URN:

Name:

Date of Birth:

Address:

ADDRESSOGRAPH

CONSULTANT/ GP			
CARE SETTING			
DATE			

Personalised Care Record for the expected last days of life Part 1 – Recognition and Communication

This care record is designed to support best possible clinical care at the end of life in accordance with the person's needs and wishes.

It is a multi-organisational document to be used by all professionals and is to be shared with the person, their family and carers. Each organisation should comply with their own policies and procedures.

If there is any content that you would like more information on, please contact the professionals that are currently providing care.

Name ..... **DOB** ..... **URN** .....

Guidelines for staff

This replaces all other nursing and medical documentation excluding medication charts.

1. This care record is designed to record the communication and collaboration between the multi-professional team, individual adult patients and their family / carers.
2. If you require any additional support and advice please contact the Specialist Palliative Care Team Jersey Hospice Care (JHC) on 01534 876555.
3. For guidance on symptom management at the end of life please refer to local guidelines for symptom management. Available on JHC website and HCS intranet.
4. In the community this document should stay with the patient and be adapted to their needs and wishes.
5. In hospital the document is held in the notes and replaces existing nursing and medical documentation and should be adapted to the patient's needs and wishes.
6. On discharge from hospital the document must be photocopied, the original is to be transferred with the patient and the copy filed in the patient's medical notes.

Health Care Professional Record

All people involved in decision making and delivery of care, please complete and sign below

Full Name (Print)	Signature	Initials	Designation	Date

Name ..... DOB ..... URN .....

Priorities of Care of the Dying Person

1. Recognise

The possibility that a person may die within the next few days or hours is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly. Always consider reversible causes, e.g. infection, dehydration, hypercalcaemia, etc.

2. Communicate

Sensitive communication takes place between staff and the dying person, and those identified as important to them.

3. Involve

The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.

4. Support

The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.

5. Plan & Do

An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.

Leadership Alliance for the Care of Dying People (2014) One Chance to Get it Right. Improving people's experience of care in the last few days and hours of life.

Name ..... DOB ..... URN .....

Person's Details

Name: .....

Preferred Name: .....

Address: .....

.....

Post Code: .....

Home Telephone: .....

Mobile Telephone: .....

Religion / Faith: .....

GP: .....

Address: .....

.....

..... Post Code: .....

Telephone No: .....

.....

Communication Barrier:
(please state) .....

Language Service Assistant required: Yes / No

Family/Carer Assistance used: Yes / No

Name: .....

Telephone No: .....

Language: .....

Big Word required: ..... Yes / No

Big Word access code: .....

BOOKING a Language Service Assistant / Interpreter:

During office hours (09:00-17:00) contact 01534 442460 or email hss.interpreter@health.gov.je
Out of hours – refer to theBigword if appropriate (access codes are available for the service).

Contact hospital switchboard 01534 442000 for advice if the person is audibly impaired.

Next of Kin's Details

Name: .....

Relationship to patient: .....

Address: .....

.....

Post Code: .....

Telephone No. day: .....

Telephone No. night: .....

Mobile Telephone: .....

Able to contact anytime (please state):
yes anytime
.....

Communication Barrier:
(please state) .....

Language Service Assistant required: Yes / No

Family / Carer Assistance used: Yes / No

Name: .....

Telephone No: .....

Language: .....

Big Word required: ..... Yes / No

Big Word access code: .....

Name ..... **DOB** ..... **URN** .....

Designated Clinical Team

Consultant / GP (please delete) **Telephone No:** .....

Print Name: ..... **Date:** .....

Transfer of Care to another Clinical Team or Care Setting

Ensure direct communication with new clinical team via telephone / fax / email. (Please delete methods as applicable) Please contact JDoc (Tel: 01534 444341) to confirm transfer of care.

Name of new Consultant / GP: (please delete)

..... **Date:** .....

Care Setting:

..... **Date:** .....

Name of new Consultant / GP: (please delete)

..... **Date:** .....

Care Setting:

..... **Date:** .....

Capacity and Decision Making

If your patient is able and wishes to, it is important to discuss the multi-disciplinary team's recognition that they are now in the last days of life, recording what their preferences are and looking at how their care plan will change.

Some patients will lack capacity to make some decisions. However, they may have already taken steps to ensure their preferences are known:

- in written form using an Advance Decision to Refuse Treatment (ADRT) which will advise on treatments they would not want
- with a person who has been legally appointed as a Lasting Power of Attorney for Health and Welfare (LPA) for the patient and who will make decisions on their behalf

You should ask if your patient has any of the above in place and you must respect them.

Sometimes a patient who lacks capacity may not have made any legal arrangements regarding decision making. In such circumstances, decisions are made using best interests. The Capacity and Self-Determination (Jersey) Law 2016 Code of Practice explains how to make best interest decisions on behalf of people who lack capacity. This includes consulting with family and carers who can give written or verbal information to the multi-disciplinary team or decision-maker.

Name ..... DOB ..... URN .....

DOCTORS

Recognition of Dying

The term 'recognition of dying' is used to define a time when someone is now thought to be approaching the last days of their life.

All possible reversible causes for current condition have been considered and the person is now thought to be entering the last hours or days of life for the following reasons:

Diagnosis: .....

Symptoms of dying phase: .....

Who did you discuss this with?

Patient **Yes** ( ) **No** ( ) **If no, why?** (e.g. lack of capacity, patient declines discussion)

_____

Family **Name:** _____ **Relationship to patient:** _____

LPA **Name:** _____ **MUST BE CONTACTED**

Other **Name:** _____ **Relationship to patient:** _____

What did you say?

Any concerns voiced, by whom and action taken?

