

**Northern Ireland Practice and Education Council
for Nursing and Midwifery**

ME AND MY FAMILY

**PERSON-CENTRED NURSING ASSESSMENT
&**

PLAN OF CARE

(Children's and Young Person's Record)

Guidance for Use

March 2018

Introduction

This Guidance relates to the 'Me and My Family' documentation for children and young people in an acute hospital environment. This guidance should also be read in conjunction with the Regional Standards for Person Centred Record Keeping Practice for Nursing and Midwifery.

The 'Me and My Family' document should provide evidence that a person centred nursing assessment, plan of care and evaluation has been completed, demonstrating the involvement of the child's/ young person's and where relevant parent or carer and that his/her needs and preferences have been taken into consideration, where appropriate. In addition, the record should reflect on going evidence of the care you provide.

In essence the nursing record is the only means to substantiate and provide evidence to the care provided by nursing staff demonstrating the value and contribution you make as a nurse and the continuity of care you have provided.

Consent

Verbal consent should be sought for procedures carried out on admission i.e. application of anaesthetic cream/insertion of venous cannula /venepuncture/rectal medication and on-going procedures throughout the stay of the child/young person. Consent should be documented in the record of nursing care and outcomes section, on each occasion.

Re-Admission document

This can be used four times (one admission and 3 re-admissions) with a maximum of four months duration from the 1st admission assessment. Thereafter a new document must be commenced.

Re-Admission layout

1ST RE-ADMISSION CHILD/YOUNG PERSON'S MEDICATIONS DATE: / /	Any changes Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details
2ND RE-ADMISSION CHILD/YOUNG PERSON'S MEDICATIONS DATE: / /	Any changes Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details
3RD RE-ADMISSION CHILD/YOUNG PERSON'S MEDICATIONS DATE: / /	Any changes Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details

The first admission boxes have a blue fill, 1st, 2nd, 3rd Re-Admission will have a yellow fill.

Information in the blue fill boxes *must* be reviewed on each re-admission and the yellow fill boxes will facilitate recording any changes that have occurred in between each admission.

Front Cover, Page 1

Signature Register

SIGNATURE REGISTER					
To be completed by all staff making an entry into this document					
This section will serve as a record of your full signature and thus satisfy professional and legal requirements					
Date	Full Name (BLOCK CAPITALS)	Designation (Staff Nurse, Student Nurse)	Initials	Full Signature	Status (Permanent = P Temporary = T Bank = B, Agency = A)

Only *full* signature should be used in this document. Initials reserved for other charts i.e. bed end charts.

Admission Assessment Tracking

ADMISSION ASSESSMENT TRACKING			
Registered Nurse (RN) commencing admission assessment			
Indicate which pages of the Admission Assessment are outstanding at end of duty or transfer of the patient	Date	Time	Signature

This section should be completed if you are unable to complete the initial person-centred nursing assessment including the risk assessments. You should identify in the box provided which sections are still to be completed for handover to an appropriate member of staff.

Page 2 **Re-Admission** Page 3-4

Paediatric (National) Early Warning Score P(N)EWS and Other

Paediatric/National Early Warning Score		Signature: _____
Weight (kg) (actual)		Signature: _____
Height (cm)		Signature: _____
Other _____		Signature: _____

P(N)EWS The admission score which is calculated from observations taken on admission to the clinical care setting should be recorded in this section.

Other an example could be head circumference

Re-Admission

1 ST RE-ADMISSION		DATE: / /
Paediatric/National Early Warning Score		Signature: _____
Weight (kg) (actual)		Signature: _____
Height (cm)		Signature: _____
Other _____		Signature: _____

This *must* be completed for each re-admission.

PATIENT INFORMATION	
Name of School/Further Education/Occupation: _____ Does the patient agree to information being shared with primary carer? Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to answer <input type="checkbox"/> Reason _____ Primary Carer advised of admission: Yes <input type="checkbox"/> No <input type="checkbox"/> Family's First Language: _____ Interpreter required: Yes <input type="checkbox"/> No <input type="checkbox"/> (includes Sign Language)	Religion/Denomination/ Belief Group: _____ Religious/Cultural practices to be observed: _____ Ethnic Group: _____ (see page 24) Would you like to see the designated hospital Chaplain during admission? Yes <input type="checkbox"/> No <input type="checkbox"/>
Aids and equipment brought into hospital, such as glasses, hearing aids, feeding pump, wheelchair etc.	
CHILD'S/YOUNG PERSON'S VALUABLES	
Has the Valuables/Property Policy been explained? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

Ethnic Group

A list of Ethnic Groups can be found on page 24 taken from HSC monitoring forms, this is not a definitive list.

