MR 30P

The Royal Children's Hospital Melbourne

Treatment plan for a child with a life-limiting condition

UR NUMBER

SURNAME

GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE

Date _____

An **interpreter** ☐ was ☐ was not used for these discussions.

Name _____

Language _____

Contacts in the event of acute deterioration	
Main treating consultant	**Phone**
Default Unit (Page/Phone via switch)	
Parents/guardians	**Phone**

_____ has a life-limiting condition.

The benefits, burdens and potential outcomes of treatments that might become relevant in the event of a deterioration have been considered by the family/guardians in consultation with the treating team. (Please see below)

Supportive care should be provided with priority given to comfort and the relief of distressing symptoms. This would include the provision of pain relief, seizure management and sedation if required; a private environment, spiritual and emotional support.

Treatment may also include the provision of *(please tick yes or no for all treatments)*		
	Yes (if clinically indicated)	No
Oxygen	☐	☐
Airway suction	☐	☐
Antibiotics	☐	☐
Blood tests	☐	☐
Blood products	☐	☐
Intravenous or subcutaneous access (e.g. for fluids, medications)	☐	☐
Nasogastric tube insertion	☐	☐
Bag/mask ventilation	☐	☐
Non-invasive ventilation on the ward (BiPAP/CPAP)	☐	☐

Appropriate management may require further discussion with the parents/guardians and main treating consultant at the time

In the event of acute deterioration		
Call MET for the purposes of active resuscitation. *(PICU is available for consultation and assistance regardless)*	☐ Yes	☐ No

If MET called OR Intensive medical support considered, treatment may also include the provision of		
	Yes (if clinically indicated)	No
Non-invasive mechanical ventilation (BiPAP/CPAP)	☐	☐
Intubation and mechanical ventilation	☐	☐
External chest compressions and defibrillation	☐	☐
Inotropic support and invasive monitoring	☐	☐
Intraosseous needle or central vascular access	☐	☐

Note: For advice regarding the use of this form and other resources, see http://www.rch.org.au/clinical guide/cpg.cfm?doc_id=12348

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Drill holes where indicated in Cyan keyline. Do not print Cyan.

Life-limiting condition

Cut off tab when superseded

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Other comments or details: (e.g. other general comments or details and/or specific advice, e.g. need for biopsies etc)

_____

_____

_____

_____

_____

I have fully explained the treatment options to the family and have sought to ensure the family understood the discussion (dated above). I have documented the agreed plan on this form for the unit record.

X _____ X _____

Consultant: *(Signature legally required)*

Witness: *(Optional)*

The consultant has explained my child's condition and treatment options. I have understood the discussion and support the plan outlined above. If I/we wish to change this plan at any time we will discuss it with the treating team or the doctors on duty.

X _____

Parent/Guardian

(Signature is not a legal requirement)

Date review planned _____

Date reviewed _____

(All plans should be reviewed in a clinically relevant timeframe and rewritten if changed. The superseded plan should be crossed through and filed in the Correspondence section of the medical record with the tab removed).

Other

Ambulance destination preference ☐ yes ☐ no

In the event of deterioration, we request that _____ be brought to The Royal Children's Hospital rather than the closest other hospital where possible.

In the event of death, the following would like to be contacted:

_____ ☐ Immediately ☐ within 24 hours

_____ ☐ Immediately ☐ within 24 hours

_____ ☐ Immediately ☐ within 24 hours

_____ ☐ Immediately ☐ within 24 hours

The consultant completing this form is responsible for ensuring that a copy is placed at the front of the medical record behind the Essential Particulars/Alert Card.

- ☐ A copy should be provided for the parents/guardians.
- ☐ An alert should also be placed on the ED Alert system which can be found at http://www.rch.org.au/genmed/intranet/alert.cfm
- ☐ A copy of this form should also be sent to the GP, HITH/Pall Care Team, Community Paed, ACE program, Ambulance Victoria and others as appropriate

Health Information Services use only

☐ Add alert on IBA