

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

Medical Assessment - Recognition that the patient is dying

The decision relating to the patient's prognosis must be endorsed by the most senior clinician responsible for the patient's care (Consultant/GP)

Date Time Place (e.g. Home/Hospital/Hospice)

Responsible consultant/GP: GP Practice:.....

If the current clinical impression is that the patient is ill enough that they may die in the next hours or days, and any reversible causes have been considered, please document the key information which supports this decision:

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Does the patient have a valid DNACPR document? Yes No

If not, please state reason:

Who has this been discussed with? Patient / relative / carer

Patient Preferences

Does the patient currently have capacity to make decisions regarding current and future treatment plans? Yes No

(If the patient currently lacks capacity, decisions should be made using a best interest process, taking into account the patient's expressed preferences. Further information about all these issues is available in the *Deciding right* resources section on the Northern England Strategic Clinical Network website www.northerncanceralliance.nhs.uk)

Are there any of the below documents in place?		Location
Advance Decision to Refuse Treatment (ADRT)	<input type="checkbox"/>	
Advance Statement	<input type="checkbox"/>	
Emergency Health Care Plan (EHCP)	<input type="checkbox"/>	

Is there a Lasting Power of Attorney (LPA) for Health & Welfare?

Yes No Name:

Are there any additional expressed wishes or decisions? e.g. organ / tissue donation

Patient's current preferred place of death:.....

(If not expected to achieve this, please state reason:))

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Medical Assessment - Developing a Plan of Care

In certain circumstances it may be appropriate to continue certain medications/interventions:

Current Interventions	Currently not being taken or given	Discontinued	Continued / commenced	Comments
Routine blood tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blood glucose monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recording of routine vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Does the patient have an Implantable Cardioverter Defibrillator (ICD) or other device in place?
 Yes No

Document any actions required:

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Review of regular medications

Review all medication and decide whether it is necessary or is beneficial for symptom control. Consider alternative routes if patient is unable to swallow. Yes

Remember to prescribe anticipatory medication for the following (refer to NECN

Palliative and End of Life Care Guidelines):

- Pain
- Nausea and vomiting
- Agitation/distress/delirium
- Breathlessness
- Respiratory secretions

Please consider the impact of pre-existing, new or worsening **renal dysfunction** when prescribing regular and as-required medication

Does the patient have any long term condition? e.g. diabetes, seizures Yes No

If yes, please document plan for managing this:

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Medical Assessment - Nutrition and Hydration

If the patient expresses a wish to eat or drink, staff should offer **assistance** when required. **Even if there are concerns that a patient's swallow is impaired or unsafe, he/she may still elect to eat and drink.** If the patient has mental capacity and understands the risk of aspiration, oral food and fluids must **NOT** be withheld from a patient who wishes to eat and drink.

For patients who do not have mental capacity, decisions regarding: whether to allow eating/drinking should be made using the best interests process (further information is available in *Deciding right* via www.northerncanceralliance.nhs.uk)

Are there any concerns that the patient's swallow is impaired / unsafe? Yes No

Nutrition

Please document decisions regarding oral, enteral or parenteral nutrition:

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Hydration

Please document decisions regarding oral or parenteral hydration:

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Plan of Care and Communication

Document the plan of care and discussion that has taken place with the patient and relative / carers, including any specific concerns or issues.

This should include the discussion regarding the changing of medication (including use of syringe drivers if needed), plan of care for provision of fluids and nutrition, and any treatments which are discontinued or should continue.

If conversations about the treatment plan have already been documented in main notes or electronic patient record, please provide a brief summary here, and state the date(s) and time(s) that are documented in the patient record for reference:

Summary of key issues and plan of care:.....

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Medical Assessment continued

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Communication with patient / relative / carer

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Please state who was present during discussion

Patient Yes No
Staff member(s):.....
Relative/Carer(s):.....
Other:.....

Can this patient's death be verified by a registered nurse? Yes No

If no, please state the reason and plan for care after death:

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Does this patient's death need to be referred to the coroner? Yes No

If yes, please state reason:

Signature: Date: Time:

Print name: Designation: GMC No:

If appropriate, discussed plan with senior clinician:

(Name: Time: date:)