

EMERGENCY CARE PLAN

Mick E Mouse **DoB** 1/2/2003 **AH** 122333444
Address The Big Cheese, Squeak Lane, Disneyland



This emergency care plan is for use in:

School Home Hospice Other (specify)

Please note however that all key documents within this advance care plan will be the same regardless of location; Only the 'Other Essential Information section (blue)' will differ

Advance care plan contents

Personal resuscitation plan (pink)	<input checked="" type="checkbox"/> Date:	1/5/2008
Seizure management plan (purple)	<input checked="" type="checkbox"/> Date:	1/5/2008
LIFE form plus (yellow)	<input checked="" type="checkbox"/> Date:	1/5/2008
Symptom management plan (green)	<input checked="" type="checkbox"/> Date:	1/5/2008
Other essential information (blue)	<input checked="" type="checkbox"/> Date:	1/5/2008
Location of copies of the document (white)	<input checked="" type="checkbox"/> Date:	1/5/2008

**This emergency care plan is valid from
1/5/2008 until 1/8/2008**

Once this document is no longer active please cross through all pages and file in child's records or destroy. The document must be reviewed a minimum of every 3 months and a new version issued.

Dr Lynda Brook is responsible for ensuring that this information is updated. If necessary they can be contacted on 0151 252 5187

Please **DO NOT** photocopy this document. Master copies are available in all relevant settings as detailed at the back of the document

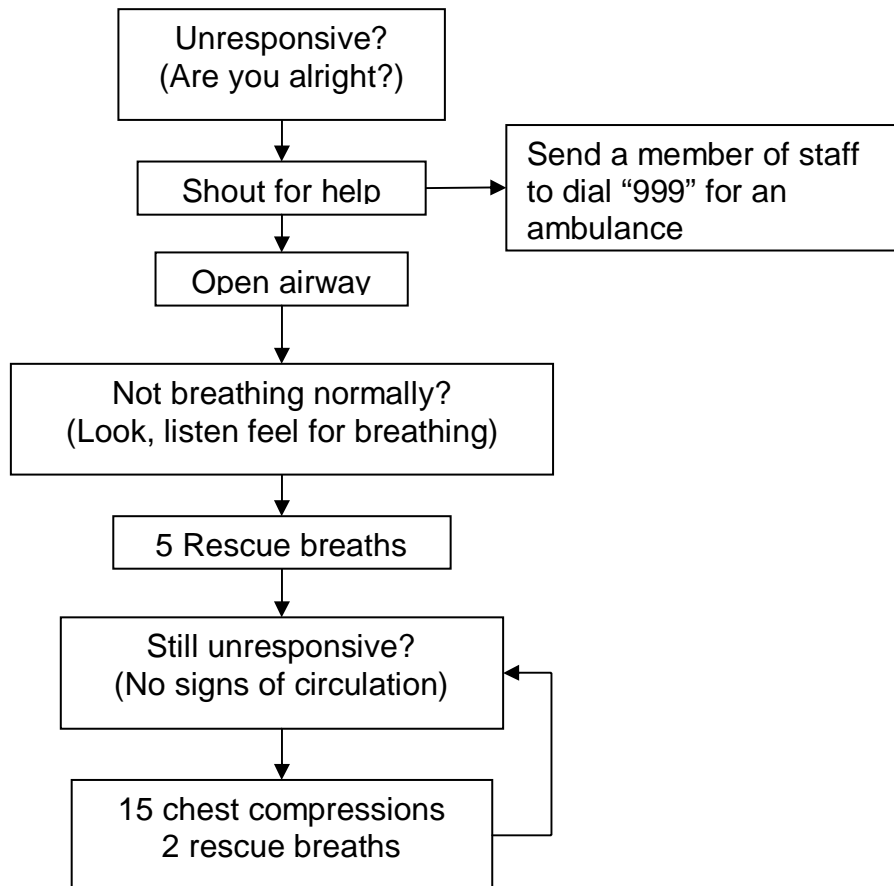
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Authorisation of personal resuscitation plan:

Adult with parental responsibility Name **Walt Disney** Signature *W Disney* Date *1/5/08*

Lead consultant Name **Dr May Q Well** Signature *M Q Well* Date *1/5/08*

GP or other lead consultant (optional) Name Signature Date

Verification of personal resuscitation plan:

