

**BRITISH COLUMBIA CHILDREN'S HOSPITAL  
ONCOLOGY/HEMATOLOGY/BMT  
PALLIATIVE CARE FLOWSHEET**

**Name:**

**BCCH Hospital Chart No:**

**PHN#:**

**Other:**

**Diagnosis**

**DODx:**

**DOB:**

**Guardian/Mother's Name:**

**Phone No: Home:**

**Work:**

**Cell:**

**Fax:**

**Address:**

**Guardian/Father's Name:**

**Phone No: Home:**

**Work:**

**Cell:**

**Fax:**

**Address:**

**Siblings (Names and Ages):**

**Family/Child's Goals:**

## TEAM MEMBERS

**\*Note, next to the person's name: \*\* indicates the contact person in your area/agency; (1) indicates 1<sup>st</sup> call; (2) indicates 2<sup>nd</sup> call, etc.**

### BC Children's Hospital

Name	Roles	Contact No.	Fax/Email	Call for questions about
	Oncologist	604-875-2345 Local: Pager: 604-875-2161, #	604-875-2911	<ul style="list-style-type: none"> <li>- Expected course / outcomes of tumor progression</li> <li>- Symptom management</li> <li>- After hours, page the oncologist on call (604-875-2161)</li> </ul>
	Social Worker	604-875-2345 Local: Pager: 604-875-2161, #	604-875-2012	<ul style="list-style-type: none"> <li>- Practical support for patient/family</li> <li>- Psychosocial issues</li> </ul>
	Primary Nurse Clinician	604-875-2345 Local: Pager: 604-875-2161, #	604-875-3414	<ul style="list-style-type: none"> <li>- Practical nursing issues</li> </ul>
Cindy Stutzer, RN, MS	Clinical Nurse Specialist	604-875-2345 Local: 7078 Pager: 604-875-2161 #01196	604-875-2012  <a href="mailto:cstutzer@cw.bc.ca">cstutzer@cw.bc.ca</a>	<ul style="list-style-type: none"> <li>- Specific pediatric palliative care issues</li> <li>- Pain management</li> <li>- Professional caregiver support</li> <li>- Clinical problem solving</li> </ul>

### Community:

Name	Roles	Contact No.	Fax/Email	Call for questions about
	GP / Pediatrician			-
	NSS Coordinator			-
	Home Care Nurse			-
	Palliative Care Nurse/CNS			-
	Social Worker			-

### Community Hospital:

Name	Roles	Contact No.	Fax/Email	Call for questions about
	Main nursing contact			-
	Social Worker			-

### Canuck Place: Contact number: 604-731-4847; Fax: 604-739-4376

Name	Roles	Pager	Email	Call for questions about
	Clinical Nurse Specialist			-
	Physician			-
	Social Worker			-

**\*Note: Under “Comments/Care Plan” please indicate written materials given to child/family**

**Disease Management:**

Discussed with the child/parent or guardian:

Topic	Date	Child	Family	Comments/Care Plan
Progression of disease				
Goal of treatment: comfort vs care; enhance QOL				
Prognosis				
Possible disease-modifying treatment: – Palliative chemotherapy – Palliative radiation therapy – Palliative surgery				

**Physical Care (pain and symptom management):**

Addressed and/or discussed with the child/parent or guardian:

Symptoms to expect and their management	Date	Child	Family	Comments/Care Plan
Respiratory: – SOB – Distress/failure – Cough – Edema – Hiccups – Noisy/wet				
Pain				
Constipation				
Diarrhea				
Anorexia				
N & V				
Bleeding				
Anemia				
Infection/fever				
Mobility				
Confusion/dementia				
Metabolic: – Electrolyte imbalance – Hormone problems – DI – SIADH				
Fatigue				
Skin – Breakdown				

Symptoms to expect and their management	Date	Child	Family	Comments/Care Plan
<ul style="list-style-type: none"> <li>- Pruritis</li> <li>- Odor</li> </ul>				
Neurological symptoms (specify): <ul style="list-style-type: none"> <li>- Seizures</li> <li>- Swallowing</li> <li>- Speech</li> <li>- Cord compression</li> <li>- Incontinence</li> <li>- Muscle weakness/spasms</li> <li>- Urinary retention</li> </ul>				

