

Name: NHS No: DOB:

COMMUNICATION CORE CARE PLAN

Goal:

..... and / or relatives / carers will be informed and involved in decision making.

Barriers to communication will be identified and overcome if possible.

Interventions:

1. The Registered Nurse will undertake an assessment to identify any barriers to good communication between the patient, relatives, carers and professionals.
2. Assessment of the individual's usual language and method of communicating with others to be completed i.e. does the patient communicate using formal speech, or via non verbal communication methods including gestures and sounds.
3. All staff to ensure the individual is assisted to communicate their needs via their usual channels of communication with additional support where necessary i.e. the use of pictorial aids and information.
4. Ongoing assessment and review of the patient's communication needs to be undertaken as their ability to communicate may change as their condition deteriorates.
5. The Registered Nurse will supervise and support health and social care assistants and where necessary relatives / carers to assess and monitor all aspects of communication in relation to supporting the patient. Nursing staff should advise health and social care providers to report any problems with communication.
6. Ensure that the patient's treatment, medication and plan of care (including any changes) is fully communicated to them (if possible), their relatives, carers and other relevant persons.
7. Ensure that the verbal discussions are supported by providing a leaflet, e.g. 'When Someone is Dying' (also available in an easy read version). Children / adolescents should have access to age appropriate advice and information to support them.
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NURSING COMMUNICATION & DISCUSSION WITH PATIENT AND / OR CARER

Please document discussions with patient and / or carer regarding:

- Patient / carer understanding of the current situation
- The plan of care
- Any questions or concerns, which have been raised
- Who to speak to or contact if worried or concerned

Communication & Discussion

Care plan completed by:

Name (*print*) Designation Signature

Care plan agreed and discussed with: (*circle*) patient / relative / carer Name

Date care plan commenced: Time commenced: