



ST VINCENT'S
HEALTH AUSTRALIA

**NEURODIVERGENT
CARE PLAN**

URN: _____

Family Name: _____

Given Names: _____

Address: _____

Date of Birth: _____ Sex: M F

Please Affix Patient ID Label

Individual Care Plan

To be completed by/with the patient and/or support person, kept in bedside folder and retained on file for future visits.

About Me

I prefer to be called _____

Key contact person

The person who knows the most about my needs, likes and dislikes is _____

Their relationship to me: _____ Their contact number: _____

I communicate using

- Sentences
- Single words
- Gestures
- Sign language
- Pictures
- Written words
- Communication device
- Other _____

Sensory sensitivities

- Bright lights
- Loud or unexpected noises
- Touch (eg. soft or firm touch, specific textures)
- Specific smells
- Specific colours
- Pain
- Other _____

Dietary requirements

Foods I dislike: _____

Preferred food textures: _____

Preferred food colours: _____

Preferred food tastes: _____

Will arrange to bring my own food

Usual daily routine (*Eating, sleeping, showering, etc.*)

Favourite things (*eg. special interests/hyperfixations, activities I enjoy doing, things I'm good at*)

Mood and behaviour

Things that might make me upset: _____

Warning signs of becoming upset: _____

If I become overwhelmed, I might (*eg. withdraw and stop talking, hurt myself or others, cry*): _____

Things that help me feel better: _____

NEURODIVERGENT CARE PLAN

MR140





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During My Hospital Stay

What is the best way for staff to communicate with you?

- Speak clearly
Use simple, short phrases
Speak slowly
Use pictures
Use written words
Other

How will you let us know if you:

Need the toilet?

- Sentences
Single words
Gesture
Writing
device

Are hungry/thirsty?

- Sentences
Single words
Gesture
Writing
device

Are in pain?

- Sentences
Single words
Gesture
Writing
device
Cry

How can we best manage your environment?

- arrange a quiet private space for me to wait
Low lighting
Reduce noise levels
Minimise overcrowding
Consistent care providers
Single room if possible
Remove non-essential equipment from my room
Other

How can staff support you before and during procedures, like taking blood?

- explain procedure first in a clear, simple way
demonstrate procedure first
Show me a written schedule of the steps
Show me a visual schedule of the steps
Have support person present
Please minimise non-essential procedures
Other

How should we give medication? (eg. whole tablets, crushed tablets, syrup)

How can we help if you are becoming upset?

- Take a break, and give me some space
Show me to a quiet private area
Time with support person
distraction - talk about my interests
distraction - suggest favourite activity
Other

Useful things for distracting and calming:

- Sunglasses
noise cancelling headphones
Music
Smartphone or tablet
Puzzles or games
Sensory toys
Comfort item from home
Other

What else can we do to support you during your stay?

Completed by: _____ Date: ____/____/____

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