

# 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

| 1 <sup>st</sup> Contact  | 2 <sup>nd</sup> Contact  |
|--------------------------|--------------------------|
| Name:                    | Name:                    |
| Home telephone:          | Home telephone:          |
| Work telephone:          | Work telephone:          |
| Mobile telephone:        | Mobile telephone:        |
| Relationship:            | Relationship:            |
| Times to be contacted    | Times to be contacted    |
| Between specified hours: | Between specified hours: |

### Healthcare professionals' signatory information

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

| Date | Print Name<br>(BLOCK CAPITALS) | Signature | Initials | Designation and professional<br>registration number<br>(if applicable) |
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| Date | Print Name<br>(BLOCK CAPITALS) | Signature | Initials | Designation and professional<br>registration number<br>(if applicable) |
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