		Emotional:
	b.	Parent/family description of:
	i.	The effects of condition/illness on their way of life
	ii.	Their understanding of health and treatment for their child
	iii.	Their involvement in /attitude towards treatment
	iv.	Their health goals and services expected.
5.		ealth Care System Factors:
	a.	Current medical diagnoses:
		Admission date:
	C.	Summary of current medical condition:
	d.	Medical plan of care and treatment / surgery and date of surgery:
	e.	Medical orders for this admission:

f. Consultations or referrals specifying plan of care and treatment by other professionals:

6.	Socio-cultural Orientation a. Languages: Spoken &/or understood by family
	 Religious and/or cultural factors to be considered during hospitalisation or in discharge plans
	c. Level of education or pæl^} o q[&&`] æ [}:(as applicable)
7.	Family System Factors a. Genogram with a complete legend (Please take the space necessary)
	b. Significant others:
	c. Principle concerns of the family:
8.	Patterns of Living: a. Present and/or past occupation(s) of child & family: Demands of work or daily life:
	c. Resources: Economic:
	Social/community:
	Medical/health:
	Time available for self-care:
	d. Life experiences (past medical history; previous illness; hospitalisations)
	d. Family &/or Individual Coping methods:

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PERTINENT

NURSING CARE PLAN: DIAGNOSIS & PRESCRIPTION

ACTION DEMAND SELF-CARE AGENCY (æ•^••] ææð æ ææð æ ææð æ ææð e each of the general methods. Place a * beside any power component in which patient has limitations to perform any of the general methods. Please note these may apply to the Parents when the child is very young. Particularized self-care requisite: 1. Attention span for each of the gms 2. Physical energy for each of the gms

General methods (gms)

3. Control of the body position for each of the gms

NURSING CARE PLAN: EVALUATION