Responsible professional Name **T Cher** Signature *T Cher* Date *1/5/08*

School nurse Name **I M A Nurse** Signature **I Nurse** Date **1/5/08**

Emergency care plan for

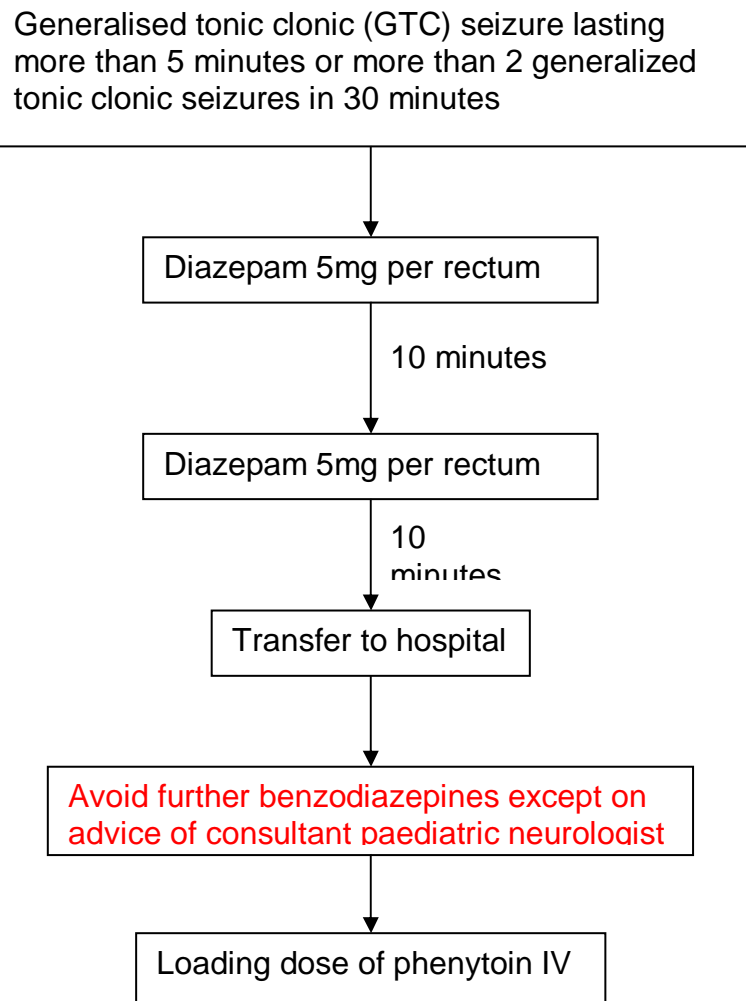
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Seizure management plan



Authorisation of personal resuscitation plan:

Adult with parental responsibility	Name Walt Disney	Signature <i>W Disney</i>	Date <i>1/5/08</i>
Lead consultant	Name Dr May Q Well	Signature <i>M Q Well</i>	Date <i>1/5/08</i>
GP or other lead consultant (optional)	Name	Signature	Date

Verification of personal resuscitation plan:

Responsible professional	Name T Cher	Signature <i>T Cher</i>	Date <i>1/5/08</i>
School nurse	Name I M A Nurse	Signature I Nurse	Date 1/5/08

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Symptom management plan

Pain

Mickey has pain which is normally controlled by his regular medication given in the morning and evenings

If Mickey has severe pain during the day he will appear quiet withdrawn and if asked he will say that he is in pain.

If Mickey has pain that lasts for more than 15 minutes or pain that comes and goes over a period of one hour he will need extra pain medication

Mickey's medication for pain or breathlessness is called MORPHINE ORAL SOLUTION. If Mickey has pain which requires treatment please give him 5ml of MORPHINE ORAL SOLUTION (10mg in 5ml) by mouth. This medication may take 20 – 30 minutes to take effect. If necessary Mickey's morphine can be repeated after one hour.

If Mickey requires two doses of morphine in school time but remains in pain please inform his parents.

Breathlessness

Mickey sometimes becomes breathless.

If Mickey is breathless he may also become anxious and frightened.

Talk to Mickey and reassure him

Take him into the school medical room and explain that the feelings of breathlessness will ease in a few minutes

If Mickey remains breathless for more than 10 minutes he should be given 5ml of MORPHINE ORAL SOLUTION (10mg in 5ml) by mouth. This medication may take 20 – 30 minutes to take effect. If necessary Mickey's morphine can be repeated after one hour.

If Mickey requires two doses of morphine in school time but still appears breathless please inform his parents.

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Other essential information

What does Mickey know about their condition?

Mickey knows that there are things that he cannot do because he is unwell. He understands that he is not getting better. He has experienced his pet gerbil dying but the family have not talked directly about Mickey dying.

What to tell Mickey in the event of a collapse?

Mickey gets very anxious if left alone. Please ensure someone stays with him at all times and that you explain that Mummy and Daddy are coming to be with him as quickly as they can. Please tell him if he is being moved to hospital that Mummy and Daddy will know where he is going and meet him there

School only

Where to move other members of the class

Move the class to the assembly hall

What to tell other pupils (with parental authorisation)

The other members of the class need to know that Mickey is very poorly and that his Mummy and Daddy and the doctors and nurses are trying to make him as comfortable as possible.

What to tell other parents

Witnesses

Letter to parents etc

No other specific information other than above.

Home only

Preferred place for end of life care

Mickey's family would like him to be at home if possible for end of life care. If necessary and appropriate they would like Mickey to be transported home from hospital for end of life care or immediately after he has died.

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Who has contributed to this advance care plan?

Both Mick Mouse's parents, Dr may Q Well, Mick's GP, School nurse and head teacher

Who has this advance care plan been discussed with (signatures and date)

All Mick's consultants and GP, Children's community nursing team as per LIFE form

Who has authorised or agreed (also need to sign specifically on resuscitation sheet)

Signature *W^o Disney*

Date 1/5/2008

Signature *M Q Well*

Date 1/5/2008

Copies of this document are held by:

Name	Contact details
Family	0151 223 44 55
School	0151 123 4567
Alder Hey Specialist Palliative Care team	0151 252 5187
Happyfaces hospice	0151 987 6543