



Very Special Kids

Daily Care Routine (DCR)

GOLDCARE NUMBER ( CLIENT ID)	
GIVEN NAME	
FAMILY NAME	
DATE OF BIRTH	SEX

Please answer the following prompt questions:	Previous Daily Care Routine (transcribed from previous visit to VSK, if applicable)	Current Daily Care Routine (please write or type your child's current routine in this column)
Recent Health Update (e.g. surgery, infections)		
Nursing & Physiotherapy management (e.g. oxygen, suction, chest physio)		
Normal temperature		
Pulse rate		
Oxygen Saturation		
Respiration rate		
How does your child communicate with you? (e.g. expressions, blinks, signs, cries, stares, special words)		
Mobility & Lifting needs: (e.g. walking, crawling, weight bearing, hoist, log roll)		
Fall score		
Daily routine (e.g. waking time, kindergarten, school, preferred positions, outside/inside, instructions)		

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Things your child likes (e.g. favourite music, videos, outings, games, activities)		
Things your child hates to do		
Bath time routine (e.g. bath/shower, morning/night)		
Sleeping routine (e.g. daytime nap, usual bedtime, lights on/off, bedding, turns overnight)		
Continance instructions (e.g. nappies, commode, toilet)		
Bowel management (e.g. normal pattern, date of last bowel action)		
Skin Injuries (e.g. bruises, redness, sores, wounds)		
Pressure score		
Special instructions (e.g. special equipment with instructions for use)		
Any other issues we need to know that is not covered above e.g. <b>Religious/Cultural beliefs (if any)</b>		

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For feeding routine, including dietary requirements, please complete the separate **Feeding and Food Chart** Form 4.

Date and time of last bowel action: \_\_\_ am/pm \_\_\_/\_\_\_/\_\_\_

Family member Signature	Date:
Staff Signature	Date:
Designation	