UNIVERSITY CHILDREN'S HOSPITAL ZURICH

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PPCN Paediatric Palliative Care Network CH

Palliative Care Plan

Personal information	**plan number :** ☐♂ ☐♀ ☐⚥	
Surname: First name (s):	Date of birth:	Care plan established, date: Replaces/date : Edited by:
Diagnosis		**Weight:** date: **Height:** date:
Allergies/Intolerances	☐ **No known allergies**	
Emergency Management		
Symptoms to expect a. b. c. d.	Stepwise treatment plan a. b. c. d.	
Emergency contacts (name/priority/relationship/phone number) 1. 2. 3.		
Resuscitation status **Resuscitation** yes ☐ with limitations ☐ no ☐ Discussed with:	**Further details, if required** (important if limitations/resuscitation status do not resuscitate)	
Therapy options Diagnostics yes ☐ with limitations ☐ no ☐ Supplemental oxygen yes ☐ no ☐ Antibiotics yes ☐ no ☐ Airway suctioning yes ☐ no ☐ Bag/mask ventilation yes ☐ no ☐ Admission to ICU yes ☐ no ☐ Noninvasive ventilation yes ☐ no ☐ Intubation/mechanical ventilation yes ☐ no ☐ Catecholamines yes ☐ no ☐	**Further details**	
Additional advance care plan/ Patient's will yes ☐ no ☐ Medical treatment agreement yes ☐ no ☐	**Supplementary notes**	

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This document was discussed with: Signature (if required): doctor/ parents/guardian We / I also agree that the care and medication plan will be sent to everyone on the mailing list (see notes on the last page). Date:

Address	**Mother** name: phone number: E-Mail address:
	Father name: phone number: E-Mail address:
	Further phone numbers:
Religion:	

Special wishes

child
family

Treatment/medication plan

yes ☐, separate treatment/medication plan (no signature required)

no ☐, signature required, doctors name: date:

signature:

General management of symptoms/problems
Including non-pharmacological and pharmacological management, stepwise action plan

pain	
dyspnoea / excessive secretions	
nutrition/hydration	
constipation/diarrhoea	
nausea / vomiting	
neurological disorders (epilepsy, increased intracranial pressure, dystonia, spasticity)	
agitation / anxiety / depression	
infectious disease/fever	
hemorrhage	
diuresis	
sleep/ vigilance	
skin disorders	
itch	

Key professionals involved	Competence	Availability	Phone number E-mail-address	Info in case of an emergency admission	Receives a copy of this plan
Lead:				☐	☐
Pediatrician / general practicioner:				☐	☐
Medical specialist:				☐	☐
Specialist Palliative Care:					
doctor:				☐	☐
PD Dr.med. E. Bergsträsser	Palliative Care (PPC)		044 249 56 75 eva.bergstraesser@kispi.uzh.ch	☐	☐
Dr.med. D.Gubler			044 249 59 74 deborah.gubler@kispi.uzh.ch		
Dr.med. E.M. Tinner Oehler			044 249 69 35 EvaMaria.Tinner@kispi.uzh.ch		
nurse:					
C. Dobbert	Pflegeberatung Palliative Care		044 249 44 02 claudia.dobbert@kispi.uzh.ch		
M. Flury			044 249 44 57 maria.flury@kispi.uzh.ch		
S. Müller			044 762 52 45 044 249 ?? ?? seraina.mueller@kispi.uzh.ch		
Pikettdienst PPC		24 Std.	Direct: +41 44 249 69 16 Via switchboard : +41 44 249 49 49		
Nurse practitioner:				☐	☐

Key professionals involved	Competence	Availability	Phone number E-mail-address	Info in case of an emergency admission	Receives a copy of this plan
„Kinderspitex" – Outpatient nursing , lead:				☐	☐
Kinderspitex, nurse practitioner:				☐	☐
Social worker:				☐	☐
Psychologist:				☐	☐
Nutritionist/lactation consultant:				☐	☐
Physiotherapist:				☐	☐
Other therapist:				☐	☐
School /institution/ special needs education:				☐	☐
Spiritual guidance:				☐	☐
Pharmacy/Homecare:				☐	☐
Volunteer:				☐	☐
:				☐	☐
:				☐	☐

Notes:

Mailing List Palliative Care Plan and Medication Plan:

Attachments: