



Paediatric Advanced Care Plan- PACP

Child's Name: _____

DOB: _____ **HCN:** _____ **Date of Discussion** _____

Address _____

This care plan has been drawn up following discussion with the child / young person or those with parental responsibility, and reflects the wishes of the child / young person or parents (where the child cannot express their own wishes)

1. Record of discussion regarding the need for Advanced Care Plan

2. Equipment (use of equipment)

	Yes	No		Yes	No
Pulse Oximeter			Syringe driver		
Feeding Pump			Ventilator		
Physio Vest			Suction Machine		
Oxygen					

Other Equipment:

Record of discussion regarding the continued use of equipment

Decisions

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3. Medication

- (1) Review of Medications:** Record of discussion regarding the use of IV / oral antibiotics and other current medications.
- (2) Route of administration:** Record of discussion regarding the route of administration of medicationl (*including use of transdermal and subcutaneous routes*)

Decisions

Child's Name H+C

4. Resuscitation Parent / child wishes	
Resuscitation Plan: Clinical interventions to be undertaken if _____ were to stop breathing.	
Issue Discussion	Decision
Possibilities to be considered	
Call 999 and transfer to nearest Hospital with full resuscitation	
Endotracheal tube and ventilation	
IV / IO access +/- adrenaline	
PICU and intensive care	
Airway management including oral / nasopharyngeal airway if it helps	
Rescue breaths and/or bag/mask ventilation (if heart beat present)	
Oxygen for comfort (face mask/nasal cannulae)	
Suction upper airway and other airway clearance techniques	
No active resuscitation beyond comfort and support to the child & family	
Other	
Record of Discussion regarding Parent/Child/young person's wishes should a life threatening event happen when parents are not present , eg attempts to maintain life until parents arrive. Bag and mask, continue for 15-20 mins	

5.Family

Family Wishes for Child: Record of discussion regarding family and child/young person's goals and wishes (*including supports / actions required e.g approaching charities*)

Decision:

Siblings: Record of discussion regarding the support of siblings, noting key supportive adults and activities (*e.g teacher, relative, friends, sports*)

Decisions:

6. Preferred Place of Care

Record of discussion regarding the preferred place of care in the advanced stage of illness or at end of life.

Decision:

7. Spiritual and Cultural Needs

Record of child/young person and parent's wishes around their spiritual and cultural needs during advanced illness and at the time of death (*including cultural and religious priorities*)

Child's Name H+C

Decision:

8.Care at time of death and after death

Record of child/young person and parent's wishes regarding care at the time of death
(including cultural and religious priorities)

Record of parent's wishes about the care of their child/young person after death

Any other relevant information: Including wishes for organ donation if appropriate

Child's Name H+C

List of Persons to be contacted at time of death		
Name	Relationship	Contact Number

Please note this plan can be reviewed/changed at any time following discussion with child/those with parental responsibility

COPIES (Doctor who signs the Emergency Care Plan must forward it to the following professionals)		
Ward <input type="checkbox"/>	Parent [PR]/ Child /Young person <input type="checkbox"/>	GP <input type="checkbox"/>
CCN <input type="checkbox"/>	NIAS <input type="checkbox"/>	Emergency Department <input type="checkbox"/>
COPIES CCN or Key worker must forward to		
Respite Unit <input type="checkbox"/>	School <input type="checkbox"/>	NICH <input type="checkbox"/>
Others as required <input type="checkbox"/>		

Child's Name H+C

Signing sheet for Advanced Care Plan

Please sign a new sheet each time plan is changed/updated

This document has been prepared following discussion with parents and/or child/young person (where relevant). **Yes / No** (please delete)

Date: _____

If no please comment:

Child/Young Person

Signature

Those with Parental Responsibility

Name (print)		
Relationship		
Signature		
Date		

Professionals	Consultant	Other Professional
Name (print)		
Designation		
GMC No		
Signature		
Date		

Review Date	Professional Role	Print Name	Signature