

Last amended by: Cheryl Williams 10/10/2022 14:16:48

ID: 1078 Date of Birth: 22/08/2014

1

What is your name? Please let us know of any nicknames you like to be known as whilst staying at Claire House

Gwendolyn Joy Vials Moore - likes to be called Gwen

2

What is your date of birth?

22.08.2014

3

What are your diagnoses?

Trisomy 21 (Downs Syndrome).
Can easily dislocate of any part of her body. Right leg in particular is a fracture risk.
ASD with PDA Profile diagnosis

4

What is your resuscitation status?

Gwen is for full resuscitation

5

Do you have an Advanced Care Plan or Symptom Management Plan?

NO

6

Please attach a copy of your advanced care plan

7

Please upload Symptom Management plan/Symptom Stay Management plan

8

Do you have any allergies? Please give details of reaction and treatment

PENICILLIN ALLERGY AND DAIRY/MILK INTOLERANCE - Rash/ dairy causes gastric distress. Penicillin requires hospital admission. Dairy/milk may require GP review. Gwen is now on the 'milk ladder'. She can now eat normal bread and may have dairy in baked good form.
Allergic to plasters- this was discovered through Gwen's leg surgery she had a reaction to dressing and observations sticky/plasters.

9

Do you have any known infections?

No

10

Have you had any recent hospital admissions? Please give details

No as per pre-visit survey 14/10/22

11

What are your emergency contact details? (e.g. name, relationship and contact number etc) Please list any additional contact details for this stay.

Dad Adam 07712553049 and Mum Cora 07931540482

12

Do you have a social worker?

Yes

12.1

Please give details including name and number of social worker, if on CIN or CP plan etc

Social worker Taran Leeks 07966964876 or 01519342886

Taran Leeks will be replaced Oct 31 – awaiting replacement contact details

30/01/2023 @ 10:41

Last amended by: Rosie White 08/10/2020 11:38:18

ID: 1078 Date of Birth: 22/08/2014

1	Are you over 16 years old?
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No

Last amended by: Cheryl Williams 02/06/2022 08:24:09

ID: 1078 Date of Birth: 22/08/2014

1

Are you able to communication verbally?

Yes

1.1

Have you got an age appropriate understanding of language and vocabulary?

Yes

2

Do you use a communication tool?
(e.g. PECS, eye gaze, Makaton etc)

Yes

2.1

Please give details of your communication tool

Gwen has delayed speech but now has a number of words. At school she uses 'sign along' but also understands Makaton.

Gwen can sometimes struggle to get her words out and seems to have a form of stutter, Parents advise to be patient and calm with Gwen, listen to her and she will get there.

Gwen has been discharged from SALT (approx. Nov 2021).

Gwen formally diagnosed ASD with PDA traits 30 may 2022

3

Do you show any behaviours that challenge?
(e.g. self harm, have involvement with CAMHS, have a behavioural support plan etc)

No

4

If applicable please upload any relevant behavioural documentation/plans
(please combine all documents/plans (both community and Claire House) into one pdf document to upload)
THESE DOCUMENTS MUST BE DOWNLOADED AT THE START OF EVERY SHIFT

5

How do you like staff to interact with you?
(e.g. soft/firm voice, energetic, bubbly, short clear sentences etc)

Always talk clearly to Gwen, give time for her to respond verbally, use Makaton or signing.

Gwen can sometimes become frustrated and have an occasional age related tantrum. Be patient with Gwen and allow her time.

6

Do you have any sensory challenges/behaviours?

(e.g. disliking loud noises, becoming easily overwhelmed, withdrawing from situations etc)

Yes

6.1

Please give details and information on how to manage any sensory challenges/behaviours.

(e.g. do you easily become overwhelmed or frustrated, find it difficult to calm down, withdraw from situations etc)

Gwen strongly dislikes interaction/ touches to her head/ Hair.

7

If applicable please upload any sensory information

(please combine all documents (both community and Claire House) into one pdf document to upload)

THESE DOCUMENTS MUST BE DOWNLOADED AT THE START OF EVERY SHIFT

8

Do you have impaired vision?

Yes

8.1

Please give details

(e.g. when to wear glasses, information on contact lenses etc)

Gwen MUST wear her glasses at all times when awake.

9

Do you have impaired hearing?

Yes

9.1

Please give details

(e.g. when to wear hearing aids, do the batteries need charging, any special instructions etc)

27/12/21- Gwen has permanent mild hearing loss as well as variable glue ear.

25/03/22- audiology assessment on jan 2022 says Gwen's hearing improved so currently no longer needs hearing aids – parents have retained them in case of loss due to ear infection / loss for other reasons

10

Do you require an interpreter?

Last amended by: Cheryl Williams 10/10/2022 14:40:50

ID: 1078 Date of Birth: 22/08/2014

1

Do you use an observation chart?

No

1.21

What are you baseline observations? (RR, HR, o2 saturations)

Gwen's Resp rate 20, HR 96, spo2 97%, temp 37.7'C

Take on admission 14/10/22

1.22

Do you have your saturations and pulse monitored?

Yes

1.22.1

What type of monitoring do you have? (e.g. continuous at night, spot checks in the day, only if unwell etc)

spot checks in the day or if showing signs of being unwell - Routine 4hrly as CH covid policy

1.22.2

What are you high and low limits for your saturations and pulse?

SPO2 90-100%,

1.22.3

What is the location of your saturation probe, and how often is it changed?

Can go on fingers or toes.

1.23

Do you require oxygen?

No

1.24

What is your normal breathing pattern? (e.g. rapid, shallow, slow, use of accessory muscles)

Gwen normally does not have any increased Work of breath.

1.25 What is your abnormal breathing pattern? (e.g. signs of respiratory distress, seesaw breathing etc)

Gwen has subtle indications of respiratory distress including NECK EXTENSION, looking pale and mottled, chest recession and coughing. Gwen has GORD, Mum reports that you can hear when Gwen is refluxing and potentially aspirating. You will hear a 'bubbly' noise around the throat area. Listen carefully to her breathing. This can happen when awake and asleep. Ensure Gwen is upright.

1.26 Do you require Airvo?

No

1.27 What are your first line antibiotics for a chest infection?

Cefalexin, with Dexamethasone for Croup

1.28 Do you suffer from apnoea's? Please give details

Was previously on CPAP for obstructive and central sleep apnoea's but currently trialling a period without it and seems to be doing well. Gwen was due to have a sleep study in March 2020 but this was cancelled due to Covid-19 restrictions. Tosca home sleep study trial attempted but failed so sleep study needs to be repeated.

1.29 What are you normal secretions? (e.g. consistency, colour etc)

Normal saliva secretions from mouth - can make skin around her mouth dry and sore

1.30 Do you require suction?

No

1.31 Do you have a known cardiac condition?

Yes

1.31.1 What is your condition?

Neurogenic cardiac arrhythmias and congenital heart defect

While Gwen has known heart conditions Parents report that they do not appear to cause her any difficulties at this time, and is no longer under a cardiac team.

1.31.2 What are the signs and symptoms of your cardiac condition, and how do they affect your day to day life?

Gwen can become Tachycardic and Bradycardic and this can be normal for her

1.32 Are you on warfarin?

No

1.33 Do you have any problems with circulation? Please give details

Gwen has poor temp control and can have cold peripheries. Gwen can also have Tachycardic and Bradycardic episodes regularly

1.34 Are you able to regulate your own temperature?

No, Gwen cannot self-regulate her temperature.

1.35 What is your normal body temperature range?

36.0-37.5'c

1.36 What temperature would you consider too high, and what actions are to be taken? (e.g. paracetamol, fan etc)

If Gwen reaches 38-39'c seek medical review. Contact parents immediately. Cool environment around her with open windows/fans, remove layers where possible. can use paracetamol and ibuprofen if unwell (staggered times). Her temperature can reach 40 degrees quickly and has had febrile convulsions if temperature becomes too high.

1.37 What temperature would you consider too low and what actions are to be taken?

Below 36'c - apply blankets or layers to warm her

1.38 How often should your temperature be taken, and which body part is preferred?

Only check when Gwen may be unwell or if concerned

1.39 Any additional comments

Gwen is due for a review by Claire Halfhide due to failing her pre op for orthopedic surgery due to respiratory issues. Gwen will not tolerate a sats monitor on constantly as it bleeps esp overnight due to movement . please spot check during the day / night.

