Paediatric Stoma Nurse Group

Health Care Plan

Child's Details

Child's name:	Date of birth:
School name:	Year group:
SENCO name:	SENCO contact details:
Name & role of person(s) completing plan:	
Date of plan: .	Review Date:

(The plan should be reviewed at least annually or more frequently if the child's situation changes)

Useful Contacts

Name	**Contact Details**
Patients/carer:	
Specialist Nurse:	
Consultant:	
GP:	
HV/School Nurse:	
Other professionals involved:	

Details of medical condition

(e.g. medical condition and the daily routine. See stoma care plan for details of care management)

Stoma Management

Child's routine:				
• Time(s) bag to be emptied:				
• Time of bag change:				
• Child's step by step stoma care plan available: ☐ Yes		☐ No		

Designated staff:	Name	Trained
		☐
		☐
		☐
		☐

Facilities:	
Location:	Where is stoma care to take place?
Bathroom facilities: • Running hot/cold water • Liquid soap • Storage space • Room ventilation • Heating Waste disposal: • Lidded bin (emptied regularly) Changing room adaptations: • Consider individual room • Separate changing time	Please write facilities needed for named child:

Equipment:	
Equipment to be supplied by family	
• All stoma equipment • Change of clothes • Storage bag	Please write equipment needed for named child:
Equipment supplied by school	
Personal Protection Equipment (PPE) Equipment deemed necessary for the individual child, (e.g. mobility aids, changing mat, couch).	Please write equipment needed for named child:

Adjustments for School

Diet and fluids:
Sports:
School Trips:
Exam considerations:

Care plan contents agreement

	Name	Signature	Date
Parents/Carer(s)			
School Rep (include job role)			
Healthcare Professional (include Job role)			
School Nurse			

This template is available on the PSNG website https://www.psng.co.uk/