Valuables

It is important to ensure that children/young people and parents/carers are aware of trust policies regarding valuables including electronic devices. In some areas written advice maybe available and should be given to the child/young person/parent.

Re-Admission

1ST RE-ADMISSION CHILD'S/YOUNG PERSON'S VALUABLES	Aids and equipment brought into hospital, such as glasses, hearing aids, feeding pump, wheelchair etc.
Has the Valuables/Property Policy been explained? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

Update valuables/aids and equipment section.

Check answers to - *does the patient agree to information being shared and primary carer advised of admission* are the same for each re-admission. If different, document on Page 32 – Record of Nursing Care & Outcomes of Care.

FAMILY & SOCIAL HISTORY	
Parents' Names: _____	
Address if different: _____	
Siblings (ages): _____	
Who lives at home with this child: _____	
Health Visitor: _____	Tele. No. _____
Community Children's Nurse: _____	Tele. No. _____
Social Services agencies involved: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes to above, give details (to include which family member/Social Worker etc): 	
Social Worker: _____	Tele. No. _____
Child Protection Register: Yes <input type="checkbox"/> Past/Current. or No <input type="checkbox"/>	
If Yes: _____ Category: _____ Date Added: _____	
Other Healthcare Professional (Dietician, Physiotherapist, Speech and Language Therapist, etc): _____	
Is the child/young person a carer for another member of his/her family? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ensure referral to Gateway Services is completed.	
Has Understanding the Needs of Children in Northern Ireland (UNOCINI) form been completed in line with local Trust policy within 24 hrs of referral? Yes <input type="checkbox"/> No <input type="checkbox"/> Complete by Social Services <input type="checkbox"/>	
PALLIATIVE/END OF LIFE CARE PLAN IN PLACE: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

Child Protection Register

This section must be completed according to Trust Policy and guidance.

Understanding the Needs of Children in Northern Ireland (UNOCINI)

Each Trust has a policy related to the completion of the UNOCINI form when a referral to gateway services is required. You should follow the policy directions for your organisation.

Palliative/ End of Life needs

Should any palliative/end of life needs be identified, please record them within the record of nursing care and outcomes section.

Re-Admission

<p>1ST RE-ADMISSION FAMILY & SOCIAL HISTORY</p> <p>DATE: / /</p>	Any changes Yes <input type="checkbox"/> If Yes, give details No <input type="checkbox"/>
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Update any changes for each re-admission.

BIRTH HISTORY: Relevant to current Admission (complete below) <input type="checkbox"/> Not relevant to current Admission <input type="checkbox"/>	
Hospital of Birth: _____	Gestation: _____ Birth Weight: _____
Type of Delivery: _____	Neonatal Screen complete: Yes <input type="checkbox"/> No <input type="checkbox"/>
Newborn hearing assessment: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes give details: _____	
Any problems <u>post delivery</u> /admission to NNU? 	
PAST MEDICAL HISTORY: (including asthma, hay fever, eczema, allergies, diabetes, epilepsy, cardiac, mental health issues, learning disability (NB hospital passport))	
(Including past admission: any CAMHS involvement)	
Immunisations up to date: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, give details _____	

Birth History

This section should only be completed if relevant to current admission.

Immunisations

Immunisations schedule varies from year to year – document if up to date and details of the immunisation that have not been given.

Learning Disabilities

Refer to – HSC hospital passport and guidance notes accessed at:

<http://www.publichealth.hscni.net/publications/hsc-hospital-passport-and-guidance-notes>

Re-Admission

<p>1ST RE-ADMISSION PAST MEDICAL HISTORY/ FAMILY MEDICAL HISTORY</p> <p>DATE: / /</p>	Any updates Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details _____
	Immunisations up to date: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, give details _____

Update any changes and check if immunisations up to date for each re-admission.

CHILD/YOUNG PERSON'S MEDICATIONS (Where age appropriate complete this section in confidence with Child/Young Person)	
<p>SECTION A</p> <p>Does the child/young person take:</p> <ul style="list-style-type: none"> • <u>regular</u> prescribed medication at home? Yes <input type="checkbox"/> No <input type="checkbox"/> • <u>regular</u> over the counter medication? Yes <input type="checkbox"/> No <input type="checkbox"/> • <u>take</u> any homeopathic medication? Yes <input type="checkbox"/> No <input type="checkbox"/> • <u>use</u> any patches? Yes <input type="checkbox"/> No <input type="checkbox"/> <p>If yes to any of the above complete Section B.</p> <p>Is the child/young person involved in any clinical trials? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does the child/young person have any difficulty swallowing medication? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>SECTION B</p> <p>Medication brought to hospital</p> <p>Has medication been brought to hospital? Yes <input type="checkbox"/> (completed below) No <input type="checkbox"/></p> <p>Medicines retained for medication reconciliation? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Retained for use in accordance with Child/Young Persons own drugs scheme? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Securely stored in dedicated Child/Young Persons drugs bag? Yes <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Drugs stored in ward fridge as appropriate? Yes <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Controlled Drugs (CD) stored in CD cupboard and entered in the appropriate register? Yes <input type="checkbox"/> N/A <input type="checkbox"/></p>
Any additional information	