1.41 Do you have an oesophagostomy? Please give details, including care of site (e.g. bag changes, cleaning routine etc)

No

2 Do you have centralvenous/ intravenous access?

No

4 If applicable, please upload any relevant documentation relating to CVL.

Last amended by: Tracey Phillips 03/02/2020 15:30:45

ID: 1078 Date of Birth: 22/08/2014

1

Do you have a tracheostomy?

No

2

Please upload 2 finger tapes disclaimer

3

Please upload Velcro disclaimer

4

Do you have an Nasopharyngeal Airway?

No

30/01/2023 @ 10:41

Last amended by: Tracey Phillips 03/02/2020 15:32:33

ID: 1078 Date of Birth: 22/08/2014

1	Do you require ventilation?
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No

Last amended by: Rosie White 14/06/2020 17:37:59

ID: 1078 Date of Birth: 22/08/2014

1

Do you require inhalers?

No

2

Do you require nebulisers?

No

3

Are chest clearance techniques used as part of your daily routine?

No

4

Do you have a different chest clearance regime when unwell?

No

5

Do you use any other techniques to help with respiratory care? (e.g. positioning, interventional bagging etc). Please give details

On advice of physio to strengthen her chest muscles Gwen has been advised to blow bubbles!

6

Any additional information

7

Do you require cough assist?

No

8

Please upload cough assist prescription

9

Any additional information

Last amended by: Cheryl Williams 10/10/2022 14:47:18

ID: 1078 Date of Birth: 22/08/2014

1

Do you experience seizures?

Yes

1.1

Have you ever experienced status epilepticus? Please give details

No.

1.2

When was the last time rescue medications were administered? Please include information on all rescue medications if multiple available.

Gwen does not have any rescue medications

1.3

Do parents want contacting if rescue medication has been given?

N/a

1.4

Any additional information

Over the last few month Gwen has been experiencing possible seizure or possible Tourette's episodes.

Gwen will shout out and fling her arms up and down. The episodes have recently increased to up to half an hour. These episodes appear more pronounced when she is tired or unstimulated. Parents have been given no guidance as to when to call 999. Please monitor and document how these episodes present and what was happening at the time. This will be useful information for Mum to take to clinic for review. If concerned please call parents. If clinically concerned call 999. Mum's preference would be to go to Alder Hey where she is known.

2

Please upload CH seizure plan.

This document **MUST** be downloaded every shift for reference.

Please ensure that it is downloaded for carers/CYP to view on EVERY admission

 Download Document

3

Please upload community/hospital seizure plan if applicable?

No

30/01/2023 @ 10:42

Last amended by: Lisa Cottier 04/01/2021 18:17:58

ID: 1078 Date of Birth: 22/08/2014

1

Are you able to verbally communicate pain?

Yes

2

Do you use a pain tool?

No

3

What areas of the body usually causes you pain?

Mum reports that Gwen may occasionally be in pain but will not say so. Gwen can sometimes inappropriately say 'ouch' to things when she doesn't want to do something, rather than her expressing pain. She cant always communicate where the pain is, could be tummy put she will point to her knees.

4

How often do you experience pain? Any particular triggers?

Gwen may not say when she is in pain. See previous note.

5

What usually helps to relieve the pain? (e.g. paracetamol, position change etc)

PRN paracetamol and ibuprofen.

6

Are you taking medication for your pain regularly? Please give details (e.g. paracetamol for hip pain PRN, or regular MST etc).

no

7

Are there any professionals involved in your pain management?

No

8

Any additional information

9

Do you suffer from dystonia?

Last amended by: Cheryl Williams 10/10/2022 14:53:54

ID: 1078 Date of Birth: 22/08/2014

1

Are you nil by mouth?

No

1.1

Do you eat orally?

Yes

1.1.1

Do you have tastes only?

No

1.1.2

Do you have any dietary allergies or requirements? Please give details

Gwen is on a low fat, low sugar diet due to being very overweight. She finds it hard to digest proteins in dairy so only has baked dairy for example she can have bread but not milk to drink.

1.1.3

Please provide details of any help, assistance or eating aids required? (e.g. plastic spoon, own bowl etc)

Normal children's cutlery. A smaller plate placed in front of Gwen with a few pieces on at a time will help Gwen pace when she is eating.

1.1.4

What is your preferred position for eating? (e.g. wheelchair, dining seat etc)

Sits independently.

1.1.5

Do you need encouragement to eat? Please describe any vocabulary or factors that affect your appetite.

Encourage Gwen to focus on eating her meal.

1.1.6

Please describe the consistency of your meals? (e.g. normal, mashed, pureed etc)

Gwen requires her food to be cut into small pieces. Please ensure this is done prior to taking her plate of food to her at the dinner table as otherwise she wants to cut up the food herself and she is unable to do this task, this will result in Gwen getting upset and distressed.

1.1.7

What foods do you like to eat?

Likes ALL food but her food will need to be whole but CUT UP SMALL as Gwen does not chew well. Finger food size amounts or easy to scoop onto fork/spoon.

1.1.8

What foods do you dislike to eat?

Previously Gwen was not to have rice due to rice being a choking risk. Gwen ate rice at home recently with her family and tolerated it well.

1.1.9

What times do you eat your meals and snacks? (e.g. if times given, are these set?)

Eats at appropriate times in the dining room with other children.

1.1.10

Where do you prefer to eat your meals? (e.g. dining room, alone, in bedroom etc)

In the dining room with other children

1.1.11

What is your normal portion size? How long does it normally take you to eat each meal?

Food needs to be cut up small, she struggles if too much in her mouth.

1.1.12

Do you have routine or top-ups of enteral feeds?

No

1.2

Do you drink fluids orally?

Yes

1.2.1

Please describe any assistance or equipment required (e.g. straw, beaker etc)

Encouragement is needed to drink fluids. Gwen appeared to like the fruits shoots on offer at Claire House. If struggling to get Gwen to drink try offering a smoothie.

1.2.2

What is your daily fluid intake? Do you have a fluid balance chart?

No fluid balance chart. Encourage fluid intake especially in the mornings.

1.2.3

Do you required your fluids to be thickened? Please state amount and consistency of fluids.

Requires prompting to drink throughout the day, particularly with meals.

1.3

Any additional information

1.4

Do you take your medications orally? Please give details, including any special instructions

Yes, Gwen takes her medication orally. Gwen will give this to herself under strict supervision to ensure she has taken all.

Last amended by: Anna Swan 16/03/2022 17:26:49

ID: 1078 Date of Birth: 22/08/2014

1

Do you have an enteral feeding tube?

No

2

Please upload Claire House enteral feeding regime. This document **MUST** be downloaded every shift for reference. Please ensure that it is downloaded for carers/CYP to view on **EVERY** admission

3

Upload information regarding blended diet

30/01/2023 @ 10:42

Last amended by: Tracey Phillips 03/02/2020 15:54:55

ID: 1078 Date of Birth: 22/08/2014

1	Do you require TPN?
---	---------------------

No

Last amended by: Rosie White 14/06/2020 17:11:04

ID: 1078 Date of Birth: 22/08/2014

1

Do you suffer from nausea and/or vomiting?

Yes

1.1

What are your symptoms of nausea and/or vomiting, including frequency?

Can occasionally vomit due to Gastro-osophaeal reflux

1.2

What is your treatment for nausea and/or vomiting? (e.g. reduce feed rate, sit up in bed etc)

Omeprazole and Gaviscon daily.

1.3

Any additional information

2

Do you suffer from reflux?

Yes

2.1

Have you had a fundoplication or Bianchi procedure? Please give details

No.

2.2

What are your signs and symptoms of reflux?

Gwen can become upset and uncomfortable. 'Bubbly' sound with breathing. Mum reports this is a sign of reflux and aspiration. If reflux is bad try to bring omeprazole dose forward if clinically appropriate.

2.3

What action is required for episodes of reflux? (e.g. stopping feed, medication etc)

Ensure medication is given as prescribed and at an appropriate time for mealtimes. Gwen shouldn't skip meals as this can make her reflux worse, she can skip snacks if thought appropriate.

2.4

Any additional information

30/01/2023 @ 10:42

Last amended by: Cheryl Williams 10/10/2022 14:58:14

ID: 1078 Date of Birth: 22/08/2014

1

Do you need assistance with toileting? (e.g. wear pads/nappies, catheterisation, stoma, need hoisting onto the toiletetc)

Yes

1.1

Are you continent of urine?

Yes

1.2

Are you continent of faeces?

No

1.2.1

Do you have a stoma insitu?

No

1.3

How many times per day do you have your bowels opened? Please give details of consistency (e.g. normal, loose, hard etc)

Requires regular prompting and assistance to go to toilet. Can suffers from constipation but this has not been a recent issue.
Gwen usually has a bowel motion every day, but sometimes Gwen might not have a bowel motion for 2 days.
Please discuss with parents if any concerns.

Confirm last bowel open on admission 14/10/22

1.4

Do you need assistance to transfer on to the toilet (e.g. using a toilet chair, hoist with help of 2 etc). Please give as much detail as possible, including use of equipment, slings etc

Gwen is aware of when she needs to go to the toilet and is now dry day and night but may require extra prompting and assistance to go every 2-3 hours-
Gwen will attempt to wipe and clean herself, please support her to do this and ensure she is cleaned properly and remind her to wash her hands. Gwen can sometime have accidents particularly at night.

2

Do you suffer from constipation? Please give details

Yes.Gwen is prescribed once daily Movicol to help with constipation, usually passes a stool every 1-2 days. If concerned please contact parents.

3

Do you receive dialysis?

No

30/01/2023 @ 10:42

Last amended by: Cheryl Williams 20/12/2021 11:35:21

ID: 1078 Date of Birth: 22/08/2014

1

Are you at risk of cortisol deficiency?

No

2

Do you have diabetes, hyperglycaemia or hypoglycaemia?

No

3

Please upload any relevant documents if applicable.

This document must be downloaded on every shift

4

Please upload any relevant documents if applicable.

This document must be downloaded on every shift

5

Any additional information

Last amended by: Cheryl Williams 10/10/2022 15:06:05

ID: 1078 Date of Birth: 22/08/2014

1 Do you have brittle bones or are you at risk of fracture?

Yes

1.1 Please give information regarding your condition

Gwen's right leg is especially a fracture risk.
Had surgery May 2022 on leg - Is back fully mobile with no concerns.

1.2 What is your body size? (e.g. large, long medium, broad, scoliosed, stocky, thin etc)

Gwen is of medium -large body frame.

1.4 What is your muscle tone? (e.g. high tone, low tone, dystonic, combination etc)

Gwen has a combination of tone, mostly usual tone, but due to her disability can have low tone.

1.6 What is your level of balance? (e.g. full balance, sitting balance, no balance, sitting with support etc) Please give details

Gwen generally has full balance but she can fall easily.

1.8 What is your favoured positions for the day? (e.g. side lying, front, back etc) PLEASE ENSURE THAT REGULAR POSITION CHANGES OCCUR THROUGHOUT THE DAY

Finds comfortable position independently.

1.10 What is your level of mobility (walking)? (e.g. full mobility, limited, none etc) Please give details

Gwen is mobile and walks independently - please refer to 1.1.

1.12 Are you able to stand/transfer? (e.g. yes with no assistance, yes with some assistance, no, chair to bed, floor to chair etc) Please give details of method of transfer, level of assistance, number of carers needed etc

Please refer to 1.1

Gwen is able to stand, but requires support with transfer into bath with the hoist.

1.14 **Do you have head control?**

Yes.

1.16 **Do you use a sling?**

No

1.18 **Do you use any other transfer aids? (e.g. turn disc, banana board, blue slide sheet etc) Please detail the method of transfer including how many carers are required to assist**

No.

1.20 **Are you able to go in the pool?**

Yes

1.20.1 **Please provide details of pool use, including assistance required (e.g. max time in pool, number of carers, method of transfer etc)**

Gwen would require a 1;1 in the pool, At Claire House we always staff the pool sessions with a minimum of 1;1 in the pool and an additional 1 person at least at the side of the pool.

Cardiology given full go ahead for pool use with no risk -25/03/22

Consent given by parents via pre-visit survey 14/10/22 - however this needs to be assessed by clinical therapies as not been in CH pool since leg surgery May 22.

1.22 **Any additional information**

2 **Do you use a wheelchair or buggy?**

Yes

2.1 **Please provide details on make and size of wheelchair/buggy.**

Mojo wheelchair. Normally Gwen only uses wheelchair if tired, for transfers/trips out or if covering long distances as her gait becomes very unstable, therefore wheelchair support can be as appropriate

2.2

Please provide details of the tilt required

Tilt if asleep or tired.

