



Scottish
Ambulance
Service
Working in Partnership with Universities



Paediatric End of Life managed Care Network (PELiCaN)

This letter should be carried alongside child's CYPADM form and Future Care Plan

FOR ATTENTION OF EMERGENCY SERVICES:

Patient Name:	CHI/DOB:
Home Address:	
Secondary Marker Address (if applicable):	

This child has a CYPADM in place.

This letter is to advise that the above-named child/young person has a **PELiCaN Police Scotland Occurrence Marker/Scottish Ambulance Service alert** in place on their home address detailed above.

They have this supporting letter alongside their CYPADM/DNACPR as it has been identified that there is a risk of sudden deterioration that could result in death in the community which would not necessarily be unexpected.

For further information please contact the professionals identified in the Police occurrence marker/Ambulance alert.

This process does not mitigate Police and Ambulance attending the child's home, but will ensure they are fully aware of the unique circumstances to provide a proportionate and sensitive approach.