**Caring for the Dying Patient.**

**Document**

**The Care for the Dying Patient documentation has 5 core components:**

1. Relatives’ / Carers’ Contact Information and healthcare professional’s signatory information
2. Medical Assessment
3. Initial Holistic Nursing Assessment
4. Daily Ongoing Assessment
5. Drug prescription sheet

**If required there are also a number of core care plans and resources available**

**Core Care Plans**

* Agitation Core Care Plan
* Accountability for the Dying Patient
* Community Nursing Care Plan
* Communication Core care Plan
* Dyspnoea Core Care Plan
* End of Life Core Nursing Care Plan
* NV Core Care Plan
* Pain Core Care Plan
* Respiratory Tract Secretions Core Care Plan
* Spirituality Core Care Plan

**Resources**

* NESCN Palliative Care Guidelines Guidance sheet
* Verification of Expected death
* When Someone is Dying Leaflet
* Care after Death
* Grieving Booklet
* 24hr communication record for patient/carers

**All documentation can be found on the Strategic Clinical Networks website.**

[**www.northerncanceralliance.nhs.uk**](https://www.northerncanceralliance.nhs.uk/pathway/palliative-and-end-of-life-care/end-of-life-care/caring-for-the-dying-patient/)

|  |  |
| --- | --- |
| Surname: | Forename: |
| Address: | D.O.B. |
| Patient ID no.: |
| NHS no.: |

**Relatives’ / Carers’ Contact Information**

**1st Contact 2nd Contact**

Name: ………………………………….. Name: …………………………………..

Home telephone: ................................ Home telephone: …………………..….

Work telephone: ………………………. Work telephone: ……………………….

Mobile telephone: …………………….. Mobile telephone: ………………………

Relationship: ………………………….. Relationship:……………………………

**Times to be contacted** [ ]  Any time **Times to be contacted** [ ]  Any time

[ ]  Between specified hours:……….… [ ]  Between specified hours: …………

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**Healthcare professionals’ signatory information**

All personnel completing this document, please sign below (once only)

Patient’s Name:…………………..……… D.O.B.:…………… NHS/hospital no.:………..………

All personnel completing this document, please sign below (once only)

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