2.3

Please give details on straps on wheelchair (e.g. lap strap, chest harness, hand/feet straps etc) Do all straps need to be secured when inside and outside? Please give details

Lap strap is required. Harness only if necessary.

2.4

Do you use a careflex chair?

Yes

2.4.1

Please provide details on what size chair, head support, cushion blocks etc. PLEASE ENSURE MAX TIME IS 2 HOURS AT A TIME IN CHAIR AND REGULAR POSITION CHANGES

Small red chair as requested by Gwen

2.5

Do you use a p-pod?

No

2.6

Do you use the Acheeva?

No

2.7

Do you use any other postural support kit? (e.g. tumbleform, goto, playpak etc)

No

3

Do you enjoy time on the floor?

Yes

3.4

Any additional information

4

Do you wear brace, splints or gaiters?

No

5

Do you become distressed when moving in space or being moved suddenly? (e.g. being rolled or hoisted etc)

No

6

Do you have a physio regime? (e.g. stretching etc)

No

7

Please upload any relevant documents if applicable.

This document must be downloaded on every shift

8

Please upload any relevant documentation

30/01/2023 @ 10:42

Last amended by: Cheryl Williams 10/10/2022 15:16:54

ID: 1078 Date of Birth: 22/08/2014

1

Do you/have you ever had a pressure sore?

No

1.2

Do you have any skin problems? (e.g. sensitive skin, eczema, skin infections etc) PLEASE DOCUMENT ABOUT SKIN INTEGRITY

Yes

1.2.2

Please provide details and treatment required

Gwen is prone to eczema. Apply correct cream after personal cares as per prescription chart.

1.4

Do you have any marks, bruises or areas of poor skin integrity on admission?
A BODY MAP MUST BE COMPLETED ON EVERY ADMISSION TO ESTABLISH A BASELINE FOR ANY FURTHER EVALUATION

Gwen has a scar on right leg, left knee due to surgery May 2022 and a star shaped birth mark on her back.

Document on admission 14/10/22

1.6

Do you prefer a bath, shower or have no preferences?

Gwen likes to have a bath everyday and prefers for her hair to be washed every other.

1.8

How do you transfer into the bath? (e.g. hoist with the help of 2, step with the help of 1, independent - please give details)

Hoisted into bath. Two people to support transport.

1.10

What equipment do you need for bathing/showering? (e.g. bath mat, bath chair, shower trolley, shower seat, bath in room 6 etc)

Use of bath mat

1.12

How often do you have a bath/shower and what is your preferred time of day for this?

Has bath every other night, straight after her tea and has hair washed every other night too. Gwen has a sensitive scalp.

1.14

When did you last have a bath/shower, and when is your next one due?

Confirm on admission 14/10/22

1.15

Do you dislike personal cares? (e.g. having hair brushed, washed, teeth done, water splashing on face etc). Please give details on how to minimise distress.

Gwen has a sensitive a scalp so be careful when washing her hair.

1.18

What toiletries do you use? (e.g. Johnson's etc)

Uses own toiletries. Dermol cream or hydromol after wash.

Has Aveno cream applied to scars as per prescription.

1.20

Do you like using the hair dryer and having your hair styled? Please give details

Happy for use of hairdryer. Gwen usually has her hair tied up throughout the day. N.B. Gwen only likes to use the hairdryer if she uses it herself, provide close supervision to maintain safety. At night time has hair out and loose for bed.

1.22

Do you require assistance to dress yourself and how many carers do you need?

Gwen likes to do things independently, but will need assistance for tricky clothing items

1.24

What is the best position/way to dress you? (e.g. lying on bed, right arm first etc)

As Gwen is sitting

1.26

What is your teeth cleaning regime? (e.g. how many times per day, palate, tongue, pineapple juice, suction etc)

Has her teeth done twice daily . Gwen brush her teeth first, then staff can get the bits she missed afterwards.

1.28

What is your lipcare routine?

1.30

Do you require eyecare? Please give details

Yes. Clean daily with cool boiled water. Gwen can sometimes get "gunky" eyes.

1.32

Have you started menstruating?

Yes

1.32.1

Are you due to menstruate this stay?

