



Medical Record

(Paediatric Palliative Care management Plan)

Pls Ignore TESTING

ZZZ0016 [DoB: 13/01/2017] Female
 100 Heads Road, Wanganui
 Ph: 09000000

Management Plan

- Date of Plan: 15/10/2020
- Family members:
 John - Dad; Oliver - Brother (6yrs); Ana - Grandmother

Diagnoses

- Primary Diagnosis
- Relapsed Medulloblastoma - Metastatic

Allergies

Erythromycin- rash

Weight

15kg

Current Palliative Care Issues

PHYSICAL PSYCHOSOCIAL
 Headaches Financial issues
 Seizures Sibling distress

Medications

HEADACHES/PAIN
 Paracetamol 225mg, PO, q4hrly PRN, max QID
 Morphine 1.5 to 3mg. PO, q1hrly, PRN

SEIZURES

Leviteracetam 100mg BD, PO
 Midazolam 5mg buccal, for prolonged seizures 5mins +

Progress and likely symptoms

New onset seizures on 21 September. MRI brain and spine showed progression of primary tumour and widespread spinal disease.

The focus of her care is maintaining comfort and quality of life. It is likely that PIs will have further disease progression and may develop symptoms as below:

FOR PAIN

Paracetamol 225mg, PO, q4hrly, PRN (max QID)
 If Paracetamol insufficient give Morphine 1.5 to 3mg, PO, q1hrly PRN. Regular Morphine (q4hrly) may be required if pain constant or frequent doses required.

FOR SEIZURES

Titrate Leviteracetam as needed and or consider second anticonvulsant.
 Buccal Midazolam 5mg, for prolonged seizures. repeat after 15mins if required.

Recommendations for a crisis situation

PAIN CRISIS

Give Morphine 1.5 to 3mg IV or SC, q10mins until pain subsides. It may take 2-3 doses for this to happen.
Consider starting Morphine infusion (SC/IV)

Advance care plan and resuscitation

Discussion around prognosis and likely symptoms have been started with John and Ana. There is no formal advance care plan. If Pls presents in a crisis, recommend full assessment as to likely cause of deterioration, identifying and treating potentially reversible factors. Her condition and likely prognosis should be communicated with John and Ana with a discussion about goals of care and benefits vs. burdens of treatment options.

Communication

John and Ana are the primary decision makers in her care.

Health Professionals Involved in Care

PAEDIATRIC TEAM PRIMARY CARE ONCOLOGY PAED PALLIATIVE CARE

Primary Paediatrician GP Oncologist PPC Specialist

Home Care Nurse Practice Nurse Nurse Specialist PPC Nurse Specialist

Social Worker

Contact Plan

· During working hours:

GP - Phone Number

Home Care Nurse - Phone Number

Paediatric Ward - Phone Number

Paed Palliative Care - Phone Number

· After hours:

GP is available for after hours support - Phone number

Paediatrician on call - phone number

Paediatric Palliative Care in New Zealand – Clinical Guidelines for End of Life Care

<https://www.starship.org.nz/for-health-professionals/starship-clinical-guidelines/p/palliative-care-clinical-guidelines/#All>

Specialty

· Paediatric Palliative Care

Clinician: Test Adhoc

Signature:

Date: 15/10/2020 15:35