SAMPLE



Carer Symptom Management Plan

Child's Name		
Weight	Age	Date of Birth
ID Numbers (Medicare/hospital)		
Key Contact (Who to call 24/7):	Name	Phone No
Allergies		Diagnosis (if known) or main illness

Regular Medications

Symptom	Symptom Management (e.g. medication)			
eg. Pain	Regular medicine for mild pain: For stronger pain:			

Continued over page

Symptom	Symptom Management (e.g. medication)				

Additional Notes		

Written by _____