

Risk Assessment/ Decision Supporting Tool for PCA/PPCA

- Filled out by CCNs or other Key worker with appropriate knowledge of family and services.
- Faxed to GOSH Palliative Care team on **020 7829 7983**
- Original to be kept by the CCN team

Name of child	
Date of Birth	
Address	
Hospital Number (GOS)	
NHS Number	
Diagnosis	

This assessment is to be undertaken by a registered children's nurse or doctor, and forms part of the process for selecting children and young people who may benefit from PCA /PPCA in paediatric palliative care.

1.	Does the child /young person understand PCA and would they be able to use the device?
2.	Are the parents/ carers able to support and supervise the child/young person's use of PCA/PPCA?
3.	Can the parents/carers read instructions in English? If the answer is no, what measures can be put in place to support this process?
4.	Do parents/carers have any disabilities themselves which need to be taken into consideration? If the answer is yes, please state measure required to support this process.

RISK ASSESSMENT

Name:
Date of Birth:
Hospital Number:
Address:

5.	Are there any known safeguarding concerns, including drug abuse, alcohol abuse, domestic violence or other?
6.	If this child/young person is to receive PCA/PPCA in the community setting, what nursing/medical services are available to support this process 24/7?
7.	Does the child/young person live in a location which is accessible for the GOSH PC team to be able to visit if required? If the answer is no, please identify any potential resources that can be utilised to ensure inclusion.
8.	Are there any reasons following this assessment that may exclude this child/young person from inclusion into using PCA/PPCA at present? If so, please state rationale.

Date _____

Signature _____

Print Name _____

Designation _____

- Please send completed form to the GOSH PC Team – fax: 020 7829 7983