

NSW GMCT Transition Care for young people with chronic illness/disability

Transition from paediatric to adult care in chronic disease - Pre-admission Planning

*Lif O'Connor
GMCT Transition Coordinator*



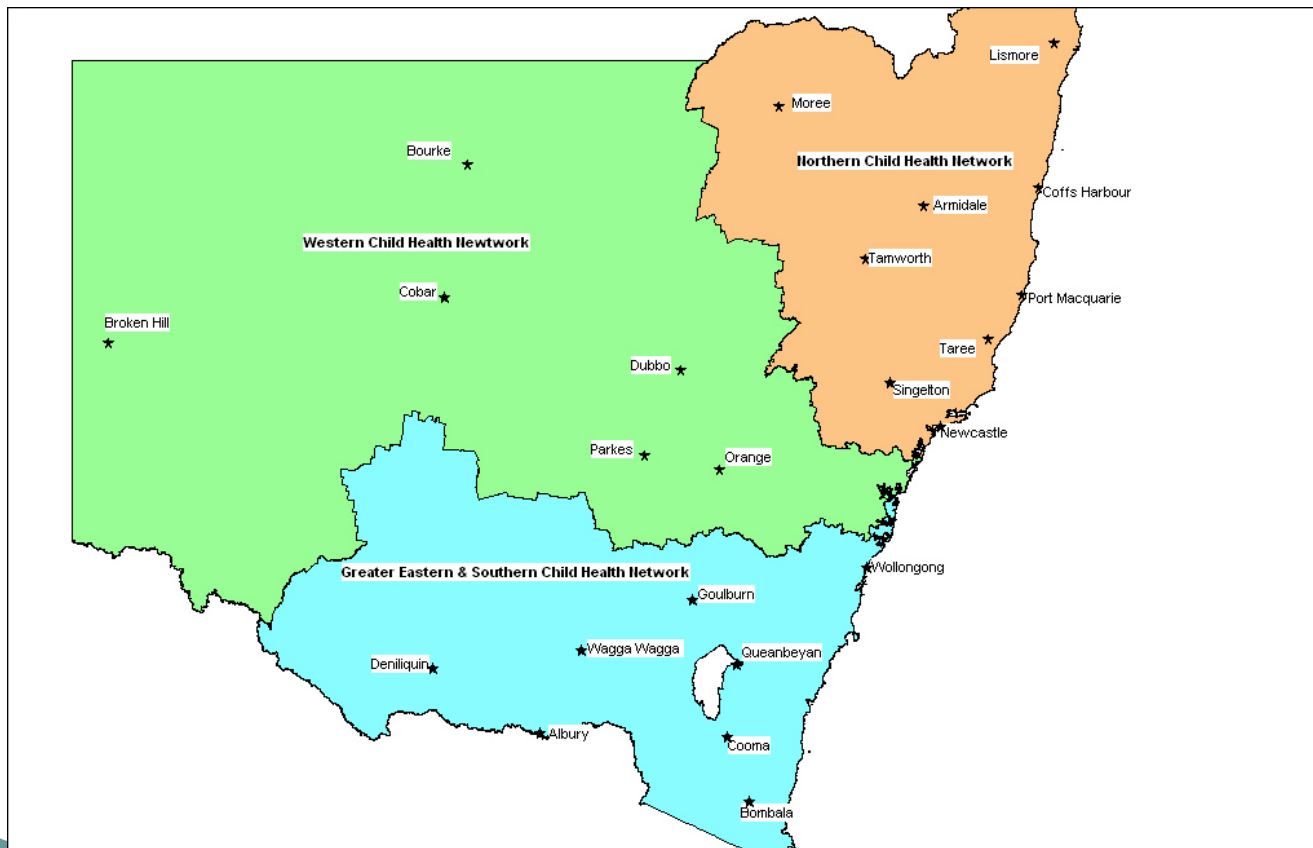


Northern Child
Health Network
NSW HEALTH

NORTH COAST
AREA HEALTH SERVICE
NSW HEALTH

HUNTER NEW ENGLAND
NSW HEALTH

NSW Child Health Networks



Prince of Wales Hospital NSW



Tertiary referral center - 440 beds

Co-located with:

- Sydney Children's Hospital
- Royal Hospital for Women
- Prince of Wales Private Hospital

Initiatives

- Research Project
- Transition Care Working Group
- Adolescent Case Load
- Elective Admission Waiting List
- Youth Care Plan
- Adolescent Information Brochure
- Transition Care Practice Guidelines
- Pre-admission Medical Care Plan

Pre-admission Medical Care Plan

Prince of Wales Hospital Youth and Adolescent (Aged 16:24 years) Pre-admission Medical Management Plan		Patient label			
Name of parent/ main carer/Guardian:					
Contact numbers:		Home: _____	Mobile: _____		
Reason for admission:					
Primary Diagnosis:					
Relevant Co-morbidities:					
Procedures requiring General Anaesthetic (GA) or Sedation:	Catheterisation	GA	<input type="checkbox"/>	Sedation	<input type="checkbox"/>
	Intra Venous Access	GA	<input type="checkbox"/>	Sedation	<input type="checkbox"/>
	Removal of drains/IV/ catheters etc	GA	<input type="checkbox"/>	Sedation	<input type="checkbox"/>
	Dressings	GA	<input type="checkbox"/>	Sedation	<input type="checkbox"/>
Activities of daily living requiring assistance from parent/ main carer/ guardian:	Feeding	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Washing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Catheterisation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Administration of medications	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Who is required to sign consent form?		Relationship to patient: (please state)			
Parent/ main carer/ Guardian required to stay:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Liaise with Parent/ main carer/ Guardian for meal breaks/rest periods:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Preferred Ward Placement:	(Please specify)	
Admitting Medical Officer (AMO):	Print name:	Person Responsible: (Parent/ main carer/ guardian): Print name
Signature:		
If AMO unavailable- Specify alternative medical officer:	Print name:	Signature:
Contact number/Pager:		



Contact Details

Lif O'Connor

Transition Coordinator

02 9515 6382

0425 232 128

Lif.oconnor@email.cs.nsw.gov.au

www.health.nsw.gov.au/gmct/transition



Pre-admission Medical Care Plan

Prince of Wales Hospital Youth and Adolescent (Aged 16:24 years) Pre-admission Medical Management Plan		Patient label			
Name of parent/ main carer/Guardian:					
Contact numbers:		Home: _____	Mobile: _____		
Reason for admission:					
Primary Diagnosis:					
Relevant Co-morbidities:					
Procedures requiring General Anaesthetic (GA) or Sedation:	Catheterisation	GA	<input type="checkbox"/>	Sedation	<input type="checkbox"/>
	Intra Venous Access	GA	<input type="checkbox"/>	Sedation	<input type="checkbox"/>
	Removal of drains/IV/ catheters etc	GA	<input type="checkbox"/>	Sedation	<input type="checkbox"/>
	Dressings	GA	<input type="checkbox"/>	Sedation	<input type="checkbox"/>

Pre-admission Medical Care Plan

Activities of daily living requiring assistance from parent/ main carer/ guardian:	Feeding	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Washing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Catheterisation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Administration of medications	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Who is required to sign consent form?		Relationship to patient: (please state)			
Parent/ main carer/ Guardian required to stay:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Liaise with Parent/ main carer/ Guardian for meal breaks/rest periods:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Preferred Ward Placement:	(Please specify)	
Admitting Medical Officer (AMO):	Print name:	Person Responsible: (Parent/ main carer/ guardian):
Signature:		Print name
If AMO unavailable- Specify alternative medical officer:	Print name:	Signature:
Contact number/Pager:		

