

NEONATAL PALLIATIVE CARE PLAN

Name:					I.P. Number:					
	r a neonate v	with a poor/guarded prog	gnosis where clarification is	necessary fo		ions on current & futu	re care.			
To be used for a neonate with a poor/guarded prognosis where clarification is necessary for management options on current & future care. Special care plan steps										
Date	Time	Сро	St	ep			Sign			
		Review condition	tcomes							
		Record special care plan (overleaf)								
o. Necord special care plan (overlear)										
Reason fo	r special	care plan								
✓		Reason	Key determinant	Underlying illness		Comment				
	Brain dea	th								
	No hope									
	No purpose									
	No cure									
	Further tr	eatment unbearable								
	Resources	5								
	Other									
Special ca	re plan pa	articipants								
			Na	me		Contact detail				
Family mem	her/Caregiv	/er	Name							
Family member/Caregiver										
Family member/Caregiver										
Doctor										
Doctor										
Nurse										
Nurse										
Social worker										
Other (specify)										
Details of	discussio	n with team and fa	mily/caregiver:							
			,, ,							
Current Con	dition									
Prognosis										
Possible Management										
Goals										
Godis										

Family								
questions/concerns								
Other								
Pastoral/Spiritual support of	offered		Family (and sibling) support & visits facilitated					
Referred to Psychologist		Referred to Social worker						
Photographs offered								
Special care plan orders:								
Initiated:			Reviewed:	Reviewed:				

Special care plan orders:								
	Initiated:			Reviewed:			Reviewed:	
Date & Time								
Authorized by:	Pi	rint	Sign		Print	Sign	F	Print Sign
Doctor 1								
Doctor 2								
Registered nurse								
Cardiopulmonary resuscitation	Y/N		Reason	Y/N		Reason	Y/N	Reason
Stimulation								
Airway management								
Bag-valve-mask								
Nasal CPAP								
Ventilation								
Cardiac massage								
Drugs/cardio version								
Further care	Y/N		Reason	Y/N		Reason	Y/N	Reason
Incubator								
ICU admission								
Oxygen								
IV fluids								
TPN								
Feeds								
Inotropic support								
Blood products								
Antibiotics								
Blood tests								
Pain control/comfort								

Special care plan RESCINDED								
Reason								
Rescinded by	Drint name	Cian	Data	Time				
Rescinded by	Print name	Sign	Date	Time				
Doctor 1								
Doctor 2								
Registered nurse								