

Please affix patient label

Patient name:

Date of birth:

NHS/K number:

This care plan should be reviewed on a daily basis to ensure collaborative working with parents, carers and nursing staff.

CHILDREN'S NURSING CARE PLAN
Patient with a Paid Carers

Ward.....



Date	Time	Nursing action	Date and time	Negotiated care (Tick for parent/carer to undertake)	Date and time
		<p>Carers wellbeing Carers names</p> <p>1. _____ 2. _____ 3. _____</p> <ul style="list-style-type: none"> • Carers agree to carry their personal identification at all times • Carers agree to report to the nurse in charge at the start of their shift 		<p>Local Induction Complete: Date: Date: Date:</p>	
		<p>Patient wellbeing (Delete if not appropriate) <i>Personal hygiene</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Washing/bathing/dressing <input type="checkbox"/> Oral care <input type="checkbox"/> Nappy care <input type="checkbox"/> Toileting support <p><i>Supportive care</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Escorting to procedures <input type="checkbox"/> Distraction <input type="checkbox"/> Play and sensory stimulation <p><i>Therapeutic care</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Physiotherapy <p><i>Communication</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Carers will receive verbal updates as necessary from nursing and medical team 		<ul style="list-style-type: none"> <input type="checkbox"/> Washing/bathing/dressing <input type="checkbox"/> Oral care <input type="checkbox"/> Nappy care <input type="checkbox"/> Toileting support <input type="checkbox"/> Escorting to procedures <input type="checkbox"/> Distraction <input type="checkbox"/> Play and sensory stimulation <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Carers will receive updates <input type="checkbox"/> Carers will participate in medical review 	

		<ul style="list-style-type: none"> <input type="checkbox"/> Carers will be encouraged to participate in the child daily medical review by providing feedback on patients ongoing condition <p><i>Patient Specific Care (negotiated and agreed with the Matron)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. 		<ul style="list-style-type: none"> <input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. 	
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