



National Policy National Procedure National Protocol National Guideline
National Clinical Guideline

HSE Procedure for Completion of Paediatric Community Nursing Assessment Tool (PCAT) for a Paediatric Homecare Package.

DOCUMENT GOVERNANCE ¹

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Note: HSE National 3PGs should be formally reviewed every 3 years, unless new legislative/regulatory or emerging issues/research/technology/audit etc. dictates sooner.

¹ Records the senior management roles involved in the governance and development of the document.

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PUBLICATION INFORMATION ⁴
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Short summary: The Procedure for the HSE Procedure for Completion of Paediatric Community Nursing Assessment Tool (PCAT) for a Paediatric Homecare Package has been established to identify Children and Young People with complex healthcare nursing needs. The P-CAT will support the process of determining eligibility for nursing support, and ensure consistent and comprehensive consideration of an individual’s clinical nursing needs .
Description: The P-CAT will support the process of determining eligibility for a paediatric home care nursing support package and ensure consistent and comprehensive consideration of an individual’s clinical nursing needs. The evidence set out in the tool should be used by the HSE PHCP Coordinator to support a recommendation based on the key characteristics of complexity, risk, frequency and severity of the child’s nursing needs. The PCAT is an assessment that is carried out as a single event and as a series of assessments during the period of the requirement for a paediatric homecare package. It is an assessment unique to the child at a point in time using a standardized approach.

³ Records details when a document is reviewed, even if no changes are made.

⁴ Records the document information required for publication on the HSE National Central Repository.

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1.0. Purpose & Scope

This HSE Procedure has been developed to provide clear guidance to all HSE Health Region governance groups when completing a Paediatric Community Assessment Tool (P-CAT) to identify nursing needs when initiating or reviewing a Paediatric Homecare Package (PHCP) for Children with Complex Healthcare Needs (CCHN).

This Procedure should be read in conjunction with other CCHN guidelines, local relevant policies/protocols/guidelines that include the Completion of a PCAT, Review of a PHCP, Planned Parental Absence and transfer of a PHCP and any other relevant documents that incorporate best practice.

1.1 Scope

Provides guidance for all registered nurses working in HSE, engaged in the assessment of clinical nursing needs of Children with Complex Healthcare Needs (CCHN) on behalf of the Health Region (RHA) PHCP Clinical and Corporate Governance Group.

1.2 Target users

The P-CAT is completed by two nurses registered with the Nursing and Midwifery Board of Ireland

- One of whom is a HSE PHCP Coordinator who has received training in the completion of a P-CAT and is involved in the management of the service delivery to the CCHN.
- The 2nd nurse must be knowledgeable about the child's health care needs and, has recently been involved in the treatment or care of the child.

1.3 Target population

This Procedure applies to registered nurses engaged in the nursing assessment of clinical nursing needs of CCHN in the community setting.

1.4. Objective(s).

- Provide clear guidance for registered nurse assessors in the completion of the P-CAT.
- Ensure standardised completion of the P-CAT.
- Promote a safe environment for the CCHN.

1.5. Outcome(s)

There will be standardised completion of the P-CAT assessment of the CCHN nursing needs.

1.6. Disclosure of interests.

No conflicts of interest were declared.

1.7. Rationale / alignment with HSE National priorities.

The requirement for a national standard assessment tool for CCHN was identified in 2014 following the *Review of Current Policy and Practice in the Provision of Home Care to Children with Complex Medical Conditions* (HSE, 2014). A working group was set up in 2015 to determine what nursing assessments were in use, and following publication of a report and recommendations, the National Complex Paediatric Group agreed to adopt for use the Northern Ireland Paediatric Nursing Assessment tool (NIPNA) and to incorporate it into the National Quality Assurance Initiative 2021 (NQAI) process prior to national roll out across the HSE. The rationale for this decision included;

- The tool had been in use, in Northern Ireland health services since 2009, to assess children and young people with complex healthcare needs (Dept. of Health & Social Services, 2009).
- It has been mapped against the Bradford (NHS, 2004), the Leeds and the NHS Decision Support Tool (NHS, 2018).
- All sections of the assessment contained clear guidelines and scope for nursing notes and care plan development.
- The tool addresses areas that had not been formally assessed previously including pain, tissue integrity, play and development, challenging behaviour, psychological and emotional needs.
- Child/ parent and nursing input are also incorporated into the tool.

In 2017- 2019, as a component of the NQAI the NIPNA was utilised to review the 121 CCHN in the NQAI cohort and the tool was developed in order to meet the requirements of CCHN in the Republic of Ireland and it was renamed the Paediatric Community Assessment Tool (P-CAT). The relationship between P-CAT assessment clarifications and the current hours that CCHNs were allocated for their PHCP's was explored. There was a positive correlation between PCAT score, and hours of nursing allocated, which was statistically significant ($r = .102$, $p = .054$). These findings further support the adoption of the P-CAT for use in the Republic of Ireland in the cohort of CCHNs reviewed (HSE, 2021).

It was rolled out for national use in 2019 as the standardised tool to assess the nursing needs of CCHN in the community on the recommendation of the *National Quality Assurance Initiative* (HSE,2021) . The PCAT was subsequently audited and reviewed in 2020 ,2021 and 2024 and the current format is version 4

Two overarching principles underpin the assessment; it has strategic value in assisting the decision making processes, which helps develop and tailor services: directing resources more appropriately, economically and effectively thus addressing issues of transparency and equity. It reflects on areas of complexity, risk, frequency and severity of the child's health needs (HSE,2021).

The population of children with complex healthcare needs has increased in Ireland (HSE,2021) This trend has resulted in demands to shift paediatric complex care from hospital to home and has been supported by Irish healthcare policy (Government of Ireland, 2018, HSE 2018a, HSE 2017). Sláintecare (Government of Ireland, 2018) & Sláintecare Action Plan (2023) identifies the need to transfer care from acute to community settings (including homecare) and outlines a strategy to expand community-based healthcare in order to achieve the delivery of care closer to home. This model of care is also supported by the HSE Strategic Plan for 2019 (HSE 2018a), Leading the Way; A National Strategy for the Future of Children's Nursing in Ireland 2021-2031 and the National Model of Care for Paediatric Healthcare Services in Ireland (HSE 2017).. Consequently, the most fragile and technology-dependent of CCHN will receive paediatric home care nursing, with the greatest need identified for children <5 years of age (HSE, 2021).

1.8 Supporting evidence

- Department of Health, Social Services, and Public Safety (2009) Belfast .UK
- Health Information and Quality Authority (2012) National Standards for Safer Better Healthcare.
- Health Services Executive (2019a) Child Protection and Welfare Policy
- Health Services Executive (2019b) Data Protection Policy
- Health Service Executive (HSE) (2020b) Incident Management Framework
- National Quality Assurance Initiative (2021)
- Nursing and Midwifery Board of Ireland (2021) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives
- Health Services Executive (2011) Standards and Recommended Practices for Healthcare Records Management
- Health Services Executive (2022v2) National Consent Policy, HSE National Office for Human Rights and Equality Policy

Legislative Documents

- Government of Ireland (1947) Health Act. www.irishstatutebook.ie
- Government of Ireland (1970) Health Care Act. www.irishstatutebook.ie
- Government of Ireland Freedom of Information Acts 1997 and 2003,
- Government of Ireland Health Act (2007).

- Government of Ireland Pharmacy Act (2007).
- Government of Ireland (2011) Nurses and Midwives Act. www.irishstatutebook.ie
- Government of Ireland (2015) Children First Act. www.irishstatutebook.ie
- Health Act (2007).
- Nurses and Midwives Act (2011).
- Safety Health and Welfare at Work Act (2005) Dublin: Government of Ireland, Stationery Office, Dublin.
- Safety Health and Welfare at Work Act (General Application) Regulations (2007) Dublin: Government of Ireland, Stationery Office, Dublin.

2.0. Methodology

The NQAI reviewers undertook an extensive literature review for the initial version of this Procedure and the Paediatric Home Care Package Coordinators Nurse Practice Group updated this literature search in 2025. The objective of the literature review was to establish current evidence and best practice, and seek new and emerging evidence, in relation to paediatric nursing assessment for CCHN's in the home.

There was a dearth of research-based literature directly related to policies and guidelines for paediatric nursing assessment for CCHN's in the community setting.

