

## Care Plan

Date of Review:

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

Insert picture of child here.

**Condition:** Microcephaly hydroplasia, Autism

**How does this present?** Epilepsy

**Medical Needs and Protocols:** 5mg Buccal Midazolam after 5 mins

**Manual Handling:** sometimes needs guidance

**Current Home /School Medications, Dosage and Times:** Buccal Midazolam, Domperidone 1.2ml lunchtimes

**Where School Medication is kept/ Date Expired:** Locked cupboard KS2 feed room.

**Doctor Contact Details:**

**Feeding Requirements:** finger feeds

**Feeding Times/ Dosage if applicable:**

**Feeding Likes:** Most foods, yoghurts, crisps, biscuits.

**How does the child indicate this?:** throws away

**Toileting:** Nappies: yes  
2 assistants required for bowel movement (on bed)  
Will put hands in, otherwise stands against bed with assistance

**Communication:** gestures  
movement

**How does the child indicate:**

Happy: ge ge noises ,verbal noises

Distressed: cries, mouths hand, hits hand on head, rubs head along carpet

**Level of Comprehension:** Poor

**Any Other Information:** will sometimes head butt kick and bite if he doesn't want to move or play doesn't like to be touched likes personal space.