

Sleep Strategy & Planning with Families

Client Name _____ Date ____ / ____ / ____

Goals for Night Time Positioning	1 month	6 months	12 months
If trialling a sleep system how will you determine that it has been successful in 2 weeks time?		What is the minimum time frame that client should stay in supported posture for them to benefit?	2 hours? 4 hours? All night?
Who will train carers?		Names of Carers	
When will they be trained?			
Night Time Procedure	Step 1		
	Step 2		
	Step 3		
	Step 4		
Laundry / Cleaning Notes			
Sleep Diary to be kept?	Yes / No	Photographic Instructions (Who will organise)	
Safety Checklist	<input type="checkbox"/> Pain <input type="checkbox"/> Pressure Other identified hazards	<input type="checkbox"/> Breathing <input type="checkbox"/> Handling	<input type="checkbox"/> Reflux Other:
Family Training Notes			
'What If' Scenarios	Scenario 1	Scenario 2	Scenario 3
Upcoming meetings with the clients family	Date: Time:	Date: Time:	Date: Time:
Other Notes			