



**Queensland
Government**

Care Plan for the Dying Child (CPDC) Record of Actions

Supporting care in the last days and hours of life

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

DATE & TIME

Add signature, print name and designation, date and time all entries.
MAKE ALL NOTES CONCISE AND RELEVANT.
Leave no gaps between entries.

CARE PLAN FOR THE DYING CHILD (CPDC) RECORD OF ACTIONS

DO NOT WRITE IN THIS BINDING MARGIN

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