# Appendix 4

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| **INITIAL CARE PLAN AND RISK OVERVIEW FOLLOWING ASSESSMENT OF A CHILD / YOUNG PERSON ON AN ACUTE HOSPITAL WARD** | | |
| **NAME OF CHILD:** | **DOB:** | **NHS No:** |
| **Assessing Clinician:** | **Date:**  **Signature :** | **Care Coordinator if known to service:** |
| **Identified Needs** | **Interventions Required** | **By whom and timescale / frequency** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **Describe any observation required and for what purpose** | **Describe how this should be undertaken ( e.g. frequency , proximity)** | **By whom : ( e.g. role of parents / carers for child’s safety )** |
|  |  |  |
| **Care regime and consent discussed with:** | **Name :** | **Summary:** |
| **Crisis Card / Information Given** | **Yes :** | **No:** |
| **Discussed with Trust Safeguarding team/DOLS team re Deprivation of Liberty (if young person 16-17)?** | **Yes :** | **No:** |
| **Is a Safeguarding referral required?** | **Yes:** | **No:** |
| **Who has agreed to undertake this?** | **Name :** | **Role:** |

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| **Risk Overview :** what may happen a description the potential situation , the triggers early warning signs and relapse indicators | |
| **What may happen**: | |
| **Triggers:** | |
| **Indicators :** | |
| **Actions to be taken** | **By whom and timescale / frequency** |
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