

# Palliative Care Special Patient Note (OOH Handover) Form

**111 Call Handler Information:** *(Enables the call to be directed to the most appropriate care setting)*

**Transfer to Clinical Adviser or contact specific service**

## PATIENT DETAILS

Name: Title Forename Surname

DOB Date of birth

NHS Number: NHS number

Address: Patient address house

Patient address road

Patient address locality

Patient address post town

Postcode: Patient post code

Phone: Patient home telephone number

Mobile: Patient mobile telephone number

## CARER DETAILS

Name:

Relationship:

Address:

Postcode:

Phone:

Mobile:

## MEDICAL BACKGROUND

Main Diagnosis (including metastases if cancer):

Other Significant medical conditions:

Brief details of past and current treatments:

Current problems:

Any other information:

## FUTURE PLANNING (Please tick as appropriate)

**Has the patient expressed a preferred place for their end of life care?**

Home  Care Home  Hospice  Hospital  Unknown

Comment:

Does the patient have an advance directive (Living Will) or other advance care plan?

Is there a copy in the home? YES  NO  If Yes, where is it?

Is there a current DNACPR order in the house? YES  NO  **(Ensure Regional form is completed)**

Is patient aware of diagnosis? YES  NO  Is carer aware of diagnosis? YES  NO

**Which anticipatory drugs are available in the home?**

Opioid:

Antisecretory drugs:

Antiemetic:

Sedative:

**Before arranging hospital admission, please consider contacting the out of hours District Nursing Team or the local Hospice, for advice on symptom control or possible hospice admission.**

You can contact the Hospice for advice even if the patient is not known to the hospice team

Local hospice:

Phone number:

Name (Print)

Sender Name

Signature

Designation

Date

Practice/Organisation

**Email this form to [spn.YAS111@nhs.net](mailto:spn.YAS111@nhs.net) from another nhs.net address, alternatively, if you do not have access to an nhs.net account please FAX: 0113 2433997**

A copy should remain in the patient's home.

A copy should be sent to the GP (if filled in by another professional).

Update this form every six weeks or sooner if appropriate.