2.1. List the key questions this National 3PG will answer.

What is the process for assessing a CCHN's requirement for a Paediatric Homecare Package?

What are the key principles that underpin a clinical nursing assessment in the community?

2.2. Describe and Document the evidence search.

A literature search was undertaken by the NQAI reviewers in 2017 and revised in 2019 and 2024. The search terms were "Children with complex healthcare needs" and 'assessment', 'nursing' "homecare". All major library search databases were used to retrieve the latest publications to inform this PPPG, including: CINAHL PubMed and Medline to access relevant peer reviewed articles. The search was limited initially to 2012-2025. The Cochrane Library was searched with no evidence of systematic reviews or protocols relating to the topic. Many articles recommended standardised assessment but few identified how this would be completed. There was one research publication (Dunn-Navarra, 2016) relating to the topic, however it was not specific to home assessment but rather long-term paediatric care facilities in the US. Another systematic review (2021) which looked at parental experiences of transition to home identified 13

articles for assessment but none were specific to community services. Internet search engines were used to identify grey literature related to the topic. The search yielded no new policies and guidelines for paediatric nursing assessment for CCHN's in the home. Clinical nursing needs which identify frequency and severity of dystonia in children with complex healthcare needs were identified as having increased in presentation in this cohort in the community and was included in the assessment process for Version 4 of the P-CAT. The literature on assessment of dystonia in this cohort presented three policies and guidelines and informed modifications to the assessment tool.

Nursing assessment of clinical need is fundamental to the planning and delivery of nursing services to children with complex healthcare needs (CCHN) (Toney-Butler et al, 2019). Currently no standard exists for prescribing paediatric nursing hours based on the medical complexity of the patient (Sobotka et al, 2020). However, there is assessment tools in practice that assess clinical nursing need including the Northern Ireland assessment tool and the Paediatric Community Assessment Tool (HSE,2021) used as an objective method of allocating home care nursing hours based on skilled nursing interventions and patient complexity (Paitich et al, 2022).

An assessment tool is required to assess the level of clinical nursing needs of CCHN, and is an integral part of the discharge process and the on-going reassessment process when the child is at home (HSE, 2014; DML Group, 2013). Despite an increasing demand for paediatric home care nursing, (Paitich et al, 2022), currently there is no standard for prescribing paediatric nursing hours based on the medical complexity of the patient (Sobotka et al, 2020). However, there is a need for an objective method for allocating home care nursing hours based on skilled nursing interventions and patient complexity (Paitich et al, 2022). This assessment should be part of a multi-disciplinary assessment that examines the clinical nursing needs of the child in the context of their family and community (Brenner et al, 2021). It should also address the frequency, risk and severity of all clinical nursing needs. And assess the child and family's needs based on diagnostic conditions, functional limitations, health care availability, and family-identified needs (Millar et al, 2024).

3.0 Procedure

3.1The Paediatric Community Assessment Tool for Nursing (P-CAT)

The Paediatric Community Assessment Tool for Nursing (P-CAT) has been established to identify Children and Young People with complex healthcare needs (See appendix 6). The P-CAT will support the process of determining eligibility for home nursing support and ensure consistent and comprehensive consideration of an individual's clinical nursing needs. The evidence set out in the tool should be used by the HSE PHCP

Coordinator to support a recommendation for home nursing, based on the key characteristics of complexity, risk, frequency and severity of the child's healthcare needs. The PCAT is an assessment that is carried out as a single event and as a series of assessments during the period of the requirement for a paediatric homecare package. It is an assessment unique to the child at a point in time using a standardised national approach.

A child and family-centred approach is a fundamental requirement when using the PCAT.

A Paediatric Clinical Nursing Assessment utilising the PCAT prior to a CCHN being discharged home/or commencing a PHCP is completed in conjunction with the acute services or community multi-disciplinary team to identify the CCHN's clinical needs (See Procedure - Initiating a Paediatric Homecare Package for Children with Complex Healthcare Needs in the Community)

The Tool consists of four specific areas:

1. Scored Domains

- Breathing
- Nutritional Intake
- Seizure or Altered State of Consciousness
- Skin and Tissue Viability
- Mobility
- Continence and Elimination
- Medication
- Communication
- Sleep and Rest
- Pain
- Specific/ sudden and/or Unpredictable Events

2. Unscored Domains

- Play and Development
- Challenging Behaviour
- Psychological and Emotional

3. Parent/Child Comments

4. Nursing Comments

Note: The current version (V4) of the PCAT published in January 2025 facilitates completion of two separate assessments of the child's needs within the one document. Date 1 is for the 1st assessment and is scored as PCAT 1. Date 2 is utilised when another assessment is required and is scored as PCAT 2.

Version 4 of the PCAT January 2025 should be utilised for all assessments and previous version so not be used.



SEIZURES OR ALTERED STATES OF CONSCIOUSNESS ASSESSMENT (ASC)
Please Tick all Clinical Nursing Needs

Date 1	Date 2		Score PCAT 1	Score PCAT 2
<input type="checkbox"/>	<input type="checkbox"/>	No evidence of seizures	0	0
<input type="checkbox"/>	<input type="checkbox"/>	Seizures well controlled under current medication regime	2	2
<input type="checkbox"/>	<input type="checkbox"/>	Occasional seizures or periods of unconsciousness that have occurred within the last three months which require the supervision of a competent person to minimise	5	5

Note; please refer to P-CAT in Appendix 6

3.2. Specific roles and responsibilities.

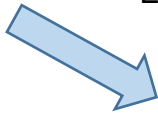
The P-CAT is completed by two nurses registered with the Nursing and Midwifery Board of Ireland

- One of whom is a HSE PHCP Coordinator who has received training in the completion of a P-CAT and is involved in the management of the service delivery to the CCHN.
- The 2nd nurse must be knowledgeable about the child’s health care needs and, has recently been involved in the treatment or care of the child.

3.2.1. Considerations prior to assessment

- The nurse leading the assessment must attend training in all aspects of the assessment utilising the P- CAT. If you are unfamiliar or uncertain in relation to the completion of P- CAT, liaise with a competent practitioner.
- The nurse must become familiar with the structure and content of the P- CAT.
- The nurse must approach the assessment without preconceived ideas or assumptions about the health needs of the child. Decisions about a child or young person’s continuing care should be based on an assessment of their clinical nursing needs. The diagnosis of a particular disease or condition is not in itself a determinant of a need for a paediatric homecare package.
- Collaboration with the relevant multi-disciplinary team should be considered.
- A Nursing Activity/Intervention Record may also be completed as part of the PCAT assessment to identify nursing activity/ intervention performed during a specified time frame (see appendix 7).
- All assessments must be recent when submitting for Integrated Health Area (IHA) approval of funding for PHCP (within **2 months** of submission for approval).

- Each P-CAT assessment form can be used for a total of 2 assessments.



SEIZURES OR ALTERED STATES OF CONSCIOUSNESS ASSESSMENT (ASC)

Please Tick all Clinical Nursing Needs

Date 1	Date 2		Score PCAT 1	Score PCAT 2
<input type="checkbox"/>	<input type="checkbox"/>	No evidence of seizures	0	0
<input type="checkbox"/>	<input type="checkbox"/>	Seizures well controlled under current medication regime	2	2
<input type="checkbox"/>	<input type="checkbox"/>	Occasional seizures or periods of unconsciousness that have occurred within the last three months which require the supervision of a competent person to minimise	5	5

3.2.2. Scoring of the Clinical Assessment.

Scored Domains

- Breathing
- Nutritional Intake
- Seizure or Altered State of Consciousness
- Skin and Tissue Viability
- Mobility
- Continence and Elimination
- Medication
- Communication
- Sleep and Rest
- Pain
- Specific/ sudden and/or Unpredictable Events

The P-CAT requires the nurses to identify the child's needs in relation to 11 scored domains. Each domain is subdivided into a number of descriptors, each of which is detailed and awarded a clinical needs score. The descriptors represent a hierarchy of clinical need from the lowest to the highest level of need. All scoring is evidence based aligned with consideration of risk, frequency and severity of need. More than 1 Clinical Nursing Need (CCN) in each domain may require to be ticked. The highest CNN is scored. This approach will build a detailed picture of CCHN's clinical nursing needs and provide the evidence to inform the decision-making process re quantum of clinical nursing hours.

