

# Transition for young people with Palliative Care needs

*Stepping up from Paediatric to Adult services*

## Transition Checklist for YOUNG PERSON

|   |   |   |  |
|---|---|---|--|
| 1 | I do this by myself                           | 4 | I need assistance or guidance to do this |
| 2 | I sometimes does this by myself               | 5 | I need someone to do this for me         |
| 3 | I'm starting to consider doing this by myself | 6 | Not sure.                                |

## Checklist

Please tick the column you think best describes how you feel about each question. Please feel free to write a comment if you would like.

|   | 1 | 2 | 3 | 4 | 5 | 6 | Comments |
|---|---|---|---|---|---|---|----------|
| I know my medical history and where to get that information from  |   |   |   |   |   |   |          |
| I can describe my health condition to others  |   |   |   |   |   |   |          |
| I understand the medical terms, words and procedures related to my condition  |   |   |   |   |   |   |          |
| I take my own medications and know what they are for and how they might affect me   |   |   |   |   |   |   |          |
| I speak up for myself and tell others what I need.  |   |   |   |   |   |   |          |
| I understand what will happen if I don't take my medications and know what I need to do to remember them  |   |   |   |   |   |   |          |
| I keep a record of my healthcare visits and medications   |   |   |   |   |   |   |          |
| I know when I am getting sick and how to get help   |   |   |   |   |   |   |          |
| I know my family doctor (GP) and practice nurse and how to contact them.  |   |   |   |   |   |   |          |
| I know where to go and where I will be going if I need to be admitted to hospital.  |   |   |   |   |   |   |          |
| I know the members of my health care team and how to contact them.  |   |   |   |   |   |   |          |
| I know the local palliative care service and how to contact them for further support or advice.   |   |   |   |   |   |   |          |
| I know what to expect in the adult service.   |   |   |   |   |   |   |          |
| I know when I need a new prescription and how to obtain this  |   |   |   |   |   |   |          |
| I have had the opportunity to discuss an advance care plan/my wishes are if I was to become more unwell, with my family and/or my healthcare team |   |   |   |   |   |   |          |

Questions or Comments I have for my care team:

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