Child's/Young person's Medications

While nurses no longer record the list of medications a child/young person takes, the role of the nurse is to consider a range of issues relating to safe medication management for individual children/young people and the two boxes in this section must therefore be fully completed.

'Any additional information' section is *not* to record the list of medications a child/young person takes. This section is intended for documenting the child's/young person's need regarding medication i.e. if assistance is required to take medication.

Where the child's/young person's own drugs may be considered for use, each nurse must follow their own local HSC Trust policy for enabling this to happen.

Consider enquiring about other routes of administration, for example topical application i.e. ointments/creams/emollients when assessing prescribed /over the counter medication.

Re-Admission

<p>1ST RE-ADMISSION CHILD/YOUNG PERSON'S MEDICATIONS</p> <p>DATE: / /</p>	<p>Any changes Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details</p>
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Update any changes on each re-admission.

THE CHILD'S/YOUNG PERSON'S/PARENT'S STORY – This section MUST be completed unless the child/young person/parent is unable to give the details
What matters to you and your child/young person during their stay?
How can we support you?

'The Child's/Young Person's/Parent's Story' section

As part of a person-centred approach it is critical for nurses to understand the child/young person's view of his/her own health and wellbeing, where appropriate for each admission. This will in some cases include information from the parents or main carer. The priorities for the child/young person, his/her understanding of the need for admission and any fears or concerns he or she has, need to be recorded here.

The information shared by the child/young person should, where appropriate, be included in plans of care and evidence should be contained in the evaluation that these matters are being addressed.

Re-Admission

1ST RE-ADMISSION	DATE: / /
THE CHILD'S/YOUNG PERSON'S/PARENT'S STORY – This section MUST be completed unless the child/young person/parent is unable to give the details	
What matters to you and your child/young person during their stay?	
How can we support you?	

Complete for each re-admission.

NURSING ASSESSMENT			
Assessment of aspects of life (Expand on any ticked boxes and link to Plan of Care)		Specific Information In this section record any additional information needed to support the development of your care plan including any detail related to readmission	
Aspects of Life	Normal/usual routine	Nursing Assessment	Assessment Need Identified

Nursing Assessment – initial

Assessment of aspects of life identifies the child/young person’s, normal/usual routine, baseline and preferences.

The specific information identifies acute and existing needs (including those that are self-managed).

Breathing and Circulation

‘Does the circulation appear compromised’ – Capillary refill time (CRT) can be used in conjunction with other vital sign measurements to assess the circulation. Record the site that is used i.e. forehead/sternum/fingers.

More information regarding vital signs can be found from the following 2013 publication:

<https://www.rcn.org.uk/professional-development/publications/pub-005942>

Communication

Children and Young people with Learning Disabilities, refer to their hospital passport if they have one. More information can be found from the following:

HSC hospital passport and guidance notes accessed at:

<http://www.publichealth.hscni.net/publications/hsc-hospital-passport-and-guidance-notes>

Safety Awareness

There may be a discussion required with the child/young person regarding sensitive issues. It is important that these details are discussed in private, where age appropriate or dealt with sensitively where a parent or carer is involved prior to recording in the nursing assessment and plan of care.

Re-Admission Page 28-30

1 ST RE-ADMISSION		NURSING ASSESSMENT	DATE: / /
Aspects of Life	Revised Nursing Assessment	Assessment Needs Identified	
Breathing & Circulation			
Communication			
Pain			
Nutrition & Hydration	● Complete STAMP (Page 19)		
Eliminating			
Posture & Movement	● Complete Moving and Handling Risk Assessment. (Page 21)		
Care of Skin, Hair, Mouth & Teeth	● Complete Glamorgan (Page 22) Body table/map (Page 24)		
Rest & Sleep	● Complete bed rails risk assessment. (Page 27)		
Play & Education			
Expressing Sexuality/ Development			
Safety Awareness			

Source of Information (Child/Parent/Carer/Interpreter/Other) _____

Child's/Young Person's care needs discussed with parent and/or family/carer if applicable. Yes No

Signature of child/young person _____

Signature of parent/legal guardian _____

Signature of admitting Registered Nurse _____ Date _____ Time _____

Signature of admitting Nursing Student _____ Date _____ Time _____

Countersigned by Registered Nurse _____ Date _____ Time _____

Complete for each re-admission.