**Child/Family Preferences:**

Topic	Date	Child	Family	Comments/Care Plan
Blood work				
Physical examinations				
Clinic/office visit				
IV fluid support				
Nutrition support				
Breathing support				
Antibiotics				
Blood/product transfusion				
DNR				
Pain medication				
Imaging				
Further disease-modifying treatment				
CAM therapies				
Other supportive care				

**Discussed with the child/parent or guardian:**

Current Medications:	Date	Child	Family	Comments/Care Plan

Equipment/Supplies	Date	Child	Family	Comments/Care Plan

**Psychosocial Care:**

Child/parent or guardian assessed for:

Topic	Date	Child	Family	Comments/Care Plan
Emotional well being				
Anxiety				
Fears				
Depression				
Affect				
Hopes and wishes				
Expectations re care				
Coping strategies				
Pre-existing psychological conditions				
Preferences re – Information sharing – Decision making – Involvement of family/friends/HCPs				

**Social:**

Assessed and/or discussed with child/parent or guardian:

Topic	Date	Child	Family	Comments/Care Plan
Ethnic/cultural beliefs and practices				
Language(s): – Interpreter needed				
Family relationships – How their family works – Issues/strains – Extended family				
Siblings – Information sharing – Involvement in care – Specific issues				

Topic	Date	Child	Family	Comments/Care Plan
School/friends – Information sharing – Support: to and from				
Other social/community networks:				

**Spiritual Care:**

Assessed and/or discussed with child/parent or guardian:

Topic	Date	Child	Family	Comments/Care Plan
Spiritual/religious beliefs – Customs – Rituals				
Spiritual/religious resources				
Existential issues relating to dying				
Making meaning: exploring meaningful issues, whatever they are for the family				
Embracing life: quality of life issues				

**Developmental Care:**

Assessed and/or discussed with child/parent or guardian:

Topic	Date	Child	Family	Comments/Care Plan
Developmental assessment – Resources – Communication – Supporting optimum development				
Educational goals and plans				
Siblings needs				

**Practical Care:**

Assessed and/or discussed with child/parent or guardian:

Topic	Date	Child	Family	Comments/Care Plan
Programs that provide financial support – At Home application sent/approved – BC Palliative Care Benefits Program sent/approved – Brain Injury program – Other				
Home nursing coordination – Nursing Support Services coordinator				

Topic	Date	Child	Family	Comments/Care Plan
<ul style="list-style-type: none"> <li>- Home care nurses</li> <li>- Palliative care nurse</li> </ul>				
Hospices: age limitations <ul style="list-style-type: none"> <li>- Hospital-based Palliative Care unit</li> <li>- Canuck Place</li> <li>- Adult-oriented hospices</li> </ul>				
Community Support Groups <ul style="list-style-type: none"> <li>- Compassionate Friends</li> <li>- Other</li> </ul>				
Financial Issues <ul style="list-style-type: none"> <li>- Income</li> <li>- Work</li> <li>- Debts</li> </ul>				

**End of Life/Preparation for Death Care:**

Discussed with child/parent or guardian:

GP/Pediatrician contacted:	Date	Comments/Care Plan
Will manage care alone		
Will manage care with our help		
Will keep informed, we will manage		
Will pronounce death if patient dies at home		
Child/Family prefers death to be:		
Home		
BCCH		
Canuck Place		
Community Hospital		
Other:		

**Advanced Planning (see above)**

Discussed with child/parent or guardian:

Topic	Date	Child	Family	Comments/Care Plan
What quality of life is for the child, parents, siblings, family				
What to expect as the child approaches end of life: Signs and symptoms of impending death What to expect when the child dies, ie. physical, emotional, sensory				

Topic	Date	Child	Family	Comments/Care Plan
Funerals/funeral homes: Arrangements made prior to death if possible If death is to be at home, arrangements for pick-up				
Rituals that support family's belief and values: Making memories, ie. foot/handprints, music, pictures, etc				

**For a home death:**

Discussed with child/parent or guardian:

Topic	Date	Child	Family	Comments/Care Plan
Community resources/support for a home death				
Phone list describing who to call for questions				
What to do if child becomes distressed or unconscious at home				
How to avoid emergencies				
Plan for after the child dies, ie. who to call, who will pronounce, wash body, call funeral home, etc.				

**Loss, Grief, Bereavement Care:**

Discussed with child/parent or guardian:

Topic	Date	Child	Family	Comments/Care Plan
Community-based bereavement services				
Bereavement follow-up offered				
Other supports:				

**Document Updated:  
Documentation of Plan:**