

SPECIAL CARE PLAN FOR A CHILD WITH BEHAVIOR PROBLEMS

This sheet is intended to be used by health care providers and other professionals to formulate a plan of care for children with severe behavior problems that parents and child care providers can agree upon and follow consistently.

Part A: To be completed by parent/custodian.

Child's name: _____ Date of birth: _____
Parent name(s): _____
Parent emergency numbers: _____
Child care facility/school name: _____ Phone: _____
Health care provider's name: _____ Phone: _____
Other specialist's name/title: _____ Phone: _____

Part B: To be completed by health care provider, pediatric psychiatrist, child psychologist, or other specialist.

1. Identify/describe behavior problem: _____
2. Possible causes/purposes for this type of behavior: (Circle all that apply.)

medical condition _____ (specify)	tension release
attention-getting mechanism	developmental disorder
gain access to restricted items/activities	neurochemical imbalance
escape performance of task	frustration
psychiatric disorder _____ (specify)	poor self-regulation skills
	other: _____
3. Accommodations needed by this child: _____

4. List any precipitating factors known to trigger behavior: _____

5. How should caregiver react when behavior begins? (Circle all that apply.)

ignore behavior	physical guidance (including hand-over-hand)
avoid eye contact/conversation	model behavior
request desired behavior	use diversion/distraction
use helmet*	use substitution
use pillow or other device to block self-injurious behavior (SIB)*	
other: _____	

*directions for use described by health professional in Part D.

S. Bradley, JD, RN, C - PA Chapter American Academy of Pediatrics
reviewed by J. Hampel, PhD and R. Zager, MD
April, 1997

6. List any special equipment this child needs: _____

7. List any medications this child receives:

Name of medication: _____	Name of medication: _____
Dose: _____	Dose: _____
When to use: _____	When to use: _____
Side effects: _____	Side effects: _____
_____	_____
Special instructions: _____	Special instructions: _____
_____	_____

8. Training staff need to care for this child: _____

9. List any other instructions for caregivers: _____

Part C: Signatures

Date to review/update this plan: _____

Health care provider's signature: _____	Date: _____
Other specialist's signature: _____	Date: _____
Parent signature(s): _____	Date: _____
_____	Date: _____
Child care/school director: _____	Date: _____
Primary caregiver signature: _____	Date: _____

Part D: To be completed by health care provider, pediatric psychiatrist, child psychologist, or other specialist.

Directions for use of helmet, pillow, or other behavior protocol: _____

S. Bradley, JD, RN, C - PA Chapter American Academy of Pediatrics
reviewed by J. Hampel, PhD and R. Zager, MD
April, 1997