

TOOL 3 – SAMPLE CARE PLAN

Name					
Weight	35kg	DOB	15/06/05	Age	5 years
ID Numbers (Medicare/hospital)	XXXXXXXXXX	XXXXXXXXXX			
Allergies	penicillin				
Diagnosis (if known) or main illness	muscular dystrophy				
Key Coordinator				Contact details	
Specific instructions (Area to record specific instructions for the care of your child)					
IF this happens			THEN follow these instructions		
Temperature above 38 degrees for longer than 6 hours.			Contact key coordinator for advice. Increase fluids intake.		
Care goals		Care actions		Results	
Skin care					
<ul style="list-style-type: none"> care for current spot that is becoming red reduce chance of sore spots 		<ul style="list-style-type: none"> inspect skin all over each day apply moisturiser each day change wound dressing as ordered. decrease pressure/irritation to skin: <ul style="list-style-type: none"> fleece pad egg crate mattress keep skin clean and dry gently massage pressure points with lotion turn and reposition twice a day keep nails short 		15/11/10 – After 2 weeks skin has improved. No further signs of redness. Scratch on arm while playing covered with dressing.	

TOOL 3 – CARE PLAN

Date:

Name					
Weight		DOB		Age	
ID Numbers (Medicare/hospital)					
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 PLAN (continued)

Date:

Care goals	Care actions	Results
Meals and drinks		
1		
2		
Skin care		
1		
2		
Mouth care		
1		
2		
Bowel care		
1		
2		

CARE PLAN (continued)**Date:**

Care goals	Care actions	Results
Sleeping		
1		
2		
Medications		
1		
2		
Physical activity		
1		
2		
Entertainment		
1		
2		