Domain

Descriptor

Clinical Nursing Needs (CNN)

Breathing Assessment

Please Tick all Clinical Nursing Needs

Date 1	Date 2	(EG O2 THERAPY, O2 MONITORING, SUCTION, TRACHEOSTOMY CARE, VENTILATION)	Score PCAT 1	Score PCAT 2
<input type="checkbox"/>	<input type="checkbox"/>	Normal breathing (age appropriate rate), no issues with shortness of breath. Routine use of inhalers, nebulisers etc.	0	0
<input type="checkbox"/>	<input type="checkbox"/>	Episodes of wheeze and cough or breathing difficulties, which do not respond to self-management and needs specialist-intervention.	5	5
<input type="checkbox"/>	<input type="checkbox"/>	Requires the use of intermittent oxygen therapy.		
<input type="checkbox"/>	<input type="checkbox"/>	Increased susceptibility to chest infection.		
<input type="checkbox"/>	<input type="checkbox"/>	Occasional suction (less than daily)		
<input type="checkbox"/>	<input type="checkbox"/>	Requires daily physiotherapy to maintain optimal respiratory function +/- cough assist machine		
<input type="checkbox"/>	<input type="checkbox"/>	Is able to breath unaided during the day but needs to go on to a ventilator for supportive ventilation at night. The ventilation can be discontinued for up to 48 hours without clinical harm.	10	10
<input type="checkbox"/>	<input type="checkbox"/>	Requires regular suction (daily) but does not have excessive secretions		
<input type="checkbox"/>	<input type="checkbox"/>	Is on Continuous Positive Airways Pressure (CPAP) or Bilevel Positive Airway Pressure (BiPAP).		
<input type="checkbox"/>	<input type="checkbox"/>	Is able to breath independently through a tracheotomy that they can manage themselves or with the support of carers/parents or Has patent but restricted airway without tracheotomy tube.	15	15
<input type="checkbox"/>	<input type="checkbox"/>	Oxygen dependent without which condition will deteriorate	20	20
<input type="checkbox"/>	<input type="checkbox"/>	Has frequent apnoeas		

- Additional information and rational **must** be offered within each domain to why a particular level is appropriate, based on the available evidence about the assessed nursing needs.
- All equipment used to deliver nursing care is also included.
- It is important that needs are described in measurable terms, using clinical expertise, and supported with the results from appropriate nursing needs and validated nursing assessment tools where relevant e.g. Pressure risk assessment tool.
- It is important that differences of opinion between the nurses completing the assessment on the appropriate level in the domain are based on the evidence available and not on generalised assumptions about the effects of a particular condition of the child's needs.
- The nurses must identify tick all clinical nursing needs (CNN) identified in the left-hand column.

- Each of the CNN's identified, form the basis of the child's nursing care plan.
- Only one score can be awarded in each domain and the highest score is considered for the final calculation.
- The routine care involved in the nursing intervention is incorporated into the domain descriptors of the P-CAT and should only be scored in one domain when this is routine. For example, where a child's skin on the neck is not aggravated by their tracheostomy ties, this is scored in the breathing domain as part of routine tracheostomy care. It is not scored in skin and tissue viability domain as it is not problematic and is routine care. If the stoma site becomes problematic and the skin breaks down and extra care outside of the routine care is needed, it will also be scored in the skin and tissue viability domain until it is resolved.
- There may be circumstances where a child may have particular nursing needs that are not addressed by the first 10 care domains within the P-CAT. In this situation, it is the responsibility of the nurse assessors to determine and record the extent and type of the nursing needs in the "additional" 11th domain titled 'Specific / sudden and/or unpredictable events assessment'. This domain offers opportunity for further assessment. **This category relates to events that are not covered elsewhere in this assessment tool.** The nurse assessors must consider the **complexity, risk, frequency and severity** of the child's health needs. The majority of children will not require any score in this domain. The availability of this domain should not be used to inappropriately affect the overall decision on the nursing assessment.
- The following classification of need is offered as an outcome of the assessment to determine the threshold for complex healthcare needs.

Child has Healthcare Needs	29 or less
Child has Complex Healthcare Needs	30 – 49
Child has Most Complex Healthcare Needs	50 or above

- The number and type of nursing care hours is based on the Nursing assessment of clinical need and not the total PCAT score, i.e. the higher the score does not mean the higher the number of hours provided. The assessment and identification of clinical nursing need determines the

number and type of PHCP hours. The score supports and identifies changes in child's needs in subsequent assessments.

- A summary/overview assessment sheet must be completed at the back of the assessment following each review. Both registered nurse assessors must sign and date the overview assessment sheet to indicate completion of the assessment.

3.2.3. Unscored Domains

- Play and Development
- Challenging Behaviour
- Psychological and Emotional Needs

Each of these 3 domains are accompanied by descriptors but no score is offered. These descriptors will identify and support the child's care plan or onward referral as appropriate. There is also space to document additional information and offer a rationale for decision making. Equipment used to deliver the nursing care plan is also included.

3.2.4. Parent/Child Comments.

This section offers parents and their child an opportunity to provide commentary on their individual needs and any family circumstances and its impact on their ability to meet the child's needs.

3.2.5. Nursing Comments.

Offers opportunity for further commentary that is not already captured in the domain categories including additional family information and other community services in place.

3.3 P-CAT informing the initiation of a paediatric homecare package.

The P-CAT is of strategic value in assisting the decision-making process. It has the potential to develop and tailor services, directing resources more appropriately, and addressing issues of transparency and equity. A quantum of service is mutually agreed by all members of the multi-disciplinary team and approved by the IHA PHCP Operational Governance group that will support the parents to care for the child at home (see Initiating a Paediatric Homecare Package for Children with Complex Healthcare Needs in the community). **When submitted to IHA PHCP Operational Governance group the PCAT and business case must have been completed within the previous 2 Months to ensure the assessment is up to date.**

3.4 P-CAT informing the review of a paediatric homecare package.

On-going review of the PHCP is an important part of the provision of a service. The P-CAT should be completed as part of the ongoing review of the PHCP process (see PPPG: Reviewing a Paediatric Homecare Package for Children with Complex Healthcare Needs).

4.0. Consultation

4.1. Stakeholder involvement

- National consultation workshop with HSE PHCP coordinator group to inform and agree procedure for Initiating a Paediatric Homecare Package for Children with Complex Healthcare Needs
- Working group from RHA South West reviewed and adapted document in partnership with HSE PHCP coordinator nursing practice group.
- Consultation with acute services nurse specialists department.
- Consultation with PHN and CCHN services within the HSE.

All feedback received was reviewed and agreed by the Paediatric Home Care Package Coordinators Nurse Practice Group. Agreement was reached on whether to accept or reject the feedback. The procedure was developed following this and all feedback received is retained by Margaret O'Meara

4.2. External review

The procedure was reviewed by the National Practice Development Coordinator for PHNs ONMSD.

5.0 National implementation plan

5.1 Resource implications

It is necessary for all Health Region's to have a Regional PHCP Clinical and Corporate Governance Group and for each IHA to have a IHA PHCP Operational Governance Group and a HSE PHCP coordinator for CCHN's identified. RHA will disseminate the Procedure to all relevant staff via the Health Region CCHN Governance Groups.

The procedure will be available to staff on The HSE National PPPG Central Repository.

5.2 Describe the structure and governance of the national implementation team.

HSE management has approved this procedure

5.3 List tools and resources developed to support local implementation of the National 3PG.

- Parent Information Leaflet
- Agreement of Care form
- PCAT Assessment Form

5.4 Expected date of full implementation

01/09/2025

6.0 Governance and approval

The Procedure was commissioned by the HSE to support delivery of PHCP services. Following development of the Procedure, a checklist was used in assessing that the Procedure met the standards outlined in How to Develop HSE National PPPGs – A Practical Guide, and signed and dated by the Chairperson of the Development Group.

The PHCP Coordinators Nurse Practice Group recommended the Procedure to HSE management with a signed and dated copy of the checklist and submitted the final document and checklist to for sign off by Assistant National Director of Access and Integration.

Once approved, the final version was converted to a PDF document to ensure the integrity of the Procedure and uploaded to the HSE National Central Repository. A signed and dated copy of the checklist was attached to the master copy, which is retained in Primary Care Access and Integration.

7.0 Communication and dissemination plan

- This Procedure will be issued through the RHA governance structures for dissemination to IHA PHCP Operational Governance Groups.
- The Procedure will also be issued to each of the approved service providers.
- The Procedure will be issued to the acute children's services including CHI and local paediatric units.

The document can be accessed only on the HSE National Central Repository which is the single trusted source for accessing, storage and document control for National 3PGs. No duplicate copies of the procedure should be accessible in any secondary electronic locations, only the link to the document on the Repository should be used on other

locations. This link will automatically update in all locations if changed on the Repository.

It is the responsibility of each Health Region PHCP Clinical & Corporate governance group to implement the procedure in each IHA outlining actions required, specific roles and responsibilities, and timelines etc.

8.0 Sustainability

8.1 Describe the plan for national monitoring and audit

It is the responsibility of each Regional PHCP Clinical and Corporate Governance Group and IHA PHCP Operational Governance Group to outline actions required, specific roles and responsibilities, and timelines etc. As part of the implementation it is essential there is a Regional PHCP Clinical and Corporate Governance Group and IHA PHCP Operational Governance Group. A barrier to the implementation of this procedure is the absence of active Governance groups.

Managers are required to monitor and audit the implementation of this procedure within their area of responsibility using the Audit Checklist in Appendix 4 and maintain evidence of same.

9.0 Review/ update

9.1. Next review date

This procedure will be reviewed in 3 years unless there is a change in best practice

- Method for amending procedure if new evidence emerges.

If new evidence emerges, the Paediatric Home Care Package Coordinators Nurse Practice Group will be reconvened and the new evidence will be considered for integration into the procedure.

10.0. References

- Brenner M, Larkin PJ, Hilliard C, Cawley D, Howlin F, Connolly M.(2015) Parents' perspectives of the transition to home when a child has complex technological health care needs. *Int J Integr Care*. Sep 29;15:
- Brenner M, O'Shea MP, Larkin P, et al. (2018) Management and integration of care for children living with complex care needs at the acute- community interface in Europe. *Lancet Child Adolesc Health* ;2:822–31.
- Brenner M, Doyle A, Begley T, et al.(2021)Enhancing care of children with complex healthcare needs: an improvement project in a community health organisation in Ireland. *BMJ*
- Carter, L Coad, L. Bray, T. Goodenough, A. Moore, C. Anderson, A. Clinchant M and Widdas,D (2012) Home-Based Care for Special Healthcare Needs Community Children's Nursing Service *Nursing Research*. Vol. 61) pp260-268
- Department of Health, Social Services, and Public Safety (2009) Developing Services to Children and Young People with Complex Physical Healthcare Needs. Department of Health Social Services and Public Safety, Belfast
- Department of Health (2016) National Framework for Children and Young People's Continuing Care. Crown Copyright, United Kingdom.

- Dunn-Navarra, A-M., Schlau, R., Murray, M., Mosiello, L., Schneider, L., Jackson, O. Larson, E. L (2016). Assessing Nursing Care Needs of Children With Complex Medical Conditions: The Nursing-Kids Intensity of Care Survey . *Journal of Paediatric Nursing*, 31(3), 299-310.
- Health Information and Quality Authority (2012) National Standards for safer better Health care. Dublin, Health Information and Quality Authority.
- Health Services Executive (2014) Integrated Care Guidance: A practical guide to discharge and transfer from hospital HSE, Dublin
- Health Services Executive (2014) The Review of Current Policy and Practice in the Provision of Home Care to Children with Complex Medical Conditions HSE, Dublin
- HSE Integrated Risk Management Policy and Guidance (2017)
- HSE Incident Management Framework and Guidance (2017)
- Leading the way: a national strategy for the future of children's nursing in Ireland 2021–2031 . Available at ; <https://healthservice.hse.ie/filelibrary/onmsd/leading-the-way-a-national-strategy-for-the-future-of-childrens-nursing-in-ireland.pdf> (2021) Accessed Sept 2024
- Millar, K., Rodd, C., Rempel, G., Cohen, E., Silbey, KM, Garland, Alan (2024) The Clinical Definition of Children With Medical Complexity: A Modified Delphi Study . *Paediatrics*. Vol 153(6)
- NMBI, (2014) The Code of Professional Conduct for each Nurse and Midwife
- NMBI (2015) Recording Clinical Practice Guidelines to Nurses and Midwives.
- NMBI (2015) Scope of Nursing and Midwifery Practice Framework.
- Paitich L, Luedemann C, Giel J, Maynard R. Allocation of Paediatric Home Care Nursing Hours: (2022) The Minnesota Experience. *Home Health Now*. Vol 01; 40(1):27-39.
- Raymond JA (2009) The integration of children dependent on medical technology into public schools. *The Journal of School Nursing* 25(3): 186–194.
- Royal College Nursing (2017) Supporting children's nurses working outside of designated children's wards. UK
- Roy McConkey, Owen Barrand Rosario Baxter (2007) Complex Needs: The Nursing Response to Children and Young People with Complex Physical Healthcare Needs. DHSSPS and University of Ulster -Institute of Nursing Research.
- Sobotka S. A., Dholakia A., Berry J. G., Brenner M., Graham R. J., Goodman D. M., Agrawal R. K. (2020). Home nursing for children with home mechanical ventilation in the United States: Key informant perspectives. *Pediatric Pulmonology*, 55(12), 3465–3476.
- The National Carers' Strategy Recognised, Supported, Empowered (2012) Department of Health: Dublin

11.0. Glossary of terms

CCHN ; Children with Complex Healthcare Needs	Children with Complex Healthcare Needs have substantial medical healthcare needs as a result of one or more congenital, acquired or chronic conditions, with functional limitations that often requires technology assistance and ongoing nursing care primarily to support their parent(s) to care for them at home thereby preventing hospital readmission, in some instances to avert death and in others to provide palliative and end of life care. A home care package is required when a child has nursing needs that cannot be met by existing HSE and Children's Disability services. (Elias E et al, 2012)
HSE PHCP Coordinator	This term applies to the HSE case coordinator for CCHN who has responsibility for managing PHCP's.
Health region (RHA)	Regional Health Area. The Health Service Executive (HSE) new structures to commence in 2024 delivers health services in the community through 6 Regional Health Areas in Ireland.
IHA PHCP Operational Governance Group	The Integrated Health Area (IHA) Paediatric Homecare Packages (PHCP) Operational Governance Group provides operational management and coordination of PHCP for Children with Complex Healthcare Needs (CCHN) within the designated Integrated Health Area (IHA).

NQAI	HSE National Quality Assurance Initiative (2021) was commissioned by the HSE to determine planning, development and delivery models nationally and to inform the development of a national standard service framework for Children with Complex healthcare needs
PHCP Paediatric Home Care Package	is a home nursing service provided by HSE when a child has healthcare and/or nursing needs that cannot be met by existing HSE and social care services.
P-CAT	The P-CAT assessment will identify clinical nursing needs in children with complex healthcare needs. It also supports the process of determining eligibility for a paediatric home care nursing support package and ensure consistent and comprehensive consideration of an individual's clinical nursing needs.
REO's	Regional Executive Officers who are accountable and responsible for the HSE operational service delivery within their respective regions
RHA PHCP Clinical & Corporate Governance Group	The Regional PHCP Clinical and Corporate Governance Group is a governance management group whose role is directly concerned with establishing, developing and implementing RHA wide quality and safety structures, processes, standards and oversight across the PHCP service which promote compliance with NQAI recommendations and standards, service user experience and safety.
Service/Private Provider	Is a company commissioned by the HSE to administer a Paediatric homecare Package to Children with Complex Healthcare Needs and a service arrangement is drawn up. The Private Healthcare Provider is responsible for providing staff with the relevant skills/competencies for the child as identified. The reporting relationship will be to the service provider nurse manager on professional and clinical matters. Clinical Governance for care of the Child remains with the service provider.
Service Arrangement	The HSE enter into an arrangement for the provision of services to Service Users. The terms and conditions of the clinical, corporate and financial governance standards are specified in the agreement.
Team Around the Child (TAC)	Team Around the Child (TAC) is "an individualised and evolving team of the healthcare practitioners who see the child and family on a regular basis to provide practical, coordinated support in therapy and treatment. The purpose is to provide a more coordinated thorough and consistent approach to supporting a child and their family.

12.0. Appendices

Appendix 1: Membership of Development Group


Membership of [name of Development Group]	
Name	Role and position
Margaret O'Meara	Clinical Lead PHCP Primary Care A&I
Joanna Mc Carthy	SW RHA HSE PHCP Coordinator /DPHN West Cork
Fiona Moriarty	SW RHA HSE PHCP Coordinator Kerry
Mary Cott	SW RHA HSE PHCP Coordinator North Lee Cork
Ann Marie Healy	SW RHA HSE PHCP Coordinator South Lee Cork

Appendix 2: Membership of Approval Governance Group

Membership of [name of Approval Governance Group]	
Name	Role and position
TJ Dunford	Assistant National Director Primary Care Access and Integration
Maeve Raeside	General Manager Primary Care Access and Integration
Margaret O'Meara	PHCP Clinical Lead Primary Care, Primary Care Access and Integration
Joanna McCarty	Director Of Public Health Nursing West Cork

Sign-off by Chair of Approval Governance Group

HSE National Procedure on the Completion of The Paediatric Community Assessment Tool for Nursing was formally ratified on 01/09/2025.

Name: (print)	TJ Dunford
Title:	Assistant National Director Primary Care Access and Integration
Signature: (e-signatures accepted)	

Appendix 3: Sample implementation plan template

National 3PG Title: HSE Procedure for Completion of Paediatric Community Nursing Assessment Tool (PCAT) for a PHCP. Expected date of implementation 01/10/2025 /Implementation lead/role: Health Region PHCP Clinical & Corporate Governance Group					
IMPLEMENTATION ACTION					
IMPLEMENTATION ACTION	Implementation barriers / enablers	List of tasks to implement the action	Lead responsibility for delivery of the action	Expected completion date	Expected outcomes
PHCP SOP circulated to RHAs	SOP with integrated PPPGs circulated to RHA's	Notice	National Director Access and Integration	Oct 2025	Implement PCAT Procedure
HSE PHCP Coordinators group	Notice to all HSE PHCP Coordinators	Notice	PHCP Clinical Lead	Oct 2025	Implement PCAT Procedure
Private Providers	Notice To all Private Providers	Notice	PHCP Clinical Lead	Oct 2025	For Information
Dissemination and action of Health Region staff	No Governance Group	Roll Out	REO	Oct 2025	Implement PCAT Procedure
Education / training required to implement the National 3PG:					
HSE PHCP SOP + PCAT Training provided every 4 months.					

Adapted from National Clinical Effectiveness Committee (NCEC) Implementation Guide and Toolkit (Department of Health 2018)

Appendix 4: National Audit Tool

Methodology

Population: A sample of target users

Sampling: A total of 10% or 10 target users, whichever is greater, should be selected.

Frequency: To be determined locally at least annually.

Method: Record **Y** for **Yes**, if the criteria are met. Record **N** for **No**, if criteria are not met or **N/A** for **Not applicable**.

Compliance requirement:

[Should have a 100% compliance requirement unless your National 3PG allows flexibility – compliance levels should be set].

Is standard/criteria being met for the following statements:	Yes	No	N/A	Evidence
The Development Group should identify the core statements that should be audited at least annually.				
Statement 1 All CCHN PHCP Assessments used version 4 of PCAT				
Statement 2 All CCHN PHCP PCAT assessments were completed within 2 months of application for approval				
Statement 3 All CNN are identified on PCAT				
Statement 4 Only the highest score is added for each descriptor				
Statement 5 Each Domain included a written rational for why specific descriptors were identified.				
Statement 6 Domain 11 was only scored when a nursing need that was not scored elsewhere was identified				
Statement 7 Parents/Child has been offered input to PCAT				
Statement 2 Registered Nurses completed the PCAT				
Date of Audit: Audited by (name/title): Compliance Rate %:				
Calculation of Compliance Rate %: The score, expressed as a percentage, is calculated by dividing the number of “yes” and “no” answers. “Not applicable” answers are excluded from the calculation of the percentage score. Example: If there are 6 “yes” and 2 “no” answers, the score is calculated as follows: 6 (yes answers) divided by 8 (total of yes and no answers) multiplied by 100 = 75%				

Appendix 6: PCAT Version 4



PAEDIATRIC COMMUNITY ASSESSMENT TOOL- NURSING (P-CAT)



NAME

Click here to enter text.

D.O.B

ADDRESS

Health Region

Health Area

HSE Key Worker Name _____

DATE OF PCAT ASSESSMENT Number 1 _____

DATE OF PCAT ASSESSMENT Number 2 _____

December 2024 P-CAT Version 4

Breathing Assessment

Please Tick all Clinical Nursing Needs

Date 1	Date 2	(EG O2 THERAPY, O2 MONITORING, SUCTION, TRACHEOSTOMY CARE, VENTILATION)	Score PCAT 1	Score PCAT 2
<input type="checkbox"/>	<input type="checkbox"/>	Normal breathing (age appropriate rate), no issues with shortness of breath. Routine use of inhalers, nebulisers etc.	0	0
<input type="checkbox"/>	<input type="checkbox"/>	Episodes of wheeze and cough or breathing difficulties, which do not respond to self-management and needs specialist-intervention.	5	5
<input type="checkbox"/>	<input type="checkbox"/>	Requires the use of intermittent oxygen therapy.		
<input type="checkbox"/>	<input type="checkbox"/>	Increased susceptibility to chest infection.		
<input type="checkbox"/>	<input type="checkbox"/>	Occasional suction (less than daily)		
<input type="checkbox"/>	<input type="checkbox"/>	Requires daily physiotherapy to maintain optimal respiratory function +/- cough assist machine		
<input type="checkbox"/>	<input type="checkbox"/>	Is able to breath unaided during the day but needs to go on to a ventilator for supportive ventilation at night. The ventilation can be discontinued for up to 48 hours without clinical harm.	10	10
<input type="checkbox"/>	<input type="checkbox"/>	Requires regular suction (daily) but does not have excessive secretions		
<input type="checkbox"/>	<input type="checkbox"/>	Is on Continuous Positive Airways Pressure (CPAP) or Bi-level Positive Airway Pressure (BiPAP).		
<input type="checkbox"/>	<input type="checkbox"/>	Is able to breath independently through a tracheotomy that they can manage themselves or with the support of carers/parents or Has patent but restricted airway without tracheotomy tube.	15	15
<input type="checkbox"/>	<input type="checkbox"/>	Oxygen dependent without which condition will deteriorate	20	20
<input type="checkbox"/>	<input type="checkbox"/>	Has frequent apnoea's		
<input type="checkbox"/>	<input type="checkbox"/>	Extreme difficulty in breathing, which may require suction to maintain airway, by a competent carer		
<input type="checkbox"/>	<input type="checkbox"/>	Requires ventilation at night for very poor respiratory function, has respiratory drive and would survive accidental disconnection but would be unwell and require hospital support		
<input type="checkbox"/>	<input type="checkbox"/>	The presence of excessive secretions which requires frequent suction (more than 40 times per day when well).		
<input type="checkbox"/>	<input type="checkbox"/>	Unable to breath independently, requires permanent mechanical ventilation	25	25
<input type="checkbox"/>	<input type="checkbox"/>	Has no respiratory drive when asleep or unconscious and require ventilation and 1:1 support while asleep, as disconnection would be fatal.		
<input type="checkbox"/>	<input type="checkbox"/>	A critical airway which requires a tracheotomy (tube must be replace within 3 minutes of occluded or dislodge).		
<p>Further Information: Click here to enter text.</p>				
<p>PCAT 2 update If required: Click here to enter text.</p>				
<p>Equipment: Click here to enter text.</p>				
<p>PCAT 2 update If required: Click here to enter text.</p>				

