



Learning objectives

This list identifies the goals for the **minimum skills and knowledge** required to perform the care appropriate to your child. You and the healthcare team may use it as a guide and checklist for learning.

Instructions: When the learning is satisfactory to the nurse and to the parent, both will write their initials in the table and put their name and signature at the end where indicated.

The family/caregiver (and child, if appropriate) know:	Date	Initials Nurse	Initials Parent
advice on the activities of daily living (clothing, nutrition, hydration, bathing, sleep, activities and transportation)			
methods and equipment required for intravenous antibiotic therapy at home			
indications and frequency of monitoring of the catheter site and catheter irrigation			
all steps of monitoring the catheter site			
all steps of catheter irrigation			
the operation of the pump used for the child			
all steps of intravenous antibiotic administration			
potential problems and recommended solutions			
reasons for consulting the healthcare team			
Comments:			

The child and family/caregiver <u>safely</u> and <u>competently</u> master:	Date	Initials Nurse	Initials Parent
hand washing technique			
all steps of monitoring the catheter site			
all steps of catheter irrigation			
all steps of the intravenous antibiotic procedure			
the operation of the pump used for the child			
Comments:			



The child and family/caregiver take into consideration :	Date	Initials Nurse	Initials Parent
the preparation of the child, the parent/caregiver and the environment before beginning the care			
the pediatric approach for the required care			
the degree of the child's autonomy in participating in the treatment			
the need to readjust the treatment as necessary			
the support necessary to the child before, during and after the treatment			
Comments:			

The child and family/caregiver have received and understand the following information:	Date	Initials Nurse	Initials Parent
contact details of the specialized pharmacy for the preparation and delivery of medication, saline and locking solution syringes and all the equipment			
resources available for them			
the date and place for the next appointment, if required			
access information for resource people, as needed			
the number to call in case of emergency			
Comments:			

Name of the nurse:	Signature:	Initials:
Name of the nurse:	Signature:	Initials:
Name of the nurse:	Signature:	Initials:
Name of the nurse:	Signature:	Initials:

Name of the parent:	Signature:	Initials:
Name of the parent:	Signature:	Initials: