NSW GOVERNMENT Health

Facility:

PAEDIATRIC NURSING CARE PLAN (EXTENDED STAY)

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Planned Care (complete on all patients on arrival to the ward and revise WHEN CARE CHANGES)

Nursing care	Initial Care:	Revised Care:	Revised Care:	Revised Care:
	Date: ___/___/____	Date: ___/___/____	Date: ___/___/____	Date: ___/___/____
Checklist/clinical pathway being used (if any)				
Interval of standard observations (as per SPOC)				
Oxygen therapy	☐ NO ☐ YES	☐ NO ☐ YES	☐ NO ☐ YES	☐ NO ☐ YES
Special observations in addition to SPOC (e.g. PCA, BGL, neuro, neurovascular, traction)				
Nutritional needs (e.g. diet, frequency, method & assistance)				
Toileting (e.g. nappies / toilet training, assistance)				
Hygiene (e.g., skin integrity, assistance)				
Mobility (e.g. aids, assistance)				
Pressure area care	Score: _____ Risk level: _____	Score: _____ Risk level: _____	Score: _____ Risk level: _____	Score: _____ Risk level: _____
Skin inspection	☐ NO ☐ YES	☐ NO ☐ YES	☐ NO ☐ YES	☐ NO ☐ YES
Falls risks	Score: _____ ☐ Routine ☐ High risk	Score: _____ ☐ Routine ☐ High risk	Score: _____ ☐ Routine ☐ High risk	Score: _____ ☐ Routine ☐ High risk
Safety and security (e.g. cot sides / bed rails, SIDS & Kids Safe Sleeping)				
Infection prevention & control - standard & transmission based precautions	☐ Standard ☐ Droplet ☐ Contact ☐ Airborne	☐ Standard ☐ Droplet ☐ Contact ☐ Airborne	☐ Standard ☐ Droplet ☐ Contact ☐ Airborne	☐ Standard ☐ Droplet ☐ Contact ☐ Airborne
PIVC / CVAD / IVT Care				
Other care				
Care discussed with parent / carer	☐ NO ☐ YES	☐ NO ☐ YES	☐ NO ☐ YES	☐ NO ☐ YES
Assigned nurse to sign when care revised	Sign:	Sign:	Sign:	Sign:
	Time: ____:____hr	Time: ____:____hr	Time: ____:____hr	Time: ____:____hr

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PIVC / CVAD / IVT Care				
Other care				
Care discussed with parent / carer	☐ NO ☐ YES	☐ NO ☐ YES	☐ NO ☐ YES	☐ NO ☐ YES
Assigned nurse to sign when care revised	Sign: Time: ____:____hr	Sign: Time: ____:____hr	Sign: Time: ____:____hr	Sign: Time: ____:____hr