

PERSONAL/SOCIAL

Name/DOB	
Address	
Contact	
Family	
Main Diagnoses	
Operations/Procedures	

CARE TEAM

Doctor/Specialist	Name	Clinic	Contact	Frequency of Visits
Primary Care Physician				
Complex Care Pediatrician				
Neurologist				
Pediatric Pain				
GI				
Ophthalmologist				
Nephrologist				
Sleep Medicine				

PM & R				
Orthopedic Surgeon				
Pulmonologist				
ENT				
Dietitian				
Physical Therapist				
Occupational Therapist				
Speech/Language Pathologist				
ECSE Teacher				
PHS Homecare Nursing				

PRESCRIBED MEDICATIONS

Name	Concentration	Dose/Time	Purpose/Symptoms Treated

MEDS BY TIME OF DAY

Morning	Noon	Afternoon/Evening

NUTRITION/G-TUBE SCHEDULE

Nutrition Goals	22 oz Nourish Daily, + additional 7 oz free water daily
Nourish Prep	Mix 2 pouches of Nourish with 4-5 oz water= 1 daily batch
Morning (6:00 a.m.)	8 oz Nourish, baseline rate ~220 ml/hour
Mid-Morning (10:00 a.m.)	3.5 oz water + 2 scoops duocal
Noon (12:00 p.m.)	8 oz Nourish
Afternoon (4:00 p.m.)	3.5 oz water + 2 scoops duocal+½ cap miralax
Evening (6:00 p.m.)	6-7 oz Nourish (as tolerated)
Triage Plan	<p><i>Give 100% electrolyte replacement solution in place of feedings for 12 - 24 hours following current feeding plan.</i></p> <ul style="list-style-type: none"> - Advance to 1/2 strength feedings for 12 - 24 hours (Mix: 1/2 usual formula and 1/2 electrolyte replacement solution) following current feeding plan. - Advance to 3/4 strength feedings for 12 - 24 hours (Mix: 3/4 usual formula and 1/4 electrolyte replacement solution) following current feeding plan. - Advance to full strength (usual) mixture following current feeding plan. - Child's caregiver to contact physician during normal office hours when this plan is started for further instruction. - Resume all previous feeding orders once patient is back to usual feeding plan.

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MEDICAL AND THERAPY CARES

G-Tube Cares	<p>Change button every 2-3 months (as needed with flow); 14 french 1.7 cm</p> <p>Check skin for redness/granulation tissue daily</p> <p>Apply G-tube pad cover once daily (or change as needed)</p>
Oral Cares	<p>Puree practice as tolerated</p> <p>Mouth stretches</p> <p>Z-vibe</p> <p>Tooth Brushing twice daily as tolerated</p>
Skin/Bathe	<p>Bath every 2 days or as needed. Use Splashy bath seat. Apply Cerave or Aveeno sensitive skin lotion after bath. Check for eczema spots.</p> <p>Position change every 2 hours during times when awake</p>
PT	<p>Stander- 60 minutes daily (as tolerated)</p> <p>Gait Trainer- 30 minutes daily (as tolerated)</p>

	<p>AFO wearing- All day except during sleep; check skin 20 minutes after wearing for redness</p> <p>PT home exercises including sit-to-stand, rolling, prone tolerance, army crawling, stretching, siting, side-sit</p> <p>Prone- 30 minutes daily</p>
<p>OT (45 minutes home exercises daily)</p>	<p>Hand splints all day except during times of sleep</p> <p>Glasses all day, except during times of sleep</p> <p>Side-sit with reach; arm stretches; wrist stretches</p> <p>OT home exercises including reaching for toys, coloring, holding objects, grasp/release, sensory play</p>
<p>SLP (at least 1 hour daily, but otherwise as often as tolerated)</p>	<p>Receptive ID protocol (10 minutes, 3 x daily), and Eye Gaze device practice; switch practice</p>