**PALLIATIVE CARE INTEGRATED CLINICAL PATHWAY FOR END OF LIFE CARE**

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| **Name: Date of Birth:**  **Address:**  **GP: Bradma Number:**  **Allergies: Diagnosis:** |

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| **The goal of care:**  Holistic care(consideration for the whole person)  Maximise quality of life through symptom management,  Support for carers, staff and family.  **Indications for using palliative care pathway:**  1. Recognition of the dying phase: (RN or GP to commence pathway)  **Early Stage*:*** bed bound; loss of interest and ability to drink/eat; cognitive (thinking) changes: increasing sleepiness, difficult to swallow food/medications.  **Mid Stage*:*** further decline in mental status-- "death rattle"- pooled, oral  secretions that are not cleared due to loss of swallowing reflex; fever,  decreased urine output.  **Late Stage*:*** unconscious, cool extremities, changed breathing, fever is common;  **Time Course**: The time for the various stages can be less than 24 hours or up to  several days. It is difficult to accurately predict the time course.  **Instructions for use:**  **Pathway should be initiated as soon as the dying phase is recognised**  1. **Initial Assessment*:*** should be completed as the patient is entered onto the Pathway.  2. **Ongoing Assessment:** Completed by the care staff on every shift.  3. **Variance:** occurs if the Pathway is not followed as expected. Any variance should be  recorded. This is any change in the anticipated care needs or if a goal is not achieved  **N.B. a variance is not wrong but it is important to record to help with care delivery.** |

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| Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_ |

**INITIAL PSYCHOSOCIAL ASSESSMENT**

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| **Contact phone numbers: Contact phone numbers:**  1. Name: 2. Name:  Relationship to patient: Relationship to patient:  Phone No: Phone No:  Mobile phone No: Mobile phone No:  Contact at any time? Yes No Contact at any time? Yes No  **Cultural Background**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Spiritual: ------------------------------------------------------------------------------------------**  **-------------------------------------------------------------------------------------------------------**  Religious wishes known Yes No Denomination\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Wishes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Psychosocial:**  Discussion with patient re: stage of illness and aims of care plan Yes No  Formal Will completed Yes No  Maintain privacy (single room if available) Yes No  **Family/Carers*:***  Discussion with family/carers re: stage of illness and aims of care plan Yes No  Has the patient’s choice of location of death been discussed? Yes No  Funeral arrangements considered? Yes No  Family/carers aware of services / facilities available on the ward? Yes No  NOK identified and contact numbers clarified? Yes No  Do family wish to be present at the death? Yes No  GP Notified? Yes No  **Referred to:**  Social Work Yes No  Priest or Clergy Yes No  Other issues (list and date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_ |

Date \_\_\_/\_\_\_/\_\_\_

**INITIAL CARE ASSESSMENT**

**Care Plan**

**Physical Assessment**

Ongoing assessment is to be completed at the start and end of the shift by care staff.

A multidisciplinary team approach is necessary to provide all the care required at the end of life for the

patient, carer and family. Staff should seek the assistance of allied health or the palliative care consultative

team. Outcomes listed are considered to be the minimal acceptable standard for end of life care.

**Integrated Care Variance code: A – Achieved, V – Variance N/A - Not applicable**

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| **Patient problem** | **Shift**  **worked** | **Day 1**  **Date / /** | | | **Day 2**  **Date / /** | | | **Day 3**  **Date / /** | | | **Day 4**  **Date / /** | | | **Day 5**  **Date / /** | | | **Day 6**  **Date / /** | | | **Day 7**  **Date / /** | | |
| **Pain**  **Goal:** *Patient is pain free*  Based on  patient’s verbal and non-verbal  response, Note any:  grimacing, groaning on movement  Notify RN prn | **AM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **PM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **ND** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Agitation / Confusion**  **Goal:** *Patient does not*  *display signs of*  *restlessness*  -Exclude urinary tract infection by completing a FWT urine.  Check for  constipation as  possible cause | **AM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **PM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **ND** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Respiratory Secretions**  **Goal*:*** *Patient’s breathing is*  *not made difficult by noisy,*  *rattly secretions*  -Repositioning  Sit more upright if comfortable | **AM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **PM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **ND** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Breathing Problems**  **Goal:** *Patient does not have difficulty breathing*  -Fan on face.  -Reassuring presence.  - **Notify RN prn** | **AM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **PM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **ND** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Nausea & Vomiting**  **Goal**: *Patient does not*  *vomit or feel nauseous*  -Cool face washer, fan on, cool room,  Notify RN prn | **AM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **PM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **ND** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Skin Care**  **Goal***: Patient’s skin is intact*  -Pressure areas are absent  Air mattress or other pressure-relieving device is insitu.  -Regular repositioning, massage, moisturisers | **AM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **PM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **ND** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Oral Care**  **Goal***: Patient’s mouth is*  *clean and moist*  -“Biotene” used if able to swallow.  -1-2/hourly mouth wash using water  soaked swab if  unconscious.  -Lanolin to lips | **AM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **PM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **ND** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Eyes**  **Goal**: *Patient’s eyes are*  *moist.*  -Regular eye care with  saline if unconscious | **AM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **PM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **ND** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Personal Hygiene**  **Goal:** *Personal hygiene is*  *Maintained*  -Sponge in bed as patient &  family require.  -Invite carer/Family to participate. | **AM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **PM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **ND** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Bowel care:**  **Goal:** *Patient is not constipated*  -Bowel charts to be maintained appropriately Bristol stool type  documented | **AM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **PM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **ND** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Bladder care:**  **Goal** *Urinary care is maintained*  -Incontinence pads are  checked and changed  regularly. Barrier creams used to avoid excoriation as required. | **AM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **PM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **ND** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Psychological support**  **Goal:** *Patient and family are involved in decision-making and understand*  *that the person is dying*  -Support grieving.  -Encourage caring  activities and  individualised care delivery to suit the family situation and culture.  -Offer emotional support. | **AM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **PM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **ND** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Spiritual support**  -Provide opportunity for  expression of beliefs, fears  and hopes.  -Provide access to  religious and cultural resources.  -Facilitate religious or spiritual  practices. | **AM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **PM** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **ND** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Care Staff to sign for each**  **shift** | **Shift** | **A** | **P** | **N** | **A** | **P** | **N** | **A** | **P** | **N** | **A** | **P** | **N** | **A** | **P** | **N** | **A** | **P** | **N** | **A** | **P** | **N** |
| **Staff**  **Initials** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| \_\_/\_\_\_/\_\_\_  **Variance record**  **Definition of variance** Any exception, positive or negative, which effects care delivery  If an expected outcome is not achieved then a variance is recorded.  Enter the Variance into the table below and notify your supervisor/RN if outcomes are not achieved. |

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| **Date** | **Variance** | **Why did variance occur** | **Action** | **Outcome** |
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