Nutritional Intake Assessment

Please Tick all Clinical Nursing Needs

Date 1	Date 2	(EG naso-gastric feeding, gastrostomy, total parental nutrition)	Score PCAT 1	Score PCAT 2
<input type="checkbox"/>	<input type="checkbox"/>	Able to take adequate food and drink by mouth to meet all nutritional requirements. Appropriate to development age.	0	0
<input type="checkbox"/>	<input type="checkbox"/>	Some assistance required above normal for their developmental age, (e.g. the child is fed orally but requires assistance as with cleft palate-cup and spoon)	5	5
<input type="checkbox"/>	<input type="checkbox"/>	Needs supervision, prompting, encouraging with food and drinks above normal requirement for development age		
<input type="checkbox"/>	<input type="checkbox"/>	Parent, carer, child or young person needs support and advice about diet because of underlying condition which may create a greater chance of non-compliance, including limited understanding of consequences of food or drink intake		
<input type="checkbox"/>	<input type="checkbox"/>	Needs feeding when this is not normal developmentally, but is not time consuming		
<input type="checkbox"/>	<input type="checkbox"/>	Intermittent gut dystonia presenting with nausea, retching or vomiting which resolves or improves on feed reduction or cessation		
<input type="checkbox"/>	<input type="checkbox"/>	Has had an episode of cyclical vomiting within the last 6 months.		
<input type="checkbox"/>	<input type="checkbox"/>	Needs feeding to ensure adequate intake of food and takes a long time (Including liquidized feed).	10	10
<input type="checkbox"/>	<input type="checkbox"/>	Specialized feeding plan developed by speech and language therapist/dietician.		
<input type="checkbox"/>	<input type="checkbox"/>	Unintended weight loss placing the individual at risk and needing skills intervention.		
<input type="checkbox"/>	<input type="checkbox"/>	Worsening gut dystonia with nausea, retching and vomiting causing distress/agitation with symptoms often exacerbated by episodes of illness.		
<input type="checkbox"/>	<input type="checkbox"/>	Dysphagia requiring a management plan with additional skilled intervention to ensure adequate nutrition or hydration and minimize the risk of choking and aspiration and maintain air way e.g. Suction		
<input type="checkbox"/>	<input type="checkbox"/>	All nutritional requirements taken via a Percutaneous Endoscopic Gastrostomy Tube (PEG) or Low Profile Feeding device.		
<input type="checkbox"/>	<input type="checkbox"/>	All nutritional requirements taken by a nasal-gastric(NG) or naso-jejunal tube(NJ)	15	15
<input type="checkbox"/>	<input type="checkbox"/>	All nutritional requirements taken by Percutaneous Endoscopic Jejunostomy tube (PEJ).		
<input type="checkbox"/>	<input type="checkbox"/>	Increased frequency and severity of gut dystonia episodes over time. May include pain, distention, distress symptoms which may mimic potential infection.		
<input type="checkbox"/>	<input type="checkbox"/>	All fluids and nutritional requirements taken by intravenous means (e.g. TPN)	20	20
<p>Further Information: Click here to enter text.</p>				
<p>PCAT 2 update If required: Click here to enter text.</p>				
<p>Equipment: Click here to enter text.</p>				
<p>PCAT 2 update If required: Click here to enter text.</p>				

SEIZURES OR ALTERED STATES OF CONSCIOUSNESS ASSESSMENT (ASC)

Please Tick all Clinical Nursing Needs

Date 1	Date 2		Score PCAT 1	Score PCAT 2
<input type="checkbox"/>	<input type="checkbox"/>	No evidence of seizures	0	0
<input type="checkbox"/>	<input type="checkbox"/>	Seizures well controlled under current medication regime	2	2
<input type="checkbox"/>	<input type="checkbox"/>	Occasional seizures or periods of unconsciousness that have occurred within the last three months which require the supervision of a competent person to minimise the risk of injury with/without the administration of rescue medication by a competent person	5	5
<input type="checkbox"/>	<input type="checkbox"/>	ASC or seizures that result in unconsciousness and that may require frequent (more than monthly) skilled intervention to reduce the risk of harm and may require the administration of medication by a competent person or specially trained carer. (Rescue medication management plans in place)	10	10
<input type="checkbox"/>	<input type="checkbox"/>	Frequent partial seizures throughout the day which do not require administration of rescue medication.		
<input type="checkbox"/>	<input type="checkbox"/>	Requires daily intervention by a competent person where clinical judgement on treatment options is required to implement appropriate interventions to manage related risks.	15	15
<input type="checkbox"/>	<input type="checkbox"/>	The child has major seizures on a daily basis or major seizures over 4 times a week that need complex interventions. (Complex interventions means – multiple methods of administering drugs that need protocols for safe use e.g. Paraldehyde, oxygen and suction).		
<input type="checkbox"/>	<input type="checkbox"/>	Children in this category have very unstable, difficult to control epilepsy.		
<input type="checkbox"/>	<input type="checkbox"/>	Severe uncontrolled seizures daily or more resulting in unconsciousness that does not respond to emergency treatment and results in a high probability of risk to self or others (for example resistant to Buccal Midazolam)	20	20

Further Information: [Click here to enter text.](#)

PCAT 2 update If required: [Click here to enter text.](#)

Equipment: [Click here to enter text.](#)

PCAT 2 update If required: [Click here to enter text.](#)

SKIN AND TISSUE VIABILITY ASSESSMENT

Please Tick all Clinical Nursing Needs

Date 1	Date 2		Score PCAT 1	Score PCAT 2
<input type="checkbox"/>	<input type="checkbox"/>	No evidence of pressure damage or skin condition	0	0
<input type="checkbox"/>	<input type="checkbox"/>	Evidence of pressure damage and pressure or a minor wound requiring treatment.	1	1
<input type="checkbox"/>	<input type="checkbox"/>	Skin condition that requires clinical reassessment less than weekly		
<input type="checkbox"/>	<input type="checkbox"/>	Open wound(s) which is responding to treatment.	3	3
<input type="checkbox"/>	<input type="checkbox"/>	Active skin condition requiring a minimum of weekly reassessment and which is responding to treatment		
<input type="checkbox"/>	<input type="checkbox"/>	High risk of skin breakdown, which requires preventative intervention from a skilled carer several times daily, with use of pressure relieving equipment to maintain skin integrity.		
<input type="checkbox"/>	<input type="checkbox"/>	Open wound(s) which are not responding to treatment and require a minimum of daily monitoring/reassessment.	4	4
<input type="checkbox"/>	<input type="checkbox"/>	Active skin condition which requires a minimum of daily monitoring or reassessment.		
<input type="checkbox"/>	<input type="checkbox"/>	Specialist dressing regime, several times weekly, which is responding to Treatment and/or consultation with Tissue viability Team.		
<input type="checkbox"/>	<input type="checkbox"/>	A skin conditions such as open wounds/burns requiring complex treatment regimens over a prolonged period and requiring regular supervision/advice from Tissue Viability Team	5	5
<input type="checkbox"/>	<input type="checkbox"/>	A life threatening skin condition that requires a prolonged complex skin regime that takes a long time more three or more times per day to reduce the risk of harm by a competent person or specially trained carer.	10	10

Pressure Risk Assessment if Relevant. Name of Tool [Click here to enter text.](#) **Score** [Click here to enter text.](#)
Refer to HSE National Wound Management Guidelines 2018 Further Information: [Click here to enter text.](#)

PCAT 2 update If required: [Click here to enter text.](#)

Equipment: [Click here to enter text.](#)

PCAT 2 update If required: [Click here to enter text.](#)

MOBILITY ASSESSMENT

Please Tick all Clinical Nursing Needs

Date 1	Date 2		Score PCAT 1	Score PCAT 2
<input type="checkbox"/>	<input type="checkbox"/>	The child has a medical condition but is independently mobile for age and stage of development	0	0
<input type="checkbox"/>	<input type="checkbox"/>	Able to stand/ sit as appropriate for developmental age, but needs some assistance and, requires support to access curricular or extracurricular activities	1	1
<input type="checkbox"/>	<input type="checkbox"/>	The child has intermittent episodes of dystonia (abnormal tone) localised in one isolated body region characterised by involuntary sustained or intermittent muscle contractions which cause twisting and repetitive movements, abnormal postures, or both.		
<input type="checkbox"/>	<input type="checkbox"/>	Completely unable to stand but able to assist or co-operate with transfers and/or repositioning or altered muscle tone which interferes with balance or movement	3	3
<input type="checkbox"/>	<input type="checkbox"/>	Intermittent episodes of dystonia (abnormal tone) in 2 or more body areas either beside each other or in different regions of body characterised by involuntary sustained or intermittent muscle contractions which cause twisting and repetitive movements, abnormal postures, or both.		
<input type="checkbox"/>	<input type="checkbox"/>	Unable to move in a developmentally appropriate way. Cared for in one position (bed or chair) and due to risk of physical harm, tissue viability or pain on movement needs careful positioning, and is unable to assist or needs more than one carer to reposition or transfer.	5	5
<input type="checkbox"/>	<input type="checkbox"/>	At high risk of injuries (including trips or falls or hyperactivity), requiring a structured management plan or one-to-one supervision.		
<input type="checkbox"/>	<input type="checkbox"/>	Involuntary contractures placing themselves and carers at risk or cumbersome equipment that limits mobility opportunities		
<input type="checkbox"/>	<input type="checkbox"/>	Intermittent or sustained episodes of dystonia (abnormal tone) characterised by involuntary sustained or intermittent muscle contractions which cause twisting and repetitive movements, abnormal postures, or both in more than half their body		
<input type="checkbox"/>	<input type="checkbox"/>	Increasingly frequent and severe episodes of generalised body dystonia with visible sign of distress combined with other neurological or systemic symptoms. Dystonia characterised by involuntary sustained or intermittent muscle contractions which cause twisting and repetitive movements, abnormal postures, or both	10	10
<p>Further Information: Click here to enter text.</p>				
<p>PCAT 2 update If required: Click here to enter text.</p>				
<p>Equipment: Click here to enter text.</p>				
<p>PCAT 2 update If required: Click here to enter text.</p>				

CONTINENCE AND ELIMINATION ASSESSMENT

Please Tick all Clinical Nursing Needs

Date 1	Date 2		Score PCAT 1	Score PCAT 2
<input type="checkbox"/>	<input type="checkbox"/>	Continent of urine and faeces (appropriate to age and development)	0	0
<input type="checkbox"/>	<input type="checkbox"/>	Continenence care is routine on a day-to-day basis and age appropriate	1	1
<input type="checkbox"/>	<input type="checkbox"/>	Incontinence of urine managed through e.g. medication, regular toileting, pads, use of penile sheaths etc.		
<input type="checkbox"/>	<input type="checkbox"/>	Is able to maintain full control over bowel movements or has a stable stoma and may have occasional faecal incontinence.	5	5
<input type="checkbox"/>	<input type="checkbox"/>	Continenence care is routine but requires monitoring to minimise risks, eg those associated with urinary catheters, double incontinence and/or the managements of severe constipation		
<input type="checkbox"/>	<input type="checkbox"/>	Continenence care is problematic and requires timely intervention by a competent person	10	10
<input type="checkbox"/>	<input type="checkbox"/>	Post ACE procedure with a complicated regime		
<input type="checkbox"/>	<input type="checkbox"/>	Complicated/difficult catheterization (e.g. is regularly incontinent of faeces several times a day or has a stoma that needs attention several times a day)	15	15
<input type="checkbox"/>	<input type="checkbox"/>	Peritoneal dialysis	20	20
<p>Further Information: Click here to enter text.</p>				
<p>PCAT 2 update If required: Click here to enter text.</p>				
<p>Equipment: Click here to enter text.</p>				
<p>PCAT 2 update If required: Click here to enter text.</p>				

COMMUNICATION ASSESSMENT

Please Tick all Clinical Nursing Needs

Date 1	Date 2		Score PCAT 1	Score PCAT 2
<input type="checkbox"/>	<input type="checkbox"/>	Communicates clearly, verbally or non-verbally appropriate to developmental needs	0	0
<input type="checkbox"/>	<input type="checkbox"/>	Has a good understanding of their primary language. May require translation if English is not their first language. Able to understand or communicate clearly, verbally or nonverbally within their primary language appropriate to their developmental level.	1	1
<input type="checkbox"/>	<input type="checkbox"/>	Needs prompting to communicate their needs. The child or young person's ability to understand and communicate is appropriate		
<input type="checkbox"/>	<input type="checkbox"/>	Communication about basic needs is difficult to understand or interpret, even when prompted unless with familiar people and requires regular support. Use of additional communication methods, e.g., LAIMH/sign language for child with sensory impairment.	3	3
<input type="checkbox"/>	<input type="checkbox"/>	Has a significant visual impairment		
<input type="checkbox"/>	<input type="checkbox"/>	Has a significant hearing impairment		
<input type="checkbox"/>	<input type="checkbox"/>	Requires frequent or significant support from carers and professionals to enable the child to either understand or communicate basic needs, requirements or ideas, even with familiar people.	5	5

Further Information: [Click here to enter text.](#)

PCAT 2 update If required: [Click here to enter text.](#)

Equipment: [Click here to enter text.](#)

PCAT 2 update If required: [Click here to enter text.](#)

SLEEP AND REST ASSESSMENT

Please Tick all Clinical Nursing Needs

Date 1	Date 2		Score PCAT 1	Score PCAT 2
<input type="checkbox"/>	<input type="checkbox"/>	Sleeps appropriate for age with no additional safety issues during sleep.	0	0
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty in establishing bed-time routine and sleep pattern relative to age , impacting upon family or irritability affecting sleep pattern	2	2
<input type="checkbox"/>	<input type="checkbox"/>	Parent/carer often interrupted sleep due to child's sleep pattern or health care needs	3	3
<input type="checkbox"/>	<input type="checkbox"/>	Extreme sleep deprivation for parent/carer and child due to condition.	5	5
<input type="checkbox"/>	<input type="checkbox"/>	Safety issues during sleep (e.g. Risk of apnoea, night-time seizures, risk of aspiration requiring suction)		

Further Information: [Click here to enter text.](#)

PCAT 2 update If required: [Click here to enter text.](#)

Equipment: [Click here to enter text.](#)

PCAT 2 update If required: [Click here to enter text.](#)

PAIN ASSESSMENT

Please Tick all Clinical Nursing Needs

Date 1	Date 2		Score PCAT 1	Score PCAT 2
<input type="checkbox"/>	<input type="checkbox"/>	No evidence of pain	0	0
<input type="checkbox"/>	<input type="checkbox"/>	History of episodes of pain in past 4 weeks but controlled by medication	1	1
<input type="checkbox"/>	<input type="checkbox"/>	Episodes of pain on a daily basis which require regular prescribed medication- chronic pain	2	2
<input type="checkbox"/>	<input type="checkbox"/>	Severe uncontrolled episodes of pain resulting in disturbed sleep and requiring a complex regime of medication- chronic pain with acute exacerbation	3	3
<input type="checkbox"/>	<input type="checkbox"/>	Palliative care pain relief	5	5

Further Information: [Click here to enter text.](#)

PCAT 2 update If required: [Click here to enter text.](#)

Equipment: [Click here to enter text.](#)

PCAT 2 update If required: [Click here to enter text.](#)

Pain Assessment

- A professional assessment of pain should be completed in conjunction with parental assessment with or without use of a paediatric pain profile. Any pain must be investigated for cause. Refer to CCHN pain guideline.
- Chronic Pain is defined as having pain for 6 months or more and may be referred to as chronic regional pain syndrome (CRPS) where a psychological cause may or may not have been found.
- Chronic pain may be managed by regular Paracetamol, Codeine, Anti-Inflammatories, and Diazepam etc. all of differing strengths and doses as prescribed.

Palliative care pain relief may include regular opiates and/or symptom control drugs such as antihistamine, anti-emetics or anti-convulsants

SPECIFIC / SUDDEN AND/OR UNPREDICTABLE EVENTS ASSESSMENT

(EG LABILE BODY TEMPERATURE, HYPOGLYCAEMIA, RISK OF SUDDEN DEATH DUE TO CARDIC OR CENTRAL NERVOUS SYSTEM DIAGNOSIS, ANAPHYLAXIS)

Note: This category relates to clinical nursing needs that are not covered elsewhere in this assessment tool. If a nursing need has been scored elsewhere in the P-CAT it should not be included in this descriptor.

Please Tick all Clinical Nursing Needs

Date 1	Date 2		Score PCAT 1	Score PCAT 2
<input type="checkbox"/>	<input type="checkbox"/>	No sudden or unpredictable events.	0	0
<input type="checkbox"/>	<input type="checkbox"/>	Sudden unpredictable event leading to rapid deterioration in condition/potential loss of life(discretion in application of score between 1-50 depending on risk, severity and/or frequency of event) Please indicate the score that you allocate Click here to enter text.	1-50	1-50

Please provide further Information to support score given: [Click here to enter text.](#)

PCAT 2 update If required: [Click here to enter text.](#)

Equipment: [Click here to enter text.](#)

PCAT 2 update If required: [Click here to enter text.](#)

CHALLENGING BEHAVIOUR ASSESMENT (UNSCORED SECTION)

Please Tick all Clinical Nursing Needs

Date 1	Date 2	
<input type="checkbox"/>	<input type="checkbox"/>	No evidence of challenging behaviour
<input type="checkbox"/>	<input type="checkbox"/>	Some incidents of challenging behaviour that is manageable and do not post a significant risk or barrier to intervention.
<input type="checkbox"/>	<input type="checkbox"/>	The child is usually compliant with care
<input type="checkbox"/>	<input type="checkbox"/>	Challenging behaviour that follows a predictable pattern and can be managed by a skilled carer or care worker * who is able to maintain a level of behaviour that does not pose a risk to self or others.
<input type="checkbox"/>	<input type="checkbox"/>	Challenging behaviour (severity or frequency) that requires specialist clinical assessment, advice and review.
<input type="checkbox"/>	<input type="checkbox"/>	Challenging behaviour (severity or frequency) that poses a significant risk to self and/or others and that requires special skills from daily carers and prompt responses to manage the number or levels of incidents of risk (NB The behaviour may be evidenced on a frequent basis , or it may be the withdrawal of skilled support would result in those behaviour's reoccurring and a programme of intervention could support the child and family locally)
<input type="checkbox"/>	<input type="checkbox"/>	Behaviour that poses an immediate risk to self or others (severity and frequency) requiring urgent specialist intervention to reduce or manage risk and needs a highly specialist multi-agency program of intervention that cannot be provided locally
<p>Further Information: Click here to enter text.</p>		
<p>PCAT 2 update If required: Click here to enter text.</p>		
<p>Equipment: Click here to enter text.</p>		
<p>PCAT 2 update If required: Click here to enter text.</p>		
<p>*Please note that any concerns identified as representing danger to the child and/or others need immediate referral to relevant specialists</p>		

PSYCHOLOGICAL AND EMOTIONAL ASSESSMENT (UNSCORED SECTION)

Please Tick all Clinical Nursing Needs

Date 1	Date 2	
<input type="checkbox"/>	<input type="checkbox"/>	No additional psychological or emotional needs apparent for age and Development stage.
<input type="checkbox"/>	<input type="checkbox"/>	Mild depressive or anxiety symptom's, periods of distress which respond to prompts and reassurance OR .
<input type="checkbox"/>	<input type="checkbox"/>	Requires prompts to motivate self towards activity and to engage in care plan and/or daily activities
<input type="checkbox"/>	<input type="checkbox"/>	Depression, anxiety or anger which results in periods of distress, which do not readily respond to prompts or reassurance OR
<input type="checkbox"/>	<input type="checkbox"/>	Withdraws from social situations. Demonstrates difficulty in engaging in care plan and/or daily activities
<input type="checkbox"/>	<input type="checkbox"/>	Rapidly fluctuating moods of depression, anxiety or anger necessitating specialist support and intervention OR
<input type="checkbox"/>	<input type="checkbox"/>	Unmotivated, requiring continuous support and intervention to engage in care Plan and/or daily activities.
<p>Further Information: Click here to enter text.</p>		
<p>PCAT 2 update If required: Click here to enter text.</p>		
<p>Equipment: Click here to enter text.</p>		
<p>PCAT 2 update If required: Click here to enter text.</p>		
<p>*Please note that any concerns identified as representing danger to the child and/or others need immediate referral to relevant specialists</p>		

PCAT 1	Parent / Child Comments	PCAT 2
Click here to enter text.	Click here to enter text.	
PCAT 1	PCAT 2	
Person with Parental Responsibility: Click here to enter text.	Person with Parental Responsibility: Click here to enter text.	
Signature: Print Name:	Signature: Print Name:	
Child's Signature if appropriate: Print Name:	Child's Signature if appropriate: Print Name:	
Date: Click here to enter text.	Date: Click here to enter text.	

PCAT 1	Nursing Comments	PCAT 2
<p><i>(To include any relevant additional family information and community/voluntary services involved in child's care.)</i></p>	<p><i>(To include any relevant additional family information and community/voluntary services involved in child's care.)</i></p>	
<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	
<p>Signature:</p>	<p>Signature:</p>	
<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	
<p>Print Name: Click here to enter text.</p>	<p>Print Name: Click here to enter text.</p>	
<p>Date: Click here to enter text.</p>	<p>Date: Click here to enter text.</p>	

CLINICAL ASSESSMENT OVERVIEW

Domains	Date 1 Click here to enter text.	Date 2 Click here to enter text.
	Score	Score
Breathing	Click here to enter text.	Click here to enter text.
Nutritional Intake	Click here to enter text.	Click here to enter text.
Seizures or Altered State of Consciousness	Click here to enter text.	Click here to enter text.
Skin & Tissue Viability	Click here to enter text.	Click here to enter text.
Mobility	Click here to enter text.	Click here to enter text.
Contenance & Elimination	Click here to enter text.	Click here to enter text.
Medication	Click here to enter text.	Click here to enter text.
Communication	Click here to enter text.	Click here to enter text.
Sleep & Rest	Click here to enter text.	Click here to enter text.
Pain	Click here to enter text.	Click here to enter text.
Specific Sudden/ Unpredictable Event	Click here to enter text.	Click here to enter text.
Total	Click here to enter text.	Click here to enter text.
PCAT 1 Nurse 1 Signature Click here to enter text. _____	PCAT 2 Nurse 1 Signature Click here to enter text. _____	
Block Caps Click here to enter text. Post Title Click here to enter text. NMBI PIN Click here to enter text.	Block Caps Click here to enter text. Post Title Click here to enter text. NMBI PIN Click here to enter text.	
PCAT 1 Nurse 2 Signature Click here to enter text. _____	PCAT 2 Nurse 2 Signature Click here to enter text. _____	
Block Caps Click here to enter text. Post Title Click here to enter text. NMBI PIN Click here to enter text.	Block Caps Click here to enter text. Post Title Click here to enter text. NMBI PIN Click here to enter text.	

Appendix 7: Nursing Activity Record

Nursing Activity/Intervention

Name
DOB:
Date _____

Instructions This pro forma is to be completed by **Nursing staff, Allied Health professionals or family carers** on a **half hourly** basis for the 24 hour period. If no nursing activity/intervention is performed during the half hour period, Place X in box i.e. in column 2.

- Column 2 – Insert details of nursing activity/intervention
- Column 3 – length of time care activity takes
- Column 4 – Child asleep or awake during activity

1	2	3	4	5
Time	Details of nursing activity/intervention	Activity in minutes	Child asleep or awake	Signature
8am				
8.30am				
9am				
9.30am				
10am				
10.30am				
11am				
11.30am				

1	2	3	4	5
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H HSE Procedure for Completion of Paediatric Community Nursing Assessment Tool (PCAT) for a Paediatric Homecare Package.

VERSION NO: 1 EFFECTIVE FROM DATE: 01/09/2025 REVISION DUE DATE: 01/09/2028

Time	Details of nursing activity	Activity in minutes	Child asleep or awake	Signature
12md				
12.30pm				
1pm				
1.30pm				
2pm				
2.30pm				
3pm				
3.30pm				
4pm				
4.30pm				
5pm				
5.30pm				
6pm				
6.30pm				

H HSE Procedure for Completion of Paediatric Community Nursing Assessment Tool (PCAT) for a Paediatric Homecare Package.

VERSION NO: 1 EFFECTIVE FROM DATE: 01/09/2025 REVISION DUE DATE: 01/09/2028

1	2	3	4	5
Time	Details of nursing activity	Activity in minutes	Child asleep or awake	Signature
7pm				
7.30pm				
8pm				
8.30pm				
9pm				
9.30pm				
10pm				
10.30pm				
11pm				
11.30pm				
12mn				
12.30am				
1am				
1.30am				

H HSE Procedure for Completion of Paediatric Community Nursing Assessment Tool (PCAT) for a Paediatric Homecare Package.

VERSION NO: 1 EFFECTIVE FROM DATE: 01/09/2025 REVISION DUE DATE: 01/09/2028

1	2	3	4	5
Time	Details of nursing activity	Activity in minutes	Child asleep or awake	Signature
2am				
2.30am				
3am				
3.30am				
4am				
4.30am				
5am				
5.30am				
6am				
6.30am				
7am				
7.30am				