



2. ADVANCED CARE PLAN FOR CHILDREN WITH LIFE LIMITING CONDITIONS

This document is a tool for discussing and communicating the wishes of a child / parent(s) or young person. It is particularly useful in a future emergency, when the individual cannot give informed consent for themselves and / or next of kin / parent(s) cannot be contacted (adapted from the NHS, UK, and Big Shoes, Durban).

Child	Name	Gender	Date of Birth
Caregiver	Name	Relationship	Cell
Address			
Date of plan:			Date for planned review:

FAMILY MEMBERS INVOLVED IN AND AGREEING TO CARE PLAN

	NAME	SIGNATURE	DATE
PARENT/LEGAL GUARDIAN			
CHILD (IF APPLICABLE)			
OTHER			

PROFESSIONALS INVOLVED IN AND AGREEING TO CARE PLAN

NAME	SIGNATURE	POSITION	DEPARTMENT	DATE

CARE PLAN CONTEXT

✓	CATEGORY OF LIFE LIMITING CONDITION	DIAGNOSIS
	Cure is possible, but can fail (e.g. cancer)	
	Despite intensive treatment over a period of time aimed at prolonging life, 'early' death is inevitable (e.g. cystic fibrosis)	
	Despite palliation over a long period, the actual (incurable) condition progresses over many years (e.g. muscular dystrophy)	
	Severe, non-progressive disability following an irreversible 'injury' (e.g. brain or spinal cord injury; severe cerebral palsy)	
	Irreversible/inoperable congenital disorder (e.g. complex congenital heart disease; trisomy 18)	



Name: _____ Folder Number: _____

CURRENT CLINICAL AND PSYCHO-SOCIAL CHALLENGES

PROBLEM	MANAGEMENT PLAN

INTERVENTION LEVEL

✓	INTERVENTION LEVEL	CARE APPROACH
	1	Comfort care only, avoid painful procedures/investigations unless information gained helps to achieve goal of comfort
	2	Comfort care with specific life-supportive care (e.g. IV antibiotics, blood transfusions) but excluding mechanical ventilation
	3	Includes mechanical ventilation and all forms of life prolonging care (e.g. dialysis)

INTERVENTION DETAIL

CARDIOPULMONARY RESUSCITATION	Yes/No	DETAIL
AIRWAY MANAGEMENT		
BREATHING SUPPORT		
CIRCULATION (ECM)		
DRUGS/CARDIOVERSION		
FURTHER CARE	Yes/No	DETAIL
ICU ADMISSION		
INOTROPIC SUPPORT		
OXYGEN		
HYDRATION		
NUTRITION		
BLOOD PRODUCTS		
ANTIBIOTICS		
BLOOD TESTS		
PAIN CONTROL/COMFORT		



Name: _____ Folder Number: _____

FUTURE CHALLENGES (ILLNESSES/ACUTE DETERIORATION/ONGOING COMPLICATIONS)

PROBLEMS THAT MAY OCCUR

<i>Increasing pain</i> <i>New symptoms</i> <i>Seizures</i> <i>Feeding difficulty, nausea and vomiting</i> <i>Infections including pneumonia</i> <i>Terminal restlessness/agitation</i>	<i>Detail:</i>
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POSSIBLE END OF LIFE EVENTS:

EVENT	EXPECTED PRESENTING SYMPTOMS	MANAGEMENT PLAN

SUPPORT

GOALS OF CARE

PLACE OF CARE

PSYCHO-SOCIAL SUPPORT

