

**Neonatal Palliative Care Plan**

|                                  |  |
|----------------------------------|--|
| <b>Baby's name / DOB</b>         |  |
| <b>Mother's name / DOB</b>       |  |
| <b>Father's / partner's name</b> |  |
| <b>Address</b>                   |  |
| <b>Contact numbers</b>           |  |
| <b>Mother's NHS number</b>       |  |
| <b>Baby's NHS number</b>         |  |

|  | <b>Name</b> | <b>Contact number</b> |
|--|-------------|-----------------------|
| <b>Named Consultant</b>  |             |                       |
| <b>Fetal Medicine Consultant</b>   |             |                       |
| <b>Neonatal Consultant</b>   |             |                       |
| <b>Community Midwife</b>   |             |                       |
| <b>GP</b>  |             |                       |
| <b>Hospital midwives</b><br><b>Fetal Medicine MW</b><br><b>Bereavement Midwife</b> |             |                       |
| <b>Health Visitor (if known)</b>   |             |                       |
| <b>Hospice Nurse</b>   |             |                       |
| <b>Hospice Doctor</b>  |             |                       |
| <b>Other specialist (e.g. clinical genetics, neurology, cardiology, renal etc)</b> |             |                       |

**BACKGROUND**

**Diagnosis/reason for the care plan:**

**ANTENATAL DISCUSSIONS—TO INCLUDE CARE IN LABOUR**

**Fetal monitoring required**

**Pool birth optional**

**Appropriateness for assisted birth/CS**

**Planned attendees for birth**

**Investigations needed at birth**

**Resuscitation at birth**

**Care of baby**

Airway / Breathing supportive measures to use (O<sub>2</sub>; suction; NG tube)

Thermal Care

Feeding Plan

Pain Relief

NIPE and Vitamin K

Cultural / Religious needs

Transport options

Identify Palliative Care Team involved

**Postnatal choices**

In Hospital

At home

At Hospice

Identify professional to 'certify death'

Explore parents' wishes regarding (non-invasive) post-mortem and/or organ donation

**NOTES**