

# **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**

- NECN Community Prescription Chart
- NECN 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

|          |                 |
|----------|-----------------|
| Surname: | Forename:       |
| Address: | D.O.B.          |
|          | Patient ID no.: |
|          | NHS no.:        |

### Relatives' / Carers' Contact Information

#### 1<sup>st</sup> Contact

Name: .....

Home telephone: .....

Work telephone: .....

Mobile telephone: .....

Relationship: .....

**Times to be contacted**  Any time

Between specified hours:.....

#### 2<sup>nd</sup> Contact

Name: .....

Home telephone: .....

Work telephone: .....

Mobile telephone: .....

Relationship:.....

**Times to be contacted**  Any time

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) |
|------|--------------------------------|-----------|----------|--|
|      |                                |           |          |  |
|      |                                |           |          |  |
|      |                                |           |          |  |
|      |                                |           |          |  |
|      |                                |           |          |  |
|      |                                |           |          |  |
|      |                                |           |          |  |
|      |                                |           |          |  |

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