

Care Plan

Date of Review:

Name: Flo

Insert picture of child here.

D.O.B.:

Family:

Address:

Home Telephone:

Mobile Phone:

Emergency Contacts:

Condition: panhypopituitarism / epilepsy

How does this present? Obesity, poor eyesight

Medical Needs and Protocols: no buccal in school call 999 if she has a seizure

Manual Handling: No

Current Home /School Medications, Dosage and Times: Hydrocortisone 2.5 mg ¼ tablet at lunch time. Movicol in drink daily.

Where School Medication is kept/ Date Expired: KS gastrostomy room

Doctor Contact Details:

Feeding Requirements: Feeds herself with adapted bowl

Feeding Times/ Dosage if applicable:

Feeding Likes/ Dislikes: likes most foods.

How does the child indicate this?: spits it out

Toileting: Nappies: yes
Aided

Communication: Verbal/ gestures
Movement

How does the child indicate- Happy: laughing and high pitched squeaks
Distressed: cries

Level of Comprehension: Good

Any Other Information: Enjoys messy play