

# **CORE CARE PLANS**

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<b>Child's Core Care Plan</b> <b>Public Health Antenatal Visit</b> <b>36-38 weeks</b>	<b>Mothers name</b>  <b>DOB</b>  <b>CHI</b> <b>(or use label)</b>
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Date	Activity	Comment	Signature
	<b>Discuss -</b>		
	<b>Pregnancy history</b>		
	<b>Family support</b>		
	<b>Preparation for baby</b>		
	<b>Previous parenting experiences</b>		
	<b>Record Smokers in Household</b>		
	<b>Consent &amp; information sharing</b>		
	<b>Role of Public Health Team</b>		



<b>Child's Core Care Plan</b> <b>New Birth Visit 10-14 days</b>	Child's name
	DOB
	CHI (or use label)

Date	Activity	Comment		Signature
	Neonatal hearing screening completed YES                      NO	1 <sup>st</sup> visit CHS Form completed YES                      NO	Parent Child Record (red book) given YES                      NO	
	Weigh (naked weight)			
	Parental Concerns about the child			
	Health Promotion -			
	Child's Development			
	Feeding			
	Nutrition			
	Elimination – bowels bladder			
	Umbilical care			

Date	Activity	Comment	Signature
	<b>Skin care</b>		
	<b>Eye care</b>		
	<b>SIDS</b>		
	<b>Sleeping</b>		
	<b>Crying</b>		
	<b>Oral Health</b>		
	<b>Positive Parenting</b>		
	<b>Immunisation Programme</b>		
	<b>BCG status</b>		
	<b>Discuss information leaflets as per NHS Highland Information trail</b>		
	<b>Other Activity</b>		

To continue use 'Other Activity' Continuation Sheet

<b>Child's Core Care Plan</b>  <b>14 day to 6-8 weeks</b>  page 1 of 3	<b>Child's name</b>  <b>DOB</b>  <b>CHI</b> (or use label)
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Date	Activity	Comment	Signature
	<b>Weigh and plot on centile chart</b>		
	<b>Length</b> (at six weeks)		
	<b>Head circumference</b> (6 wks)		
	<b>Blood spot result</b>		
	<b>Immunisation BCG considered/been done</b> (for targeted population)		
	<b>Feeding Method</b>		
	<b>Record smokers in household</b>		
	<b>Consider concerns (coded)</b>		
	<b>Feeding</b>		
	<b>Illness</b>		
	<b>General appearance/features</b>		

Date	Activity	Comment	Signature
	<b>Behaviour/crying</b>		
	<b>Weight gain / growth</b>		
	<b>Hearing</b>		
	<b>Eyes</b>		
	<b>Skin</b>		
	<b>Movement / muscle tone</b>		
	<b>Sleeping</b>		
	<b>Elimination Bowels / bladder</b>		
	<b>Gross Motor (at six weeks) Pull to sit  Ventral suspension</b>		
	<b>Handling</b>		

<b>Child's Core Care Plan</b>  <b>14 day to 6-8 weeks (continues)</b>  page 3 of 3	Child's name  DOB  CHI (or use label)
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Date	Activity	Comment	Signature	
	<b>Hearing &amp; communication</b>			
		<b>Response to sudden sound</b>		
		<b>Response to unseen mothers voice</b>		
	<b>Vision</b>			
		<b>Intent regard mothers face</b>		
		<b>Follow angling object past midline</b>		
	<b>Social smile</b>			
	<b>Invite to well baby clinic, community based event, parent support groups</b>			
	<b>Give to parents and discuss leaflets as per NHS Highland Information trail</b>			
	<b>Other Activity</b>			
	<b>Summarize 6-8 week assessment using SHANARI form</b> <b>Consider using My World Assessment</b>			
	<b>Determine Health Plan Indicator</b> (use HPI criteria – see policy on CHS form)			

Continue on Other Activity Form if required

<b>Child's Core Care Plan</b>  <b>3 months and 4 months</b>	<b>Child's name</b>
	<b>DOB</b>
	<b>CHI</b> <b>(or use label)</b>

Date	Activity	Comment	Signature
	<b>Weigh (naked weight)</b>		
	<b>Immunisation as per SIGN Guidelines, discuss schedule</b>		
	<b>Parental Concerns</b>		
	<b>Health Promotion - discuss</b>		
	<b>Development</b>		
	<b>Nutrition, weaning information</b>		
	<b>Oral Health tooth brushing initiative</b>		
	<b>Elimination Bowel/bladder</b>		

Date	Activity	Comment	Signature
	<b>Safety</b>		
	<b>Parenting Skills/Play</b>		
	<b>Promote Bookstart</b>		
	<b>Smoking</b>		
	<b>Support networks and services</b>		
	<b>Provide and discuss information leaflets as per NHS Highland Information Trail</b>		
	<b>Other Activity</b>		

Continue on Other Activity Form if Required





<b>Child's Core Care Plan</b>  3-5 years	<b>Child's Name</b>
	<b>DOB</b>
	<b>CHI</b> (or use label)

Date	Activity	Comment	Signature
	<b>Weigh &amp; Height</b>		
	<b>Immunisation as per SIGN Guidelines.</b>		
	<b>Parental Concerns</b>		
	<b>Health Promotion – discuss Development</b>		
	<b>Nutrition</b>		
	<b>Oral Health</b>		
	<b>Elimination Bowels/bladder</b>		

Date	Activity	Comment	Signature
	<b>Sleep Hygiene</b>		
	<b>Safety</b>		
	<b>Positive Parenting skills/Play</b>		
	<b>Supporting networks and services</b>		
	<b>Provide and discuss information leaflets as per NHS Highland Information Trail</b>		
	<b>Other Activity</b>		

Continue on Other Activity Form if Required

<b>Child's Core Care Plan</b>  <b>Entry into School P1 to School Leaving</b>	<b>Child's Name</b>
	<b>DOB</b>
	<b>CHI</b> (or use label)

Is there any part of the preschool health care programme for the child outstanding? (P1 only)	<b>YES</b>	<b>NO</b>			
Has the Health Visitor raised any concerns about the child at handover (P1 only)	<b>YES</b>	<b>NO</b>			
Is there any part of the school health care programme for the child outstanding?	<b>YES</b>	<b>NO</b>			
Are there any physical development or emotional problems that are not receiving intervention?	<b>YES</b>	<b>NO</b>			
Have parents requested to speak with you about the child	<b>YES</b>	<b>NO</b>			
<b>Hearing sweep test Date</b>	<b>Right</b>	<b>Left</b>	<b>Vision Screening (unless undertaken preschool)</b>	<b>Right</b>	<b>Left</b>

<b>Date</b>	<b>Activity</b>	<b>Comment</b>	<b>Signature</b>
	<b>Primary 1:</b>		
	<b>Height</b>		
	<b>Weight</b>		
	<b>BMI</b> (for public health monitoring)		
	<b>Ensure access to primary health and dental care</b>		
	<b>BCG Status</b>		
	<b>Primary 7:</b>		
	<b>Identify any transitional issues and identify support networks</b>		
	<b>Secondary School:</b>		
	<b>Introduction contact</b>		
	<b>Identify of child request service</b>		

Date	Activity	Comment	Signature
	<b>Immunisations 13-18 years Td/IPV and HPV (girls only)</b>		
	<b>Health Promotion</b>	<b>Public Health Nurses contribute to multi-agency delivery of health promotion within school by a skill mix team</b>	
	<b>Primary 1:</b>		
	<ul style="list-style-type: none"> <li>• Dentist registration and attendance</li> <li>• Twice daily supervised brushing</li> </ul>		
	<b>Head lice information pack</b>		
	<b>Primary 7 &amp; Secondary School:</b>		
	<b>Smoking and substance misuse,</b>		
	<b>Nutrition</b>		
	<b>Physical Activity</b>		
	<b>Sexual health</b>		
	<b>Personal Safety</b>		
	<b>Mental Health and Wellbeing</b>		

Continue on Other Activity Form if Required







