

Personalised Care Plan for the Last Days of Life

Patient name
Hospital number
Date of birth
NHS number

Nursing Care Plan

(This care plan is to be used in conjunction with the **Medical Care Plan**)

Remember to apply the principles of the Mental Capacity Act 2005

Consultant:	Ward:	Date:
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Name: DOB: Hosp No: NHS No:

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 patient's care should be individualised to their specific needs. If advice is needed at any stage, contact a member of the patient's medical team, or the palliative care team on 8102 (8115 out of hours), or the Facilitator in End of Life Care on 2457.

Family contact details	
<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>1st contact: name:</p> <p>Relationship to patient:</p> <p>Telephone no:</p> <p>Mobile no:</p> <p>At any time: <input type="radio"/></p> <p>Not at night time: <input type="radio"/></p> <p>2nd contact: name:</p> <p>Relationship to patient:</p> <p>Telephone no:</p> <p>Mobile no:</p> <p>At any time: <input type="radio"/></p> <p>Not at night time: <input type="radio"/></p>
Lasting Power of Attorney	
<p>Patient has a Lasting Power of Attorney (LPA) for Health and Welfare</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Name of attorney – health and welfare:</p> <p>Telephone no:</p> <p>Mobile no:</p>
Recognition of dying	
<p>The patient is aware that they are dying</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p> <p><i>(If this has been recorded in the medical care plan then record "see medical care plan")</i></p> <p>The family are aware that the patient is dying</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p> <p><i>(If this has been recorded in the medical care plan then record "see medical care plan")</i></p>	<p>Document what has been said to the patient and by whom (see also medical care plan):</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Name of family member or carer informed:</p> <p>.....</p> <p>Date and time conversation took place:</p> <p>.....</p> <p>Document what has been said and by whom:</p> <p>.....</p> <p>.....</p> <p>.....</p>
Information and explanation of facilities	
<p>"Supporting care in the last hours or days of life"</p> <p>Information sheet to be given to relative/carer</p> <p>Relatives and carers to be given a full explanation of facilities available to them (should include verbal and written information)</p>	<p>Information sheet given <input type="radio"/> Yes <input type="radio"/> No</p> <p>Should include information on car parking, bathroom & toilets, refreshments, payphone, accommodation, chapel, visiting times, etc.</p>

Religion and spirituality																			
<p>Patient is given the opportunity to discuss what is important to them, including, faith, feelings, beliefs, wishes, and values.</p> <p>Offer support of chaplaincy team/religious leader.</p> <p>Identify any specific needs at death or after death</p>	<p>Religious tradition or spiritual beliefs:</p> <p>Chaplaincy team /religious leader support accepted: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Needs at death/needs after death: </p>																		
Symptom management																			
<p>Consider and address possible symptoms For example, pain, shortness of breath, nausea, vomiting, restlessness, confusion, urinary retention, dry mouth etc.</p> <p>Consider whether any of these symptoms are reversible, for instance confusion caused by opioid toxicity or abdominal pain and restlessness caused by urinary retention.</p> <p>Seek advice from medical team, or the palliative care team if needed.</p> <p>Patient has anticipatory medications prescribed</p>	<p>Document current symptoms:</p> <p><input type="radio"/> Pains (including sites of pain)</p> <p><input type="radio"/> shortness of breath <input type="radio"/> nausea <input type="radio"/> vomiting <input type="radio"/> restlessness <input type="radio"/> confusion <input type="radio"/> urinary retention <input type="radio"/> dry mouth <input type="radio"/> respiratory tract secretions <input type="radio"/> other.....</p> <p>Ensure anticipatory medications are prescribed PRN on the medication chart.</p>																		
Nursing observations																			
<p>The following observations have been discussed and agreed with the medical team (see medical care plan).</p> <p>All patients should be reviewed regularly to check they are comfortable and not distressed.</p> <p>For patients receiving observations what actions should happen if the observations are abnormal?</p> <p>PEWS has been discussed and agreed with the medical team (see medical care plan).</p>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Heart rate</td> <td style="border: none;"><input type="radio"/> Yes</td> <td style="border: none;"><input type="radio"/> No</td> </tr> <tr> <td style="border: none;">BP</td> <td style="border: none;"><input type="radio"/> Yes</td> <td style="border: none;"><input type="radio"/> No</td> </tr> <tr> <td style="border: none;">Respiratory rate</td> <td style="border: none;"><input type="radio"/> Yes</td> <td style="border: none;"><input type="radio"/> No</td> </tr> <tr> <td style="border: none;">Temperature</td> <td style="border: none;"><input type="radio"/> Yes</td> <td style="border: none;"><input type="radio"/> No</td> </tr> <tr> <td style="border: none;">Oxygen saturations</td> <td style="border: none;"><input type="radio"/> Yes</td> <td style="border: none;"><input type="radio"/> No</td> </tr> <tr> <td style="border: none;">Blood sugar</td> <td style="border: none;"><input type="radio"/> Yes</td> <td style="border: none;"><input type="radio"/> No</td> </tr> </table> <p>If observations abnormal; contact</p> <p>Should a PEWS call be triggered? <input type="radio"/> Yes <input type="radio"/> No (discussed and agreed with the medical team)</p>	Heart rate	<input type="radio"/> Yes	<input type="radio"/> No	BP	<input type="radio"/> Yes	<input type="radio"/> No	Respiratory rate	<input type="radio"/> Yes	<input type="radio"/> No	Temperature	<input type="radio"/> Yes	<input type="radio"/> No	Oxygen saturations	<input type="radio"/> Yes	<input type="radio"/> No	Blood sugar	<input type="radio"/> Yes	<input type="radio"/> No
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Feeding and fluids																			
<p>All patients who are able to take sips of fluids should be offered regular drinks and food as appropriate.</p> <p>Patients unable to take oral fluids/food will have MDT decision regarding artificial hydration and nutrition.</p>	<ul style="list-style-type: none"> See Medical Care Plan. Record clearly in daily Personalised Care Record MDT discussion/decision; recorded in medical notes and daily Personalised Care Record 																		

Name of nurse completing this Care Plan:	Date/Time:
Signature:	Grade:

Supporting care in the last hours or days of life

Information sheet to be given to the family following discussion

As the end of life approaches it can be difficult to estimate how much time is left, but this may now be as short as hours or days.

We will do our best to make sure that is as comfortable and well cared for as possible.

It can be difficult to take lots of information on board at a time like this, but we will do our best to explain things to you simply and clearly. If you have questions or just want to talk things over with one of the doctors, nurses or chaplain, let us know.

Medication

Taking tablets and other medication usually becomes more difficult as it becomes harder to swallow safely. We will stop any medication that is not helpful. We will make sure that injections are available if needed, for instance to control pain, sickness, breathlessness and other symptoms. They will only be given if and when needed, just enough and no more than is needed to help the symptom.

Reduced need for food and drink

We will offer help and support with eating and drinking for as long as possible. However as part of the dying process, most people gradually lose interest in food and drink. When a person stops eating and drinking it can be hard to accept even when we know they are dying.

Sometimes fluids given by a drip may be offered, but a drip will only be recommended where it is helpful and not harmful.

Good mouth care is very important to relieve dryness. If you would like to help with this, let us know.

Comfort

We will offer help with personal care regularly. However, we recognise that it is important for you to have time and space just to be together. This is sometimes a difficult balance to achieve so please let us know if we need to do things differently, for whatever reason.

Feel free to share as much of the physical care as you want, or if you prefer, support by spending time together, sharing memories and news of family and friends.

We understand this may be all very unfamiliar to you. Please let us know if there are any questions that occur to you, no matter how insignificant you think they may be or how busy we may seem.

We want to provide the best care we can.



We can be reached during daytimes on:.....

Night time:.....

Other information or contact numbers (e.g. palliative care nurse / district nurse):

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This space can be used for you to list any questions you may want to ask:

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