Source of Information (Child/Parent/Carer/Interpreter/Other) _____

Child's/Young Person's care needs discussed with parent and/or family/carer

if applicable. Yes No

Signature of child/young person _____

Signature of parent/legal guardian _____

Signature of admitting Registered Nurse _____ Date _____ Time _____

Signature of admitting Nursing Student _____ Date _____ Time _____

Countersigned by Registered Nurse _____ Date _____ Time _____

Signatures

The nurse completing the initial assessment of the record must sign the relevant box at the end of the assessment section and where a nursing student has completed the process, the mentor or supporting nurse must countersign this section indicating that a valid assessment has taken place.

Only Registered Nurses and Nursing Students can record in this document.

Risk Assessments - Green

There are five risk assessments of which three must be completed within six hours of the child/young person being admitted or a decision to admit being made.

All aspects of the risk assessments must be completed, including dates times and review dates, to ensure the risk assessments are valid.

Risk Assessments within 6 hours

Page 6	RE-ADMISSION	Page 10-13	Infection Preventions & Control Admission Risk Assessment
Page 13		Page 21	Moving and Handling Risk Assessment
Page 14		Page 22	GLAMORGAN SCALE – Paediatric Pressure Ulcer Risk Assessment
Page 17		Page 27	Bed Rails Risk Assessment

Ongoing Risk Assessments should be completed:

Moving and Handling Risk Assessment

if condition changes, transferred to another care setting or new equipment/aids put in place

- If the Child/Young person is **not** independent of all moving and handling activities then a plan of care is required (*complete as per local policy*)

Glamorgan risk assessment

if condition changes or transferred to another care setting

- If score **below 10** and the child is deemed **not** at risk, reassess weekly
- If the score is **10 or more** then follow trust guidance for frequency of assessment

Bed Rails Assessment

if the need arises and should be completed prior to use of bed rails as per trust policy and practice.

Risk assessment completed within 24 hours

Page 11	RE-ADMISSION	Page 19	STAMP – Screening Tool for the Assessment of Malnutrition in Paediatrics
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ALL risk assessments should be used in conjunction with clinical judgement.

Re-Admission

The 5 risks assessments must be completed on each re-admission.

BODY Map and Table Page 24-25.

There are 3 body maps that *must* be completed *if required* for each re-admission, with a table on Page 24 – the date entered will identify which re-admission it applies too.

Page 22-23 Re-Admission Page 40-47

***when skin has been visually checked and there is no tissue damage/marks/bruising/skin condition or other wounds record this in body table**

Discharge Information/Checklist

A child/young person centred approach to discharge is critical to the person in your care successfully returning home and will contribute to his/her remaining at home for as long as possible.

This section is designed to be a check list to support a safe discharge process at the point of leaving a ward and should be completed by the nurse who is discharging the child/young person.

This is *not* discharge planning. Evidence of discharge planning should be recorded in the *record of nursing care & outcomes of care* section or as per local guidelines.

Page 18-25 Re-Admission Page 31-39

Record of nursing care & outcomes

Person		Assessment	Plan of Care	Evaluation
What matters to the child/young person/carer? Communicating with the child/young person and family to identify their needs		Using nursing assessment skills to identify the needs of the child/young person Collecting ongoing information/clinical observation Building a picture	Plan Care/Treatment/Support based on the identified needs from P and A with the child/young person/carer Specify outcomes Obtain consent for the plan	Look at the effectiveness of the plan How does the child/young person/carer feel What is the progress towards attaining outcomes/meeting needs
Review –Informs the next shift/handover. Summary of the shift, highlighting what has yet to be achieved.				
RECORD OF NURSING CARE & OUTCOMES OF CARE				
Date	Time			Signature & designation

In this section record ongoing assessment , *plan of care/treatment/support and evaluation.

*If PACE has not been implemented into your area of practice continue to use tradition methods as per local policy for example a careplan. Using the information gained through the initial assessment to inform the careplan.



For further Information, please contact

NIPEC
Centre House
79 Chichester Street
BELFAST, BT1 4JE

Tel: 0300 300 0066

This document can be downloaded from the
NIPEC website www.nipec.hscni.net

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