

SURNAM SURNAME _____ NHI:000000
 FIRST FIRST NAMES _____
 DATE OF _____ 00 / 00 / 00 SEX SEX _____
 Please attach patient label here



Family members involved _____

Date/ Time	Problem/Need Please tick the appropriate box <input checked="" type="checkbox"/>	Nursing Action Please tick the appropriate box <input checked="" type="checkbox"/>	Revision Date & Time Name & Signature	Child & Family Action	Signature Nurse & Family
	<input type="checkbox"/> Need for accurate documentation and orientation on admission	<input type="checkbox"/> Nursing admission complete <input type="checkbox"/> Orientation checklist complete <input type="checkbox"/> Referred for medical admission <input type="checkbox"/> Resuscitation chart completed and bedside emergency equipment available <input type="checkbox"/> Baseline obs done. Continuously cardiac monitored if requested by medical team, or condition deteriorates <input type="checkbox"/> Parameters for this patient are: o HR: _____ o RR: _____ o BP: _____ o O2 sats: _____ o O2 (if required) @ _____ L/min		<input type="checkbox"/> Family are aware of accommodation options <input type="checkbox"/> Family agree to notify ward staff when they leave the ward <input type="checkbox"/> Contact details: _____ _____	
	<input type="checkbox"/> Need for screening to identify possible cause of cardiomyopathy	<input type="checkbox"/> Carry out investigations as per cardiomyopathy guidelines, in conjunction with medical team. Document in notes as investigations are completed. <i>(For cardiac biopsy via cardiac catheter, care for patient as per cardiac catheter care plan)</i> Type of cardiomyopathy this patient has (circle): Hypertrophic/ Dilated/ Restrictive		<input type="checkbox"/> Ensure family are aware of the need for screening and times of different tests.	

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	<input type="checkbox"/> Congestive heart failure due to decreased cardiac function	<input type="checkbox"/> Assess respiratory status, document and inform medical staff if outside normal parameters described above. <input type="checkbox"/> Administer O2 as needed and prescribed <input type="checkbox"/> Position patient upright to assist with reducing shortness of breath. <i>Infants may be nursed prone if monitored/ attended.</i> <input type="checkbox"/> Administer diuretic therapy as per pharmacy guidelines. <input type="checkbox"/> Restrict fluids as documented by medical team. Restriction: mls/kg/day <input type="checkbox"/> Daily weight before medical ward round <input type="checkbox"/> Maintain accurate fluid balance unless specified by medical team (notify doctors of any significant imbalance or weight gain/loss).		<input type="checkbox"/> Family are aware of fluid restriction, and agree to comply with this.	
	<input type="checkbox"/> Need for sufficient caloric intake due to increased energy requirements	<input type="checkbox"/> Dietician referral to ensure patient is having adequate caloric intake to meet increased energy demands.			

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	<input type="checkbox"/> Need for increased caloric intake (cont)	<input type="checkbox"/> Consider NG feeds (bolus or continuous) to decrease the risk of aspiration and to assist with energy reserves if condition dictates. <input type="checkbox"/> Ng inserted (date, size): _____			
	<input type="checkbox"/> Anxiety/grief/fear due to patient's condition	<input type="checkbox"/> Refer to Nurse Specialist for ongoing support/education <input type="checkbox"/> Involve play specialists in care and during interventional procedures <input type="checkbox"/> Refer to Consult Liaison Service and social work <input type="checkbox"/> Kaiatawhai, Pacific Island Support, hospital grandparents or Chaplaincy services as appropriate: date: date: <input type="checkbox"/> Ensure patient and whanau are kept informed and encouraged to be involved in 's care		<input type="checkbox"/> Needs identified by family: <input type="checkbox"/> Negotiate 'time out' if that is required and ensure they know who their key support people are. Support/respite times:	
	<input type="checkbox"/> Potential for social isolation due to serious illness	<input type="checkbox"/> School teacher contacted for enrolment into hospital school programme when child is well enough			

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	<input type="checkbox"/> Potential need for cardiac transplantation	<input type="checkbox"/> If patient is identified as a transplant candidate , ensure communication between disciplines is clear and consistent with family <input type="checkbox"/> Carry out investigations and referrals for transplant work-up as per transplant guidelines, in conjunction with transplant coordinator. <input type="checkbox"/> If child is already on the transplant list , ensure this is clearly documented and communicated. Protect patient from contact with infections, isolate if needed. Inform medical staff of any potential infection or infection contact. Isolation needed? YES/NO <input type="checkbox"/> If patient is on the transplant list and has an LVAD (Left Ventricular Assist Device) nurse as guided by adult ICU instructions/ individualised care plan. <input type="radio"/> Contact person:		<input type="checkbox"/> Family agree to remain on the ward/ easily contactable for meetings as needed <input type="checkbox"/> Family agree to inform staff of any potential infection risk, and will avoid visiting if at all possible <input type="checkbox"/> If educated on LVAD care, family agree to continue to manage these cares as per individualised plan	

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	<input type="checkbox"/> Need for community support/ follow-up on discharge	<input type="checkbox"/> Discharge planning meeting arranged. Date & time: <input type="checkbox"/> Family has a clear action plan to follow in the event of an emergency/ deterioration at home (i.e. who to contact and when) <input type="checkbox"/> Community services identified and referrals completed (tick as appropriate): <input type="checkbox"/> Community Nurses <input type="checkbox"/> Social work <input type="checkbox"/> Palliative care <input type="checkbox"/> Allied health (ie physio, OT, SLT, dietician) <input type="checkbox"/> Transplant team <input type="checkbox"/> Parents/caregivers educated on administration, purchasing, storage, side effects of medicine as per ward teaching package and able to demonstrate competence. <input type="checkbox"/> Medical discharge letter given to family, with follow-up appointments explained.		<input type="checkbox"/> Family consent to community follow-up. <input type="checkbox"/> Family are confident with medicine administration and have completed ward medicine administration teaching package.	