Baseline Data



Normal Vital Signs	Norma	I Vita	l Sian	s
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Pulse rate	Site best taken
BP	Site best taken
Temp	Site best taken
Resp rate/minute	
Skin color	
Best blood draw site	
	al)

Systems	ОК	Problem	Comments/Description
CNS/Sensory			
Heart/Blood (include recent blood counts)			
Gastrointestinal			
Respiratory (describe breath sounds)			
Gentourinary			
Muscoskeletal			
Baseline Xray findings			
Developmental			
Other:			
·			

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Normal Status

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Areas to Check	Normal Status is	N/A
Rash		
Drainage		
Nose		
Eyes		
Ears		
Fontanels		
Seizure activity		
Verbal skills		
Activity level		
Vent dependent/trach/C-pap		
Motor skills		
Upper body extremities		
Lower body extremities		
Stool		
Urine		
Feeding behaviors/Source		
Ostomy sites		
Behavior/attitude		
Sleeping patterns		
Blood sugars		
Communication		
Other:		

Child's Name

Date Last Revised:

Date of Birth



Food/Drug/Other	Reaction	What To Do (Give EpiPen®, Meds, Call 911, etc.)	Date Noted

pediatric palliative care coalition°	Child's Name	Date of Birth
	Date Last Revised:	

All About Me



My Name	I like to do these things in my free time
Family member names (first name/last name/relationship)	I usually go to bed at
Tarrily member harres (instrumentast harres relationship)	Before bed, I usually
	Bololo Bod, Faddally
	Things I need help with (i.e. brushing teeth, washing, dressing, etc.)
	Things Theed help with (i.e. bidshing teeth, washing, dressing, etc.)
Close friends, babysitters, neighbors (first name/last name/relationship)	
Close mends, babysitters, neignbors (first name/last name/relationship)	
	
	Things I can do myself
Pets (Type/Name)	
Favorite Foods	Other
Least Favorite Foods	
Favorite Songs/Music	
Favorite Toys/Games	
Favorite Hobbies/Other Things	
Favorite TV Shows/Computer Games	
Favorite Friends	
Favorite People	
pediatric palliative care coalition °	Child's Name

Date Last Revised:

Preferences



	Notes
Communication	
Can she/he be understood by others?	
Preferred language/methods of communication:	
□ Talk □ Sign □ TTY □ Picture board □ Computer keyboard □ Gesture/facial	
☐ Other	
Are there specific words/gestures that have special meaning?	
Name of interpreter if required:	
Is your child deaf/hearing impaired?	
Is your child legally blind/visually impaired?	
Child's Ethnicity	
Family's preferred language:	
Family's religious beliefs/customs that may affect treatment:	

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Child's Name

Date of Birth

Personal Care and Hygiene



Other helpful information (i.e. shoe and clothing size, menstrual cycle, etc.)

Independent

Things that I can do independently (i.e. brushing teeth)

Assistance

Things that I need assistance with

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Child's Name

Date of Birth

Date Last Revised: