

# SAMPLE CARE PLAN

Care plan date: \_\_\_\_\_

<b>Name</b>		<b>Weight</b>	35 kg
<b>ID numbers (Medicare/hospital)</b>	xxxxxxxxxx	<b>Date of birth/age</b>	01/11/00, 5 years
<b>Allergies</b>	Penicillin		
<b>Diagnosis (if known) or main illness</b>	Muscular Dystrophy		
<b>Key coordinator</b>		<b>Contact details</b>	
<b>Specific instructions</b> (Area to record specific instructions for the care of your child)	<b>IF this happens</b>	<b>THEN follow these instructions</b>	
	Temperature above 38 degrees Celsius for longer than 6 hours.	Contact key coordinator for advice. Increase fluids intake.	

CARE GOALS	CARE ACTIONS	RESULTS
<b>SKIN CARE</b>		
<ul style="list-style-type: none"> <li>Care for current spot that is becoming red.</li> <li>Reduce chance of sore spots</li> </ul>	<ul style="list-style-type: none"> <li>Inspect skin all over each day</li> <li>Apply moisturiser each day</li> <li>Change wound dressing change as ordered. Dressings include:</li> </ul> <hr/> <hr/> <ul style="list-style-type: none"> <li>Decrease pressure/irritation to skin:                             <ul style="list-style-type: none"> <li>fleece pad</li> <li>egg crate mattress</li> <li>keep skin clean and dry</li> <li>gently massage pressure points with lotion</li> </ul> </li> <li>Turn and reposition twice a day.</li> <li>Keep nails short.</li> </ul>	<p>15/11/05. After 2 weeks skin has improved. No further signs of redness.</p> <p>Scratch on arm while playing covered with dressing.</p>

# CARE PLAN RECORDING CHART

Name	Template for recording bowel, fluids, temperature, dressing changes or other care activities. Discuss with care team member.									
	DATE									
MEASURE	COMMENTS	TIME	16/11	15/11						
Example: Temperature	Temperature to be taken by rectal thermometer four times a day, while awake.	7am 12 noon 4 pm 9 pm		39 38 37.5 37						

# TOOL 3

Name		Weight	
ID numbers (Medicare/hospital)		Date of birth/age	
Allergies			
Diagnosis (if known) or main illness			
Key coordinator		Contact details	
Specific instructions (Area to record specific instructions for the care of your child)	IF this happens	THEN follow these instructions	

CARE GOALS	CARE ACTIONS	RESULTS
<b>MEALS AND DRINKS</b>		
1.		
2.		
<b>SKIN CARE</b>		
1.		
2.		
<b>MOUTH CARE</b>		
1.		
2.		
<b>BOWEL CARE</b>		
1.		
2.		

CARE GOALS	CARE ACTIONS	RESULTS
<b>SLEEPING</b>		
1.		
2.		
<b>MEDICINES</b>		
1.		
2.		
<b>PHYSICAL ACTIVITY</b>		
1.		
2.		
<b>ENTERTAINMENT</b>		
1.		
2.		
1.		
2.		
1.		
2.		
1.		
2.		
1.		
2.		