Yes. Gwen has panty liners is usually very light on her period and usually doesn't require pain relief
3/6/22- Gwen is under endocrinology / gynae and may have sporadic rather than regular bleeds

1.32.2

Do you have premenstrual signs and symptoms? Please provide details and any comfort measures (e.g. paracetamol)

Gwen does experience some discomfort and may require paracetamol.

1.34

Do you have a preference over male or female carers for personal cares?

No

1.36

Any additional information

Gwen can be prone to fungal nail infections - it is essential that her nails be kept clean, and monitor during stay. Consult with parents if concerned.
Gwen is under Endo/Gyne for consideration of a growth disorder due to starting her periods @ aged 7yrs in Oct 2021 - may have sporadic rather than regular bleeds

12. Sleeping & Bed

NHS number: 701 057 1422

30/01/2023 @ 10:42

Last amended by: Cheryl Williams 10/10/2022 15:18:53

ID: 1078 Date of Birth: 22/08/2014

1

Do you consent to being on CCTV monitoring overnight?

Yes

1.1

What type of bed and mattress is required? (e.g. eclipse, klearside, oska, medipro etc)

Eclipse Bed Medipro mattress

1.3

Do you require your cot sides to be up? PLEASE ENSURE THAT ALL BEDS HAVE PADDED COT SIDES INSITU

Yes

1.5

How many pillows do you require? Where are these placed?

1 pillow under her head

1.7

What do you wear in bed? (e.g. pyjama's, vest, socks etc)

Gwen can wear a mixture of PJ's or nighties for bed.

1.9

What covers do you require in bed? (e.g. sheet, blanket etc)

Blanket

1.11

What is your preferred sleeping position?

On her back, Gwen will reposition herself around the bed throughout the night for comfort.

1.13

Do you require a position change overnight? How frequently? Please give details of any positions to avoid.

No

1.15

Does your pad/nappy need changing overnight?

No. Please check sheets in case of incontinence overnight.

1.17

Do you have difficulty sleeping? What care is required if you wake in the night? (e.g. comfort, dvd, minimal interaction etc)

Gwen can be wakeful overnight and cry out in her sleep occasionally, she must be settled quickly to avoid her waking fully. Reassure her by holding or stroking her hand, do not stroke her head or face

1.19 **What is your average bedtime and wake up time? Is there a certain time that you need to be awake for each day?**

Gwen goes to bed 20:00 average wake up time is around 7-8am.

1.21 **Do you have a bedtime routine? Please give details (e.g. story, sensory lights, dvd, music etc)**

Gwen brushes her teeth, has a bed time programme (Sean the sheep 1-2 episodes), bed time story, hugs and lights of.

1.23 **How do you have the door at night? (e.g. open, shut or ajar)**

Has the door ajar

1.25 **How do you have the lights at night? (e.g. off, on, dimmed etc)**

Has the lights dimmed

1.27 **Do you have a bedtime comforter? Please give details**

No comforter

1.29 **Do you frequently have naps in the daytime? Please give details, frequency, length of naps etc**

Gwen no longer has naps but if she does fall asleep in the day then that is fine.

1.31 **Do you use any transfer aids in bed? (e.g. wendylett slide sheets etc)**

No

2 **Do you have a sleep system?**

No

3 **Please upload picture of sleep system if applicable.**
This document must be downloaded on every shift

Gwen is able to move herself around freely in bed. She is able to get out of bed independently. Please ensure that Gwen's bed is lowered to the ground to its lowest setting, and that the foot end of the cot sides is lowered, to enable Gwen to get out of the bed safely overnight if she wishes to.

Last amended by: Cheryl Williams 10/10/2022 15:35:57

ID: 1078 Date of Birth: 22/08/2014

1

Do you consent to going on outings outside of Claire House? PLEASE ENSURE CONSENT FORM HAS BEEN SIGNED

Yes

1.1

Where do you like to visit/go? Do you have any restrictions?

consent given via pre-visit survey 14/10/22 for both indoor and outdoor trips - please take wheelchair on outdoor trips incase Gwen gets tired.

1.2

What level of assistance do you require for travel? (e.g. wheelchair in minibus, car seat, how many carers required, how do you transfer etc)

Gwen has her Mojo wheelchair.

1.3

What are you favourite films and tv programmes?

Toy story, Trolls, Shrek, Sing, Moana and Tangled.

Gwen will tell you what she wants to watch

Gwen's I Pad code is: 8198.

New favourite film is encanto!!

Teen beach & teen beach 2 (Disney channel)

1.5

Do you enjoy listening to music? What music do you enjoy? (e.g. band name, classical etc)

Gwen will let you know what she likes.

1.7

What is your favourite sport? Do you support any teams?

Rugby team - Ulster & Ireland

1.9

Do you like stories or books? If so what stories?

Gwen loves books and being read to. Enjoys all books that are age appropriate

1.11

What type of toys and/or games do you enjoy? (e.g. cuddly toys, dinosaurs, playstation, fifa, scrabble etc)

Cornflour Cooking Fabric Painting Gluing Clay modelling Glitter Playdough Sensory Stories Painting Water play Sand play Messy play

1.13

Do you enjoy massage? Please give details of any products which cannot be used

consent given for this stay 14/10/22 as per pre visit survey.

1.15

Do you use a dominant hand?

To be confirmed

1.17

Do you like human interaction?

Yes

1.19

Do you enjoy using the light room? (e.g. rhino, sensory lighting etc)

Yes

1.21

Do you dislike loud or unexpected noises? Do you struggle in loud, busy environments? Please give details including how to minimise distress

to be confirmed

1.23

What type of textures do you like and dislike?

To be confirmed

1.25

Is touch through vibration beneficial?

To be confirmed

1.27

How do you like to communicate? (e.g. Makaton, eyegaze, switch toys, visual cards etc)

Verbal does sometimes use makaton.

1.29

Do you like using a tablet or iPad? If you have brought your own are there any special instructions on how to use it, passcode etc

Gwen does not enjoy: Too much screen time – I pad, T.V etc. Tablet Code: 8198

1.31

Do you like to go outside? (e.g. in the garden etc) Do you require assistance or supervision (e.g. how many carers, assistance to use outdoor mobility playground etc)

Yes - supervision of 1 person

1.33

Any additional information

30/01/2023 @ 10:42

Last amended by: Cheryl Williams 20/12/2021 11:43:26

ID: 1078 Date of Birth: 22/08/2014

1	Are you showing signs of expressing sexuality?
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No

Last amended by: Cheryl Williams 10/10/2022 15:20:50

ID: 1078 Date of Birth: 22/08/2014

1

Do you have a particular faith, spiritual or cultural group that you follow?

Yes

1.1

Please give details and information on how Claire House can help support you

Church of England. Attends church every Sunday, but not necessary while staying at Claire House

2

Who do you live with?

Mum – Cora Dad – Adam Brother – Isaac who has ADHD/ASD

3

Who is important to you?

Family and her nanny (carer not gran) Katie.

4

Do you attend nursery, school or college?

Yes

4.1

What is the name and address of your nursery, school or college?

St Nicholas C of E School, Nicholas Road

4.2

What is the name of your teacher/key contact at your school? Please give name, phone number and do we have permission to contact them?

teachers are Mrs Hamm / Mrs Nell, 1:1 is Miss Duthie

4.3

Will you be attending school whilst resident at Claire House this stay?

No

5

Do you have a care package at home?

No

5.3

Does anyone else help support you or your family? (e.g. family members, friends etc)

To be confirmed

6

Any additional information

16. Safeguarding Assessment

NHS number: 701 057 1422

30/01/2023 @ 10:42

Last amended by:

ID: 1078 Date of Birth: 22/08/2014

1

Key Professionals:

Please list all contact details for any key professional involved in safeguarding case. (e.g. Social Worker, Social Worker Manager, on call number, duty number, other relevant professionals etc)

2

Parental Responsibility:

Please list who has parental responsibility. (e.g. mum, both parents, shared with Local Authority, Looked after Child etc).

3

Family dynamics/make up:

Please list any relevant information. (e.g. who lives in the home, has a home risk assessment been completed, are there any family members who we need to be aware of?)

4

Safeguarding Plan:

Is the child or young person on a Child Protection Plan or Child in Need Plan or Child Looked After? If so, what are they on the plan for? (e.g. physical, emotional or sexual abuse, neglect, fabricated or induced illness or serious incident etc)

5

Guidelines or monitoring requirements:

Are there any specific guidelines or monitoring requirements? (e.g. bruises, sleeping patterns, attachment issues, hygiene, equipment or medication etc)