

Care Plan

Date of Review:

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

Insert picture of child here.

Condition: West Syndrome

How does this present? Epilepsy

Medical Needs and Protocols: Buccal after 5mins,

Manual Handling: no

Hoisted/ Lifted

Sling size/ colour:

Current Home /School Medications, Dosage and Times: Buccal Midazolam 7.5mg

Where School Medication is kept/ Date Expired: In locked cupboard in Feed Room

Doctor Contact Details:

Feeding Requirement Physical Prompt

Feeding Times/ Dosage if applicable:

Feeding Likes/ Dislikes: likes anything, vegetarian, dislikes jelly.

How does the child indicate this?: spits out

Toileting:

Nappies: yes
aided

Communication:

Limited communication- eye blinks/eye contact/ facial expression/
movement

How does the child indicate- Happy: verbal noises
Distressed: cries out

Any Other Information: walks but unstable and can be wobbly at times.
Drop fits, Absences