Agreed frequency of medical or senior nurse review (e.g. Daily):

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Form completed to allow a natural death	**Yes** ( )	**No** ( )	**If no, why?** .....
Implantable Cardioverter Defibrillator (ICD) deactivated?	**Yes** ( )	**N/A** ( )	.....
Is there an existing Advance Decision to Refuse Treatment (ADRT) to refer to?	**Yes** ( )	**No** ( )	
Does the patient have a LPA for Health and Welfare?	**Yes** ( )	**No** ( )	
If there is an Advance Care Plan (which may include tissue and organ donation), have the patient's wishes been respected?	**Yes** ( )	**No** ( )	**N/A** ( )

Where are these documents? .....

Name ..... **DOB** ..... **URN** .....

Recognition of Dying

Document which medical / nursing interventions you have reviewed and discontinued. These may include blood tests i.e. blood glucose monitoring, x-rays / scans, National Early Warning Score (NEWS2) observations chart and reviewing regular medications:

NEWS2 discontinued by: Signature: ..... Designation: .....

Date: ..... Time: .....

Anticipatory medications for pain, dyspnoea, agitation, nausea and respiratory secretions discussed and prescribed: **Yes** ☐ **If no** ( ) **Why?** .....

.....

Possible use of syringe pump discussed: **Yes** ( ) **If no** ( ) **Why?** .....

.....

Communication with patient / family / carers regarding Nutrition and Hydration

Document discussions you have had with the patient / family /carers around what to expect during the dying process with regards to **food and fluids** (which may include oral, enteral feed / parenteral fluids):

Gold Standards Framework register updated in GP Surgery: **Yes** ( ) **No** (

(Please initial once completed) ☐ Date: .....

Preferred Place of Death (PPD): **1st Choice** **2nd Choice**

If person wants to return home to die please support Rapid Discharge procedures.

Responsible Doctor's Signature: ..... **Designation:** .....

Print Name: ..... **Date:** .....

***Responsible Doctor should be a Consultant / GP or Specialist Doctor** **Time:** .....

DOCTORS

Name ..... **DOB** ..... **URN** .....

Spiritual Care

- Enquire about and respect any religious / faith or cultural specific requirements that are considered important to the patient, family or carer e.g. Last Rites.
- Support timely involvement of chaplaincy / spiritual leaders where this is required:

Document identified needs and action taken: .....

.....

.....

.....

Name and role of spiritual advisor: .....

Telephone Number: .....

Suspension of the PCR

The PCR should be suspended if the patient's condition improves and the MDT no longer believes the patient to be in the last days of life. The documentation should then revert to the organisation's normal records.

Suspended by: ..... Signature: ..... Designation: .....

Date: ..... Time: .....

How was the suspension of the PCR communicated with the patient / family / carers?

If the patient's condition deteriorates and the MDT again recognises that they are likely to be in the last hours or days of life please document below (or consider starting a new PCR, if the patient has been stable for weeks).

How was the recommencement of the PCR communicated with the patient / family / carers?

Name ..... **DOB** ..... **URN** .....

Support of Family and Carers

- Be aware and address any concerns or information needs expressed by the family / significant others whilst observing the patient's confidentiality and consent
- Consider early referral for emotional support by contacting the Community Bereavement Service on 285144
- Explore if the patient has any worries or fears which may need discussion
- Carer leaflet (Coping with Dying) given: Yes (No ( )

  Who to: .....

Please document concerns raised / discussion

Date:	Time:		Signature:

Name ..... **DOB** ..... **URN** .....

Care of patient and family / significant others after death

Confirmation of death. (Follow own organisation's policy)

Date of death:	**Time of death:**	**Actual place of death:**	
		PPD:	

Reason if preferred place of death not achieved:

Persons present at time of death and relationship to the deceased (including professionals)

If not present, has the patient's family / significant others been informed? Yes ( ) No ( ) No family / significant others ( )

If no state reason: .....

Name of person informed: ..... Relationship: .....

Telephone number: .....

Name of HCP verifying death:	**Date:**	**Time:**
Name of Doctor confirming death:	**Date:**	**Time:**
Name of Doctor certifying death:	**Date:**	**Time:**

Please record death confirmation in the HCPs own organisation's records as well as the PCR

If death occurs in hospital please complete PS47 form **Signature:**

Referred to Deputy Viscount ☐	**Burial** ☐	**Cremation** ☐	**Funeral Director**	

Relative and Carer Support and Guidance

- Offer family and significant others present, the opportunity to participate in preparing the deceased person for transfer to the mortuary or funeral directors premises
- Allow opportunity and time for further questions
- Provide Jersey General Hospital Bereavement leaflet if appropriate
- Provide information on Jersey Hospice Care Community Bereavement Services

Please fax this page to the patient's GP

Name ..... **DOB** ..... **URN** .....

After death contact check list				
Date	**Professionals to be informed as relevant**	**Name of professional**	**Tel No**	**Completed by**
	G.P.			
	Specialist Palliative Care Team			
	Family Nursing & Home Care			
	Home Care Providers			
	Medical Records/TRAK			
	Jersey Care Commission			
	Oncology			
	Wards/Care Home			
	Consultants involved in patient's care			
	Physiotherapist			
	Occupational Therapist			
	Social Worker			
	Clinical Nurse Specialist involved in patient's care			
	Spiritual Advisor			
	Cancer Relief			
	Equipment Providers			
	Volunteers			
	Others			
Community Action Required				
	Advise family re safe disposal of medication			
	Complete Anticipatory Prescribing outcome form			
	Remove Just in Case Box			
	Remove Syringe Pump			
	Remove Wendylett sheets			
	Remove Sharps box			
	Organise equipment return			