIONALE FOR SPECIAL CARE PLAN) CURRENT CONDITION PROGNOSIS							
Therapist Social worker Psychologist Other (specify) DETAILS OF DISCUSSION WITH TEAM AND FAMILY/CAREGIVER (RATIONALE FOR SPECIAL CARE PLAN) CURRENT CONDITION PROGNOSIS							
Social worker Psychologist Other (specify) DETAILS OF DISCUSSION WITH TEAM AND FAMILY/CAREGIVER (RATIONALE FOR SPECIAL CARE PLAN) CURRENT CONDITION PROGNOSIS							
Psychologist Other (specify) DETAILS OF DISCUSSION WITH TEAM AND FAMILY/CAREGIVER (RATIONALE FOR SPECIAL CARE PLAN) CURRENT CONDITION PROGNOSIS	•	\ 					
Other (specify) DETAILS OF DISCUSSION WITH TEAM AND FAMILY/CAREGIVER (RATIONALE FOR SPECIAL CARE PLAN) CURRENT CONDITION PROGNOSIS							
DETAILS OF DISCUSSION WITH TEAM AND FAMILY/CAREGIVER (RATIONALE FOR SPECIAL CARE PLAN) CURRENT CONDITION PROGNOSIS							
PROGNOSIS CURRENT CONDITION PROGNOSIS	Other (speci	ту)					
PROGNOSIS CURRENT CONDITION PROGNOSIS	D======	- DIGGUESIA				.\	
PROGNOSIS	DETAILS O	F DISCUSSIO	N WITH TEAM AND FAMILY/CARE	GIVER (RATIO	DNALE FOR SPECIAL CARE PLAN	1)	
PROGNOSIS							
	CURRENT CONDITION						
				-			
			1				
Name	PROGNOSIS						
Name			<u></u>				
Name							
	Name		Hospital num	ber	Page number		

GOALS OF CARE & POSSIBLE MANAGEMENT						
FAMILY QUESTIONS & CONCERNS						
Pastoral / Spiritual support offered			Family (& Sibling	Family (& Sibling) support & visits facilitated		
Referred to Psychologist			Referred to socia	Referred to social Worker		
Memory box (Hand & Foot print	s)					
Intervention		İniti <i>A</i>	ATED:	REVIEWED:		
Date & Time						
Authorized by:		Print	Sign	Print	Siį	gn
Doctor 1						
Doctor 2						
Registered nurse						
Cardianulmanamunacussitatian	V/N		Dataila	V/N	Deteile	

INTERVENTION		INITIATED:		REVIEWED:		
Date & Time						
Authorized by:	Print	Sign	Print	Sign		
Doctor 1						
Doctor 2						
Registered nurse						
Cardiopulmonary resuscitation	Y/N	Details	Y/N	Details		
Stimulation						
Airway management						
Bag-valve-mask						
Nasal CPAP						
Ventilation						
Cardiac massage						
Drugs/cardioversion						
Further care	Y/N	Reason	Y/N	Reason		
Incubator						
ICU admission						
Oxygen						
IV fluids						
TPN						
Feeds						
Inotropic support						
Blood products						
Antibiotics						
Blood tests						

SPECIAL CARE PLAN RESCINDED						
Reason						
RESCINDED BY	Name	Signature	DATE	TIME		
Doctor 2						
Doctor 1						
Registered nurse						

Name	Hospital number	Page number
------	-----------------	-------------

Pain control/comfort