

Name:

ELCH Hospital Number:

NHS Number:

DOB:

## EVELINA LONDON ANTENATAL EMERGENCY CARE PLAN

**DATE PATHWAY INITIATED:**
**PATIENT INFORMATION:**

MOTHER'S NAME:	KNOWN AS:
FIRST LANGUAGE:	PATIENT CAPACITY (please circle): Yes No Unknown To be determined
ELC HOSPITAL NUMBER:	NHS NUMBER:
DATE OF BIRTH:	ADDRESS:
SECOND PARENT: OTHER:	TELEPHONE NUMBERS:

**PRIMARY DIAGNOSIS/ ANTENATAL HISTORY****KEY PROFESSIONALS INVOLVED:**

NAME	DESIGNATION	CONTACT DETAILS

**REVIEW OF DOCUMENTATION:**

DATE REVIEWED/ AMENDED:	NAME & DESIGNATION OF RENEWER:	NEXT REVIEW DUE:

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**A. DURING DELIVERY – AS DOCUMENTED IN OBSTETRIC NOTES**

Monitoring for mother: Yes/No
Monitoring for baby: Continual/intermittent/No
Consideration for instrumental delivery: Yes/No
Consideration for Caesarean Section: Yes/No
Consultant Paediatrician present at delivery: Yes/No
Other:

**IMMEDIATELY POST BIRTH**

In many instances it is not possible to make decisions regarding care of the baby antenatally. An attending paediatrician will assess the baby after birth and react accordingly.

The following has been discussed with the parents and reflects their wishes:

		Decision:	Comment:
1.	Comfort and support the child and family		
2.	Suction upper airway	Yes No On assessment	
3.	Oxygen (if available)	Yes No On assessment	
4.	Airway positioning manoeuvres	Yes No On assessment	
5.	Insertion of nasopharyngeal/ oral airway	Yes No On assessment	
6.	T-Piece/ Bag Valve Mask ventilation	Yes No On assessment	
7.	Non-Invasive Ventilation	Yes No On assessment	
8.	High flow oxygen (Optiflo)	Yes No On assessment	
9.	Endotracheal intubation and ventilation	Yes No On assessment	
10.	External cardiac compressions	Yes No On assessment	
11.	Advanced life support with drugs and umbilical/ IV or IO access	Yes No On assessment	
12.	Transfer to:	NICU, Postnatal ward, Home, Hospice, remain on labour ward	

Additional information:

	Name/ service:	Date:
Discussed with NICU:		
Discussed with Subspecialty Consultant(s):		

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**B. NEONATAL PERIOD** (first few days of life)

This reflects the antenatal wishes of the parents. In many situations these preferences may change post birth. The palliative care team aims to review the baby shortly after birth to re-discuss these plans and produce an emergency care plan.

**Feeding plan:**

Breast / Bottle / NG / IV fluids

**Investigations:**

Bloods / Echo / MRI / Ultrasound / Lumbar Puncture / ... (please detail below)

**Management plan:**

Antibiotics (IV/enteral) / baby check / hearing test / Prostin / (please detail below)

**Place of care:**

Remain with mother / NICU / home / hospice

**Parental priorities:**

Additional information:

	Name/ service:	Date:
Discussed with Subspecialty Consultant(s):		
Ambulance directive:		

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**C. ADDITIONAL PREFERNCES & EXTENDED CONVERSATIONS:**

FAMILY (Personal, religious or cultural) :

PREFERRED PLACE OF CARE/ DEATH:

ORGAN / TISSUE DONATION:

POST MORTEM/ CORONER:

CONFIRMATION / CERTIFICATION CDOP:

PROCESSES AROUND BIRTH & END OF LIFE:

Registration of birth and death  
GP visits  
Confirmation  
Certification  
Transfers  
Bereavement Suites  
CDOP

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**D. WHO HAS AGREED AND SUPPORTED THIS PLAN:**

NOTE: THIS IS NOT A LEGALLY BINDING DOCUMENT BUT IT DOES REFLECT THE DISCUSSIONS THAT HAVE TAKEN PLACE REGARDING CARE WISHES FOR UNBORN BABY .....

HIS/HER PARENTS/ GUARDIAN CAN CHANGE THEIR MIND ABOUT ANY OF THE OPTIONS ON THE CARE PLAN AT ANY TIME.

By signing this document, children/ parents/ legal guardian's consent to this document being shared with other professionals (e.g. those listed overleaf)

Only persons with parental responsibility can sign as parent/guardian. This may be social services if a child is subject to a care order.

NAME	SIGNATURE:	DESIGNATION	DATE
	I have discussed and support this care plan:	Palliative care consultant	
	I have discussed and support this care plan:	Neonatal Consultant	
	I have discussed and support this care plan:	Foetal Medicine Consultant	
	I have discussed and support this care plan:	Midwife	
	I have discussed and support this care plan:	Parent/ Guardian (1)	
	I have discussed and support this care plan:	Parent/ Guardian (2)	
	I have discussed and support this care plan:	Clinical nurse specialist (PPC)	
	I have witnessed and support this care plan discussion:	Hospice representative	
	I have witnessed and support this care plan discussion:	Social worker	
	I have witnessed and support this care plan discussion:	Other:	
	I have witnessed and support this care plan discussion:	Other:	

PLEASE ENSURE THAT A COPY OF THIS TRAVELS WITH YOU AT ALL TIMES. IF YOU ARE GOING TO BE ADMITTED TO HOSPITAL, PLEASE INFORM THE PPC TEAM AND WHEN IN HOSPITAL PLEASE INFORM THE WARD STAFF OF THIS DOCUMENT SO THAT MEDICAL NOTES CAN BE UPDATED ACCORDINGLY.

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**NAME AND CONTACT DETAILS OF THOSE WITH WHOM THIS FORM IS TO BE SHARED:**

	TITLE	NAME & ADDRESS	EMAIL & PHONE
1.	PARENT/ GUARDIAN (1):		Email:  Telephone:
2.	PARENT/ GUARDIAN (2):		Email:  Telephone:
3.	GP		Email:  Telephone:
4.	Consultant Obstetrician		Email:  Telephone:
5.	Hospital midwifery Team		Email: Telephone:
6.	Community Midwives		Email: Telephone:
6.	NICU Consultant		Email:  Telephone:
7.	ELCH Consultant		Email:  Telephone:
8.	A & E St Thomas's		Email:  Telephone:
9.	A & E @ District General Hospital		Email:  Telephone:
10.	Hospice		Email:  Telephone:
11.	Community palliative care team		Email:  Telephone:
12.	Other		Email:  Telephone:

For any routine enquiries, please contact the PPC team at ELCH: [PPCadmin@gstt.nhs.uk](mailto:PPCadmin@gstt.nhs.uk) or [gst-tr.PPCadmin@nhs.net](mailto:gst-tr.PPCadmin@nhs.net) or on 07747 267799 or 02071887188 ext 53823.

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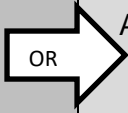
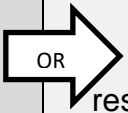
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**EMERGENCY CARE PLAN: Management of Cardio-respiratory Arrest**

**RESUSCITATION STATUS**

- Resuscitation status has not been discussed – attempt full resuscitation
- Resuscitation status has been discussed and the following has been agreed:

Clearly delete actions not required

For Full resuscitation		Attempt resuscitation with modifications below:		Do not attempt cardiopulmonary resuscitation DNACPR
Attempt resuscitation as per standard RC (UK) guidelines		Patient-specific modifications to standards resuscitation guidelines <b>AIRWAY:</b>  <b>CIRCULATION:</b>  <b>DRUGS:</b>  <b>OTHER:</b>  <b>NICU</b>		Patient-specific supportive care is documented on pages 2,3 and 4   In event of sudden death 24hour emergency number for doctor who knows the child: .....

Reason(s) for decision:

Senior Clinician Name.....Signature.....GMC No.....

Date Initiated .....Date Reviewed.....