

## Northern England Strategic Clinical Networks

Name: D.O.B:			
SPIRITUALITY CORE CARE PLAN			
Goal: and / or relatives / carers are given the opportunity to discuss what is important to them.			
Interventions:			
<ol> <li>The Registered Nurse will undertake an assessment to identify wishes, beliefs, feelings faith and values of patient and / or relatives / carers.</li> </ol>			
2. Patients and / or relatives / carers should be given the opportunity (if possible) to discus			
<ul> <li>What helps them to cope with difficult situations</li> <li>What can be done to help them at this time</li> <li>Is there anything from their cultural or faith background that would help (e.g. significant people, rituals / rites, scriptures / prayers, music, photographs)</li> </ul>			
3. Please document any specified religious traditions:			
<ol> <li>The patient and / or relatives / carers are offered support of the chaplaincy team / religious or faith leader.</li> </ol>			
Religious leader to be contacted(please circle): Yes No Already involved			
Name: Telephone no:			
Identify and document the patient's and / or relatives / carers needs and wishes now an after death. Please specify:			
6			
7			
Care plan completed by:  Name (print)			
Care plan agreed and discussed with: (circle) patient / relative/ carer Name			



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Name:		
Date & Time	Assessment / Plan / Evaluation	Signature & Designation