Person's Name: **Sticker**

Hospital /Hospice No: **Setting of care plan: Hospice/Hospital (Ward:)**

SECTION 2: ONGOING ASSESSMENT OF THE CARE PLAN

Date: **Day:**

Undertake a Team review of this plan if at any time there is an improvement in:

- Conscious level, functional ability, oral intake, mobility, or ability to perform self-care

or

- Concerns expressed regarding the management plan from either person, carer or team

This plan must be reviewed daily by one of the EOLC trained doctors

Sign (at the bottom) during each assessment– a signature indicates the patient was assessed as given below:

Yes (achieved) = Y **No (not achieved) = N**

If the outcome was not achieved, then an explanation / comment will be recorded on the progress notes (overleaf).

Timings:	2am	6am	10am	2pm	6pm	10pm
The person does not have pain						
The person is not agitated						
The person does not have respiratory tract secretions						
The person does not have nausea						
The person is not vomiting						
The person is not breathless						
The person does not have urinary problems						
The person does not have bowel problems (bowels last opened: _____)						
The person does not have other symptoms If present record: _____						
The person's comfort & safety regarding the administration of medication is maintained						
The person receives food and fluids to support their individual needs						
The person's mouth is moist and clean						
The person's skin integrity is maintained						
The person's personal hygiene needs are met						
The person receives care in a physical environment adjusted to support their individual needs						
The person's psychological wellbeing is maintained						
The person's spiritual wellbeing is maintained						
The well-being of the relative/carer attending to the dying person is maintained						
Signature of nurse: (each assessment)						

Person's Name: **Sticker**

Hospital / Hospice No:

Progress Notes:

Record here any comments or observations*, particularly if goals are <u>not</u> achieved.*
Also, any significant events or conversations with clinical staff or carers /medical review.

Date / time	Comments	Signature