

PERSONALISED COMFORT & DIGNITY CARE PLAN

Name

Patient prefers to be known as:

NHS Number

Lead GP/ Practice..... Lead DN/ Team.....

Date Commenced:

Contact Details

If the patient's condition changes and no relatives/carers are with them, is there someone who should be contacted first?

Name Tel no

When should they be contacted? Day / Night / Anytime

Care plan to be used in conjunction with [Caring for Patients in Last Days of Life \(Community Guidance\)](#)

Name of Nurse Completing Form:

Signature of Nurse Completing Form:

Information for family and carers of the patient:

Relatives and friends are encouraged to write on the communication journal on Page 7. This can be used to write any information you wish to tell staff about or questions you would like to raise etc.

This care plan and discussion is individualised but based on national guidance for professionals. It is recognised that there are 5 priorities for care at this time:

- Recognise when a person may die within the next few days so that appropriate care can be provided.
- Offer sensitive communication between the patient, those caring for them and those identified as being important to them.
- Involve the patient in decisions about their care and treatment to the extent they want to be.
- Identify the needs of those who are important to the patient, respecting and meeting those as far as is possible.
- Discuss, agree and deliver a plan of care to meet the physical, emotional and psychological needs of the patient.

Reference: <http://www.palliativecare.bradford.nhs.uk/Documents/Standards>

Name of patient: [Type text]

NHS Number:

Care Plan Review

Care will be adapted to the patient’s needs by the professionals delivering care at each contact.

The overall plan of care will be reviewed by the patient’s usual care team prompted by changes in their condition or as a minimum every 72 hours.

Review of Care Plan:

Does the MDT agree that this patient is still in the last days of life?

Yes No 1st Review date

Who was involved in decision / discussions?

If ‘No’ what is the plan?

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Yes No 2nd Review date

Who was involved in decision / discussions?

If ‘No’ what is the plan ?

.....

Yes No 3rd Review date

Who was involved in decision / discussions?

If ‘No’ what is the plan?

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Yes No 4th Review date

Who was involved in decision / discussions?

If ‘No’ what is the plan ?

.....

Name of patient: [Type text]

NHS Number:

EPaCCs Check List:

Check the EPaCCS on SystemOne for the following information and update as necessary.

GSF RAG rating 'Red'

Gold Line referral in place & telephone number in house *Gold Line 01535 292768 - can be called 24hrs a day should you need advice or help.*

ReSPECT form in place

Preferred place of Death

DNACPR decision in place

Anticipatory medicine box ticked on EPaCCS

Any specific symptom management details recorded? E.g. in the event of a catastrophic bleed, fit

Does the patient have:

Advance care plan Yes No

Advance decision to refuse treatment: Yes No

Expressed wish for organ / tissue/body donation to science Yes No

Any other preferences for their care at end of life?
.....

Does the patient have an Implantable Cardiac Defibrillator (ICD)? Yes No

Is the ICD switched off? Yes No

If No, follow ICD deactivation policy (this is available on EPaCCS template)

Gold Box in place

VoED form completed on SystemOne

Care plan scanned to SystemOne record on completion

Name of patient: [Type text]

NHS Number:

Recognition that the patient is dying

This can sometimes be difficult. Following a joint professional discussion and agreement that the patient is in the last few days of life, the Comfort & Dignity Plan can be completed by any member of the multidisciplinary team.

Document which GP and other members of the team have been involved in making the decision (this is a multidisciplinary decision but must include agreement with the GP).

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.....

Confirm that all reversible causes for patient deterioration have been considered (tick to confirm)

Document the details of any relevant considerations:

.....
.....

Sensitive communication with the patient and family

Explain to patient and family/carers (as appropriate) what is happening, changes to care and the reasons why the care team consider that the patient may be entering last days of life. Identify if there are any specific communication needs / issues.

Is the patient aware that they are dying? Yes No Declines discussion Lacks capacity

Are the family/carers aware that the patient is dying? Yes No Decline discussion

“Supporting care in the last hours or days of life” booklet to given to family/ carer. Yes No

Document who has been involved and what has been discussed:

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.....

Treatments or interventions that require discontinuing:

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.....

Does the patient wish to remain at home? Yes No Lacks capacity

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.....

Family aware of DNACPR decision?

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DNACPR or ReSPECT form in house Yes No

Name of patient: [Type text]

NHS Number:

Pain & Symptom Management

Are anticipatory medications prescribed and available? Yes No

Anticipatory medication administration sheet available? Yes No

Has the use of anticipatory medications been explained to the patient & family/carers :-

- Patient Yes No Decline discussion Lacks capacity
- Family / carers Yes No Decline discussion

Do family/carers know who to contact if patient is distressed? Yes No

Do family/carers have the Gold Line telephone number? Yes No

Any other symptom management in place? e.g action in event of fits, catastrophic bleed

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Spirituality & Personal Values/Beliefs

What is important to the patient at this time? Is anything documented on EPaCCS regarding the patient's wishes? e.g. does the patient follow a faith?

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.....

Does the patient have any other wishes which are important to them at this time? e.g. pets present, music, make-up, a shave, perfume, clothing?

.....

.....

Name of patient: [Type text]

NHS Number:

Nutrition & Hydration

Food and drink should be offered to the patient as appropriate although their appetite may have reduced.

Has an explanation been given to the family/carers about the reduced need for food and drink which is expected at this time, and how mouth care can help to maintain comfort?

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Has effective mouth care technique been explained and demonstrated to family/carers?

Yes No Not required

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Review of artificial feeding if in place (e.g. NG, PEG or parental):

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.....

Specific needs after death

Discussed with family what to do when death occurs? Yes No not applicable

Discussed need for an undertaker with family? Yes No

Verification of Expected Death (VoED) completed

Signature

Date

Note: VoED form to be left in patient's home and duplicate to be completed on SystmOne record by nurse undertaking VoED to complete electronic record.

Care of Friends and Family

Bereavement booklet given to family/carers Yes No

Name of patient: [Type text]

NHS Number:

Listening to you.....

This page is for family, carers, friends and professionals to write any comments, concerns or other information that would be helpful to share.

Date	Comments/Concerns	Name

Name of patient: [Type text]

NHS Number:

Date	Comments/Concerns	Name