

(Institution Logo)

(Institution name)-Care Plan for the Dying Person

Person's Full Name: M F	Hospital Number: <div style="text-align: center; margin-top: 5px;">Sticker</div>
Setting of care plan: HOSPITAL (Ward: _____) HOSPICE: _____ HOME: _____	DOB: _____
Diagnosis: _____	

Goal	To promote "good individualised end of life care for the Dying Person", incorporating maintenance of dignity and comfort for both the person and family /carers. This will include palliation of symptoms as and when they occur.
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SECTION 1: INITIAL ASSESSMENT: Care Plan for the Dying Person This care plan will be reviewed in its entirety by a senior clinician daily.	
1. Recognition of dying and shared decision making by- – Healthcare professionals - Dying Person - Relative / Carer	
<ul style="list-style-type: none"> • Have all <u>potentially reversible</u> causes of the patient's deterioration been excluded? Eg: Dehydration, hypoglycaemia; opioid toxicity; hypercalcaemia; renal failure, infection, etc 	Y N
<ul style="list-style-type: none"> • Is there a decision for organ transplantation? 	Y N
Comments:	
<ul style="list-style-type: none"> • Does the team believe the patient is in the last few hours / days of life? 	Y N
Indicate all that are relevant (This is only to support and not replace your clinical judgement):	
<ul style="list-style-type: none"> • Profound weakness / bedbound / requiring all care 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Drowsy or reduced cognition / semi-conscious / unconscious 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Diminished intake of food / only able to take sips of fluids 	<input type="checkbox"/>
<ul style="list-style-type: none"> • No longer able to take oral medication 	<input type="checkbox"/>
<ul style="list-style-type: none"> • No interest in food / drink / surroundings 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Multi-organ failure 	<input type="checkbox"/>

Documenting the decision

(Agreed by accountable doctor* and at least one trained nurse who knows the person)

Doctor's Name:

Signature:

Nurse's name:

Signature:

Date:

Time:

am / pm

Is there an advanced care plan or clearly expressed wish by the person to refuse treatment?	Y	N
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If other specialists involved a professional consensus of having reached a point of futility and that the person is now dying, is obtained & documented *	Y	N
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Family conference(s) to convey early, accurately, and sensitively the above decision	Y	N
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Family understand person is dying	Y	N
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Family consensus and agreement for comfort care only is documented**	Y	N
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Family is explained the various options for further care and de-escalation of inappropriate treatment.	Y	N
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Family' choice of the place for further care is recorded and plans made to facilitate this	Y	N
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Guidance and Care Plan for the Dying (GCP-D) is explained and initiated	Y	N
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Reference:

End-of-life care policy: An integrated care plan for the dying -

- A Joint Position Statement of the Indian Society of Critical Care Medicine (ISCCM) and the Indian Association of Palliative Care (IAPC)

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** see Multi-Professional Team Consensus and Family Consensus documentation forms.

Accountable doctor* and nurse who know the person, documenting the shared decision

Accountable Doctor's Name & Signature:

Trained nurse's Name & Signature

***Accountable doctor: Senior experienced doctor, trained in end of life care**

Person's name:

Hospital / Hospice no:

Sticker

Baseline information

Date:

Time:

At the recognition of dying is the person:

In Pain	Y	N	Able to swallow	Y	N	Confused	Y	N
Agitated	Y	N	Continent (bladder)	Y	N	(Record whichever is applicable)		
Nauseated	Y	N	Catheterised	Y	N	Conscious	Y	N
Vomiting	Y	N	Continent (Bowels)	Y	N	Semi-conscious	Y	N
Dyspnoeic	Y	N	Constipated	Y	N	Unconscious	Y	N
Experiencing respiratory tract secretions							Y	N
Experiencing any other symptoms (eg oedema, itch, etc.)								
Is person on ventilator?							Y	N

2. Communication: Recognition of dying / Information exchange

The person is able to take full and active part in communication?	Y	N	NA
The person is aware that they are dying	Y	N	NA
The relative / carer is able to take full and active part in communication?	Y	N	
They are aware that their relative / friend is dying?	Y	N	
They are aware of what support the Hospital can offer Hospital information & facilities leaflet is given	Y	N	
Next of Kin and up-to-date Contact information is available	Y	N	

3. Spirituality

The person is given the opportunity to discuss what is important to them Eg: their wishes, feelings, faith, beliefs, values, concerns	Y	N	NA
The relative / carer is given the opportunity to discuss what is important to them. Eg: their wishes, feelings, faith, beliefs, values, concerns	Y	N	

Person's name

Sticker

Hospital / Hospice No:

4. Clinical decision making - medication

The person has medication prescribed on an "as required" / prn basis for all of the following symptoms which may develop in the last few days of life:

Pain	<input type="checkbox"/>
Nausea / vomiting	<input type="checkbox"/>
Terminal agitation or potential bleed	<input type="checkbox"/>
Dyspnoea	<input type="checkbox"/>
Respiratory tract secretions	<input type="checkbox"/>

Anticipatory prescribing in this manner will ensure there is no delay in responding to a symptom if it occurs and there is no doctor immediately available.

Medicines for symptom control will only be given when needed, at the right time, just enough and no more than is needed to manage the symptom.

Current Medication assessed and non- essentials discontinued.

Equipment is available for the person to support a continuous subcutaneous infusion (CSCI)/intravenous infusion of medication where required (eg syringe driver/pump) or regular intermittent and prn subcutaneous (SC) injections:

Already in place Not required Using regular & prn boluses SC/IV

If a CSCI is to be used, explain the rationale to the person, carer or relative.

Not all persons who are dying will require a CSCI.

A 4 hourly check list should be in place to monitor and support the use of a CSCI.

5. Clinical decision making –

Review all interventions in the best interest of the person at this moment in time

Have the following been assessed and discontinued if inappropriate / causing harm?

	N/A	Continued	Discontinued	Commenced
Routine blood tests				
IV fluids / antibiotics				
Blood glucose monitoring				
Recording vital signs				
Oxygen therapy				

Person's Name:

Hospital / Hospice No:

Sticker

Cardio-Pulmonary resuscitation

	YES	NO	Not Appropriate
Have the issues been considered?			
Is a Comfort Care Only / Allow Natural Death (AND) order in place?			
Has it been discussed with the person?			
Has it been discussed with the Relative / carer?			
If in place, the implantable Cardioverter Defibrillator(ICD) is deactivated			
Has this been discussed with Person / Relative?			
			Details
The person's skin integrity has been assessed If bed sore present: site(s), size, grades 1- 2 - 3 - 4			

6. The person's need for nutrition is assessed and reviewed

Does the person need Clinically Assisted (artificial) Nutrition (CAN)?

Continued

Discontinued

Not required

If already in place, which route?

NG/RT

PEG/PJ

NJ

TPN

As appropriate, discussed with person / relative / carer

7. The person's need for fluids is assessed and reviewed

Does the person need Clinically Assisted (artificial) Hydration (CAH)?

Continued

Discontinued

Not required

If already in place, which route?

IV

SC

NG/RT

PEG/ PJ

As appropriate, discussed with person / relative / Carer?

Person's name:

Sticker

Hospital / Hospice No:

8. Communication regarding the current Care Plan			
	YES	NO	Not appropriate
A full explanation of the care plan has been given to the person			
Is the person aware that good nursing and medical care will continue?			
A full explanation of the care plan has been given to the relative / carer?			
A leaflet is given to the carers explaining what changes may occur before death			
The referring medical team is aware that the person is dying			

Additional information		
Have the person / family / carers been given the opportunity to express their concerns?		
Do we know the preferred place of death?	Y	N
In Hospital / Hospice?	At home?	Elsewhere?
Are there any arrangements / decisions in place following death? Eg: burial / cremation / special requests – embalming / organ donation, etc		
Any other comments / observations of note?		
SECTION 1: INITIAL ASSESSMENT – PROGRESS NOTES		
Record significant events / conversations / medical review / 2nd opinion	Signature	