**Caring for the Dying Patient**

**Document**

**The Caring for the Dying Patient documentation has 4 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

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

**Core Care Plans**

* Agitation Core Care Plan
* Communication Core Care Plan
* Dyspnoea Core Care Plan
* Nausea and Vomiting Core Care Plan
* Pain Core Care Plan
* Respiratory Tract Secretions Core Care Plan
* Spirituality Core Care Plan

**Resources**

* NESCN Community Prescription Chart
* NESCN Palliative and End of Life Care Symptom Control Guidelines
* Caring for the dying patient guidance
* Verification of Expected Death Form
* Care after Death Form
* Understanding What is Happening when Someone is Dying
* ‘Grieving’ information leaflet
* 24hr communication record for patient/carers

|  |  |
| --- | --- |
| 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: …………

**Healthcare professionals’ signatory information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** |  **Print Name** **(BLOCK CAPITALS)** | **Signature** |  **Initials** |  **Designation and professional registration number** **(if applicable)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** |  **Print Name** **(BLOCK CAPITALS)** | **Signature** |  **Initials** |  **Designation and professional registration number** **(if applicable)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |