

Affix Patient Label

# Personalised Care Plan for the Last Days of Life

For use in Community Setting

Patient Name:

Hospital Number:

Date of Birth:

NHS Number:

**Remember to apply the principles of the Mental Capacity Act 2005**

**General Practitioner:**

**Team:**

**Date:**

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**PERSONALISED CARE PLAN FOR THE LAST DAYS OF LIFE**

This guidance is to aid the care of patients thought to be dying within the next few days. The patients care should be individualised to their specific needs. If advice is needed at any stage, contact the patient's General Practitioner/Out of Hours Doctor or the palliative care team on 3642 (01271347214) North Devon Hospice or Hospiscare helpline on (01392 688044) for East, Exeter and Mid Devon.

<b>Family contact details</b>	
<p>If the patient's condition changes, who should be contacted first?</p> <p>If the patient's condition changes, when should they be contacted?</p> <p>If the first contact is unavailable, who should be contacted?</p> <p>When to contact:</p>	<p>1<sup>st</sup> contact: name:.....                      Relationship to patient.....                      Telephone Number.....                      Mobile no:.....                      At any time:                      Not at night time:</p> <p>2<sup>nd</sup> contact: name:.....                      Relationship to patient.....                      Telephone Number.....                      Mobile no:.....                      At any time:                      Not at night time:</p>
<b>Lasting Power of Attorney</b>	
<p>Patient has a Lasting Power of Attorney (LPA) for Health and Welfare</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If in doubt check with the office of the public guardian</b></p>	<p>Name of attorney – health and welfare:                      .....                      Telephone no:.....                      Mobile no:.....</p>
<b>Recognition of dying</b>	
<p><b><u>AIM: To ensure patient and family are aware of situation and what to expect</u></b></p> <p>The patient is aware that they are dying</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Unsure</p> <p>(Has this been recorded in the patient's medical/clinical records?)</p> <p>The family are aware that the patient is dying</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Unsure</p> <p>Has this been recorded in the patient's medical/clinical records?</p> <p>Has a Treatment Escalation Plan been discussed and completed by the General Practitioner?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p>Document what has been said to the patient and by whom                      .....                      .....                      .....                      .....                      Name of family member or carer informed:                      .....                      Date and time conversation took place:                      .....                      Document what has been said to family/carers and by whom:                      .....                      .....                      .....</p>

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Information	
<p><b><u>AIM: To ensure relatives and carers are aware of the support available to them in the community setting and relevant contact telephone numbers.</u></b></p> <p>Provide carer support</p>	<p>Information sheet given    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

Spiritual and emotional well being	
<p><b><u>AIM: For the patient to be treated as an individual</u></b></p> <p>Patient is given the opportunity to discuss what is important to them, including, faith, feelings, beliefs, wishes, and values.</p> <p>Wishes and preferences re care, is there any advanced care planning to support this?</p> <p>Identify any specific needs at death or after death, if the patient wished to donate tissue ring 0800 432 0559 and inform the donation service of the wish. Give care as normal, patient can be transferred to funeral director as usual.</p>	<p>Religious or spiritual beliefs:                  .....</p> <p>Preferences:                  .....                  .....                  .....</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No .....</p> <p>Needs at death/needs after death:                  .....                  .....                  .....</p>

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Symptom management	
<p><u>AIM: To maintain comfort</u></p> <p>Observe patients for signs of distress:-</p> <ul style="list-style-type: none"> <li>• Physical</li> <li>• Psychological</li> <li>• Spiritual</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure medications have been prescribed for symptom management and changes on the required documentation.</li> <li>• Is there a Just in Case Bag/Box available?</li> </ul> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>• Administer medication as appropriate</li> <li>• Offer comfort as appropriate</li> <li>• Offer support from other services as appropriate</li> <li>• Consider activities of daily living and associated care planning</li> </ul>
Nursing observations	
<p><b><u>AIM: To only continue interventions providing overall benefit.</u></b></p> <p>The following observations have been discussed and agreed with the patient's General Practitioner/Out of Hours Doctor.</p> <p>For patients requiring observations what actions should happen if the observations are abnormal?</p> <p>All patients should be reviewed regularly to check they are comfortable and not distressed.</p>	<p>Heart rate                      BP                      Respiratory rate                      Temperature                      Oxygen saturations                      Blood sugar</p> <p>If observations abnormal; contact.....                      .....</p>

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<b>Feeding and fluids</b>	
<p><b><u>AIM: To maintain comfort by appropriate provision of fluids and nutrition according to need.</u></b></p> <p>All patients who are able to take sips of fluids should be offered regular drinks and food as appropriate.</p> <p>If patients unable to take oral fluids/food a discussion will be had with the patient's General Practitioner/Out of Hours Doctor and patients family/carers.</p>	<ul style="list-style-type: none"><li>• Record clearly in patient's clinical records</li></ul>

<p><b>Name of registered nurse completing this Care Plan:</b> <b>Date/Time:</b> <b>Signature:</b> <b>Print Name:</b> <b>Role:</b></p>
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