

Patient name:

Patient UR:

Patient DOB:

GOALS OF PATIENT CARE: PLANS FOR WHEN CHILD BECOMES MORE UNWELL

What may happen? [e.g. deteriorating mobility, feeding, cognitive function, worsening seizures.]

Preferred place of care at time of deterioration: [e.g. home care a priority; ED visit for support/diagnosis but would prefer no admission; admission if deteriorating]

If child / young person deteriorates further, preference(s) for place of death & persons present.

This page discussed by:

Child / Parent / Carer:

Professional [Full name & job title]:

Date: