# Children with complex physical health needs

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| --- | --- |
| Full name |  |
| Date of birth |  |
| NHS Number (if known) |  |

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| What clinical nursing intervention does the CYP require support with? |  |
| Does the CYP require any equipment to support their clinical nursing need? |  |
| If there a specific date that the care needs to be delivered? *(Please supply copies of any care plans, treatment protocols or patient information provided)* |  |
| How long is the clinical intervention expected to be needed for? |  |
| What training have care givers received in order to support CYP needs *(Please supply copy of any competencies*  *that have been completed)?* |  |
| Is there any plan for follow up by the referring centre or clinician? |  |
| If there is no specific clinical intervention identified what do you need the Community Children’s Nursing Team to support with? |  |