

Care Plan

Date of Review:

Name: Paul
D.O.B.:
Family:
Address:
Home Telephone:
Mobile Phone:
Emergency Contacts:

Condition: Global Developmental Delay

How does this present? Epilepsy, cortical visual impairment

Medical Needs and Protocols: 5mg Buccal after 5 mins

Manual Handling: Yes stands to be changed

Current Home /School Medications, Dosage and Times: Topiramate 175mg in morning
Buccal Midazolam

Where School Medication is kept/ Date Expired: gastrostomy room ks2 Buccal

Doctor Contact Details:

Feeding Requirements: needs help loading spoon, finger feeds

Feeding Times/ Dosage if applicable:

Feeding Likes: sausages, chips, fish fingers, yoghurts. Dislikes: Drinks at school.

How does the child indicate this?: turns head away

Toileting: yes
Aided ,stands to be changed

Communication:
Limited communication- facial exp/ movement

How does the child indicate- Happy: verbal noises
Distressed: cries hits head on floor or arms

Level of Comprehension: Poor

Any Other Information: