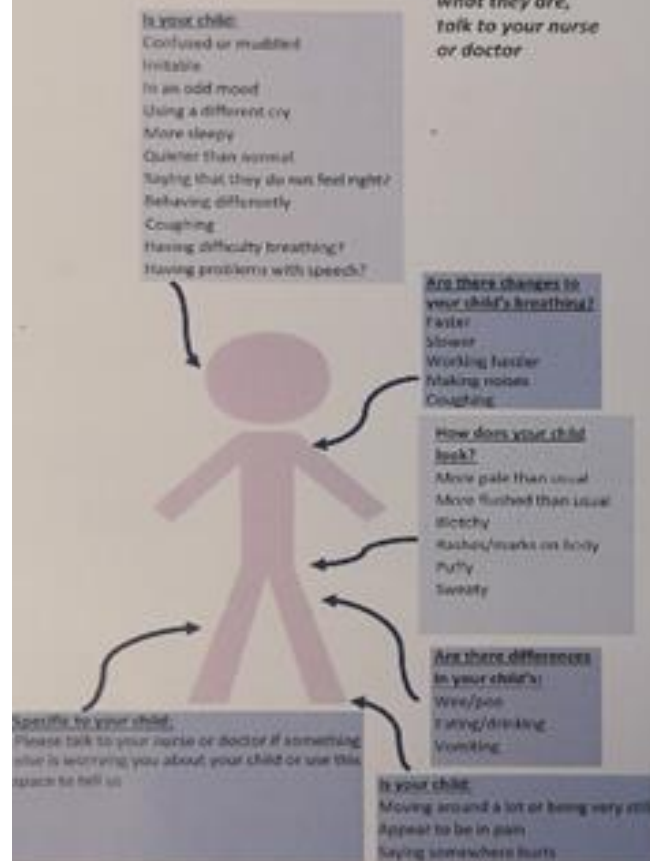


Communication Bundle for Parents

To be used at any time

Look at your child

Use this diagram to help you describe any worrying changes in your child. *These are just examples; if you see any other signs please tell us what they are, talk to your nurse or doctor*



What to do next, you may not need to progress any further than step 1.

If you are very worried, please proceed to Step 3.

Step 1



Step 2 Step 3



Definitions:

PEWS-Paediatric Early Warning Score-the coloured chart that the nurses write the observation on

Escalate your concern-raise your worry to get your child reassessed by a senior member of staff

You may use these tips to help you describe your worry to staff

STARTING THE CONVERSATION

Your nurse or doctor may be attending to another patient so make sure you have the full attention of the nurse/doctor before discussing your worries.

I need to talk to you about my child as I am worried

MY CONCERN

Tell the nurse/doctor that you feel something is not right and what your worry is. Try and give them as much information as possible. You may find your notes or stick diagram helpful

I am worried that he is sleeping too much

REASON/SOLUTION

Tell them if you have an idea of what is going wrong and what will help

He has been sleepy since his pain medication was changed

UPDATE

The nurse/doctor will update and discuss the plan of action with you and this will be recorded in the notes

The nurse has come back to me to say they have spoken to the doctor who will review the pain medication and get back to us

Talking to staff about your worries:

Planning care together

IF YOU FEEL THIS IS AN EMERGENCY PLEASE CALL FOR IMMEDIATE HELP FROM ANY MEMBER OF STAFF

My child's name is:

Today's date:

What I would like you to know:

Sharing my worries, concerns or observations

What I would like us to do next:

Planning the journey together...

You can share this information with staff if you wish. This information has been shared with the:

Bedside nurse: Name..... Signed..... Date ____/____/____

Medical Team: Name..... Signed..... Date ____/____/____

I confirm that I have read this planning care together form and I am happy with the content:

Signed..... (Parent/Carer)

Parent/Carer comments

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Please discuss the content of this form with the parent/carer. Provide a copy to the Parent/Carer and file one copy in the medical records. Document in patient SBAR summary that a Planning care together sheet has been completed and discussed with parent / carer.