



**Name/**

**#callme:** \_\_\_\_\_



## Who am I?

Name-

Age-

Birthday-

Gender-

Religion-

Allergies-

My Consultant is-

Speciality-

## What treatment am I on?

## Any special requirements for my treatment?

## **Helpful Contact Details:**

- Dawn Forbes & Charlotte Hughes-01905 761 470
- Riverbank- 01905 760 588
- Worcester Children's clinic- 01905 733 477
- Birmingham Children's hospital oncology ward- 0121 333 9132
- Birmingham Children's hospital oncology clinic- 0121 333 9282
- Orchard- Worcester- 01905 681 590 Redditch- 01527 488 223
- Hereford community nurses- 01432 349639
- Warwickshire community nurses- 01788 555138
- UHB young person unit- 0121 371 6288

Rosa Hooks 07841 013795 Teenage Cancer Trust, Teenage and Young Adults Clinical Liaison Nurse Specialist Tuesday and Wednesday 08:30-16:30.

Amy Lumley- Paediatric transition into adult services nurse specialist.- 07849700627

### **Useful Organisations to support me with my journey**

- Grace Kelly trust- 01905 885777
- Little Princess trust- 01432 352359
- Children's cancer and leukaemia group- [www.cclg.org.uk](http://www.cclg.org.uk)
- Children with cancer UK- [www.childrenwithcancer.org.uk](http://www.childrenwithcancer.org.uk)

Last updated: 24.03.2025

- If your child has a fever, you must call the ward as soon as possible to report your child has a temperature!
- If your CVL becomes damaged, Use your line repair kit, clamp line above damaged area and contact your local hospital (WRH/BCH/UHB).



## MEDICAL PROCEDURE:

1.

2.

3.

4.

5.

6.

**What medications do I take?**

- 
- 
- 
- 
- 
- 

**Any additional needs?**



## What kind of line do you have?

Central venous line? How many lumens?

Port? What size of needle? (SEE PLAN)

Cannula needed? Any aids? (SEE PLAN)



## Any nutritional needs?

### MEDICAL PROCEDURE:

1.

2.

3.

4.

5.

6.



## MEDICAL PROCEDURE:

1.

2.

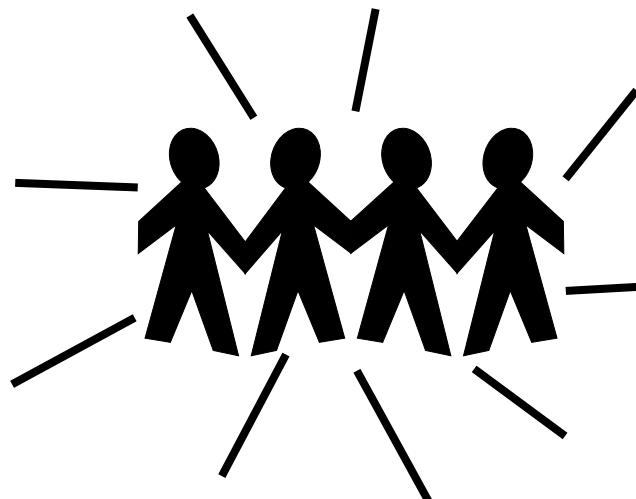
3.

4.

5.

6.

## Who's in my family Circle?



### My family contact details:

**Name:**

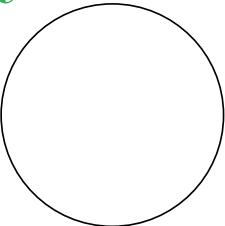
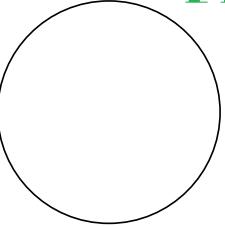
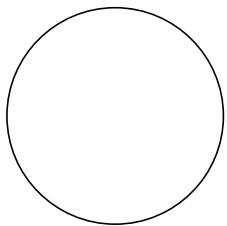
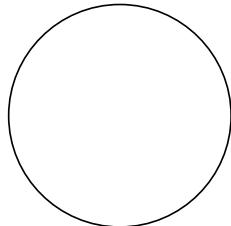
**Number:**

**Email:**

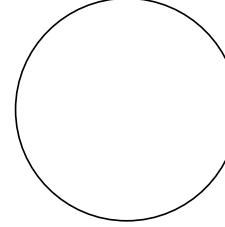
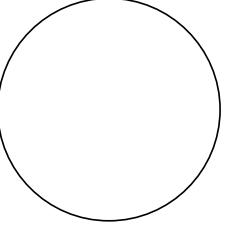
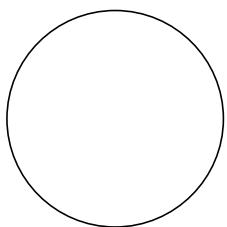
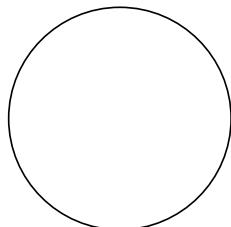
**Address:**



**What makes me happy:**



**What makes me sad:**



**What helps me when I'm sad,  
anxious or scared::**

A large rectangular text box for writing.

**MEDICAL PROCEDURE:**

**1.**

**2.**

**3.**

**4.**

**5.**

**6.**

