Affix patient identification label in box below or complete details

| | |
|---|---|
| Surname | Patient i.d.No. |
| Forename | D.O.B. DDMMYYYY |
| Address | NHS No. |
| | Sex. Male / Female |
| | |
| | |
| Postcode | |

# Caring for the Dying Patient - Daily Ongoing Assessment

**Secondary Care**: Minimum 4 hourly checks **Community Care**: Minimum 3 visits in 24 hours

Date: …….. Lead Nurse: …….. Place of care: ……..

| | Record your assessment Y (Yes) N (No) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Time: | | | | | | | | | | | | |
| Is the patient's pain adequately controlled? | | | | | | | | | | | | |
| Is the patient calm, and not agitated or distressed? | | | | | | | | | | | | |
| Does the patient have excessive respiratory tract secretions? | | | | | | | | | | | | |
| Does the patient have any nausea and / or vomiting? | | | | | | | | | | | | |
| Is the patient's breathing clear and comfortable? | | | | | | | | | | | | |
| Are there any problems with the patient's bladder or bowels? | | | | | | | | | | | | |
| Is the patient's mouth comfortable, moist and clean? | | | | | | | | | | | | |
| Have you any concerns about the patient's current hydration and nutritional needs? | | | | | | | | | | | | |
| Does the patient have any other symptoms? Please state: …… | | | | | | | | | | | | |
| Do you have any new concerns about the patient's skin integrity? | | | | | | | | | | | | |
| Are the patient's personal hygiene needs being met? | | | | | | | | | | | | |
| Are the patient's psychological needs being met? | | | | | | | | | | | | |
| Are the patient's spiritual needs being met? | | | | | | | | | | | | |
| Is the physical environment adjusted to support the patient's individual needs? | | | | | | | | | | | | |
| Is the wellbeing of the relative / carer being supported? | | | | | | | | | | | | |
| Are care decisions being shared with the patient and / or carer(s)? | | | | | | | | | | | | |
| **Signature of the person making the assessment** | | | | | | | | | | | | |

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## Caring for the Dying Patient - Relative / Carers Assessment

*(Once Daily):*

| **Do you have any concerns with your relative/friend's comfort?** | **Do you feel your practical needs are being met?** |
|---|---|
| | |
| **Do you feel you are managing emotionally with the current situation?** | **Are the things important to you being considered?** |
| | |

## Caring for the Dying Patient - Ongoing Nursing Care

**If a problem is identified, ensure that the care plan is updated or a new care plan is developed.**

| Date &Time | Problem/Care Plan | Intervention | Outcome | Signature |
|---|---|---|---|---|
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| Postcode | |

# Caring for the Dying Patient - Medical Reassessment

**Lead Consultant / GP:**

……

**ASSESS**

-patient / relative / carer concerns
-events, changes in symptoms
-hydration, nutrition, continence, cognitive status
-examination: mouth, skin, presence or absence of pain/nausea/distress/upper respiratory secretions/ breathlessness

**CHECK**

**-has there been a significant deterioration or improvement in the patient's condition?**
-drug chart for PRN use of any medications
-are necessary medications prescribed and those drugs which the patient cannot take discontinued?
-do the nursing staff have any concerns?
-has spiritual care been considered?
-needs of carers including after death

**MANAGEMENT**

-does the current management plan need to change?
-do any drug doses or routes require adjustment?

**DISCHARGE/ SETTING**

-is the patient in their preferred place of care?

**ESCALATION**

-do you need to discuss this patient with a more senior colleague?

**COMMUNICATION**

-what does this patient/carer want to know about what is happening?
-do they have any questions or concerns?
-have you handed over any key information to other team members?

**Clinical Assessment, Communication and Plan**

**Name of person completing assessment:**
**……..**
**Signature: ……Designation: ……**
**Date:……..Time:……..……**

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| | |
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| Date and time | Record any significant issues and communication / discussion with patient / relatives / carers | Signature Print name Designation |
|---|---|---|
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