

<b>Careplan 5 Problem</b>		<b>Goals</b>	<b>Issue date: January 2016</b> <b>Review date: January 2019</b>									
condition is deteriorating secondary to		<ol style="list-style-type: none"> <li>1. To promote quality of life, dignity and respect for the child and family</li> <li>2. To manage, avoid, reduce or eliminate symptoms</li> <li>3. To ensure appropriate bereavement support are made available to the child / family</li> </ol>										
Commenced – date, time, signature & grade	<b>No</b>	<b>Nursing intervention</b> Refer to 'End-of-Life Care' Resource Folder	Discontinued – date, time, signature & grade									
	<b>1.</b>	<b>Communication with infant / child / family</b>										
		<p>Effective end-of-life care aims to prepare child and family for death and bereavement.</p> <ul style="list-style-type: none"> <li>▪ Ensure timely, clear and sensitive communication with the child and family</li> <li>▪ Involve the multidisciplinary team e.g. Palliative Care, Social Worker, Pastoral Care, Psychologist, Music Therapy, Play Specialist</li> <li>▪ Named Social Worker ..... Contact details .....</li> <li>▪ All nursing staff should be aware if an individualised resuscitation plan has been developed in consultation with family, primary consultant and multidisciplinary team</li> <li>▪ Be mindful of child's / family's cultural/religious beliefs and values</li> <li>▪ Document clearly the wishes and care of child and family – communicate these wishes to all staff</li> </ul> <p>.....</p> <p>.....</p> <ul style="list-style-type: none"> <li>▪ Liaise with primary healthcare team (GP, PHN, Community services)</li> </ul> <p><b>Symptom Management</b></p> <p>Aim of nursing care is to relieve or prevent symptoms which may cause discomfort or distress the child and family</p> <p>Common symptoms at end of life may include (<i>but are not limited to</i>) the following:</p> <table border="0"> <tr> <td>- Pain</td> <td>- Dyspnoea</td> <td>- Bleeding</td> </tr> <tr> <td>- Constipation</td> <td>- Increased respiratory secretions</td> <td>- Agitation</td> </tr> <tr> <td>- Nausea &amp; vomiting</td> <td>- Seizures</td> <td>- Anorexia</td> </tr> </table> <p><b>Please use appropriate careplan for the child's symptoms.</b></p> <p><b>Each symptom should be managed using a structured management plan e.g.</b></p> <ul style="list-style-type: none"> <li>▪ Accurate assessment, and re-assessment as required, using appropriate tool(s)</li> <li>▪ Ongoing communication with child and family about the symptom and treatment options</li> <li>▪ Encourage child and family to voice concerns to nursing and other staff.</li> <li>▪ Implement plan of care using a <i>combined approach</i> to symptom management, to include e.g. pharmacological, physical, psychological &amp; complementary strategies including medication, rest and sleep, physiotherapy, repositioning, play, music therapy,</li> <li>▪ Avoid inappropriate or invasive interventions where possible i.e. medication, blood pressure monitoring, saturations monitoring. Discuss with medical team</li> <li>▪ Regular evaluation and modification as required.</li> <li>▪ Document care</li> <li>▪ Refer to specialist palliative care team as child's needs indicate (Bleep 8301)</li> </ul> <p>..... is experiencing</p> <p><u>Please list symptoms</u> .....</p> <p>.....</p> <p>.....</p>	- Pain	- Dyspnoea	- Bleeding	- Constipation	- Increased respiratory secretions	- Agitation	- Nausea & vomiting	- Seizures	- Anorexia	
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	<p><b>Location of end-of-life care (transfer to home/local hospital)</b></p> <ul style="list-style-type: none"> <li>▪ Where possible and in conjunction with the multidisciplinary team, facilitate the child and family's wishes in relation to the location of care</li> <li>▪ If, for whatever reason, it is not possible to transfer the child home / to another centre, please discuss with the child / family in conjunction with the multidisciplinary team</li> </ul> <p><b>Care of the child at end of life in OLCCH</b></p> <ul style="list-style-type: none"> <li>▪ Facilitate the family to spend as much time as possible with the child</li> <li>▪ Consider if the child would like to prepare something for their parents / family / friends, e.g. a letter, artwork, a recording etc</li> <li>▪ Avoid inappropriate or invasive treatments where possible i.e. BP/O2 monitoring.</li> <li>▪ The environment should be private and comfortable. Remove unnecessary medical equipment from room.</li> <li>▪ Give hospital information leaflets, e.g. re: parking, toilet, food and beverage facilities to grandparents or extended family – this may help to reduce pressure on parents</li> <li>▪ Provide symptom relief as required <i>(see Point 2 overleaf and relevant careplans)</i></li> </ul> <p><b>Transfer to Home</b></p> <ul style="list-style-type: none"> <li>▪ Where possible, the transfer to home of a terminally ill child should only be done following careful planning and identification of resources required and in consultation with the child / family / multidisciplinary team / community services.</li> <li>▪ Each situation should be assessed individually. Please use the Palliative Care Multidisciplinary Discharge Checklist as a guide to planned discharge</li> <li>▪ Provide parents with contact details of relevant personnel and services</li> </ul> <p><b>Additional Information</b></p> <p>.....</p> <p>.....</p> <p>.....</p>	
<b>2.</b>	<b>When the child has died</b>	
	<ul style="list-style-type: none"> <li>▪ Please refer to and complete the 'Algorithm for Nursing Staff' to ensure all relevant procedures are carried out</li> <li>▪ Facilitate and support the family to spend time with their child</li> <li>▪ Discuss with Pathologist if the child requires a post mortem re: any specific requirements in relation to preparing the child's body</li> <li>▪ Wash and dress the child <i>(Please refer to the NPC Guideline on the Care of the Child who has Died)</i></li> <li>▪ Discuss with parents / family about their wishes in relation to participating in washing and dressing their child.</li> <li>▪ Respect family's cultural wishes</li> <li>▪ Prepare the memorial booklet <i>(Refer to the End-of-Life Care: Resource Folder)</i></li> <li>▪ Coordinate and assist with the transfer of the child to home / mortuary</li> </ul> <p><b>Additional Information</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	