

Patient Name:..... D.O.B.:..... NHS/hospital no.:.....

Caring for the Dying Patient

Daily Ongoing Assessment

Place of care:

Date & Time:	Record your assessment Y (Yes) N (No)											
Is the patient's pain adequately controlled?												
Is the patient calm, and not agitated or distressed?												
Does the patient have excessive respiratory tract secretions?												
Does the patient have any nausea and / or vomiting?												
Is the patient's breathing clear and comfortable?												
Are there any problems with the patient's bladder or bowels?												
Is the patient's mouth comfortable, moist and clean?												
Have you any concerns about the patient's current hydration and nutritional needs?												
Does the patient have any other symptoms? Please state:												
Do you have any new concerns about the patient's skin integrity?												
Are the patient's personal hygiene needs being met?												
Are the patient's psychological needs being met?												
Are the patient's spiritual needs being met?												
Is the physical environment adjusted to support the patient's individual needs?												
Is the wellbeing of the relative / carer being supported?												
Are care decisions being shared with the patient and / or carer(s)?												
Signature of the person making the assessment												

If a problem is identified, ensure that the care plan is updated or a new care plan is developed.

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Caring for the Dying Patient - Medical Reassessment

Date:..... Time: Named Consultant/GP:.....

ASSESS

- Patient / relative / carer concerns
- Events, changes in symptoms
- Hydration, nutrition, continence, cognitive status
- Examination: mouth, skin, presence or absence of
- Pain/nausea/distress/upper respiratory secretions/ breathlessness

CHECK

-Has there been a significant deterioration or improvement in the patient's condition?

- Drug chart for prn use of any medications
- Are necessary PRN medications prescribed and those which the patient cannot take discontinued?
- Do the nursing staff have any concerns?
- Has spiritual care been considered?
- Needs of carers including after death

MANAGEMENT

- Does the current management plan need to change?
- Do any drug doses or routes require adjustment?

DISCHARGE/ SETTING

- Is the patient in their preferred place of care?

ESCALATION

- Do you need to discuss this patient with a more senior colleague?

COMMUNICATION

- What does this patient/carer want to know about what is happening?
- Do they have any questions or concerns?
- Have you handed over any key information to other team members?

Clinical Assessment, Communication and Plan

Name of person completing assessment:

Signature and Designation:

