UNIT NO.

NAME

CONSULTANT

WARD:

DATE & TIME	NO.	PATIENT'S PROBLEMS	AIMS	Signature
		~~Family~~	For parents to feed as reduced	WPmillwo
5.7.93		Thomas' parents need to	+ reassured as possible.	
		be kept up to date with		
		his condition and treatment.	For parents to be as involved	
			as possible in Thomas'	
			care without feeling	
			intimidated.	

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