

Advanced Health Care Directives - Palliative Care Plan



Resident Name: Susan MCV_02



Report created on: 11/06/2024 12:03 PM by Aileen Novo [Clinical Nurse Specialist]

Palliative Care

PALLIATIVE CARE

Enduring Power of Attorney (Medical Treatment)	Gordon MCV_02
Relationship to person	nephew
Resident/representative discussion	N/A
Date of discussion	10/06/2024
Bereavement Support	Yes
Comments	10/6/24 revised By GP Dr Francis Reed
In the event of sudden deterioration/death, when do family/representative wish to be notified?	As soon as possible
Religious personnel / counselor visits / service participation when ill/dying IF different from spiritual assessment details	Church of England (non-practicing)
Any specific wishes - Advanced Health Directives / Advanced Care Planning - regarding care when ill? - e.g. aromatherapy, level of Pain Management	Allow a natural death. Palliative care to treat pain and other symptoms. Keep comfortable and allow death with dignity.
Any specific wishes - Advanced Health Directives / Advanced Care Planning regarding care when dying? - e.g. if/when CPR to be commenced, organ donation, etc.	Allow a natural death. no hospital admission NO CPR Palliative care to treat pain and other symptoms. Keep comfortable and allow death with dignity
Name of person(s) outlining wishes	Susan MCV_02
Does the resident/family have any goals/beliefs they wish to pursue prior to death - e.g. visit friends/family?	I want to be comfortable, pain free and to die with dignity
Nominated funeral director details	Walkers

Intervention

Pain Management	Sue has arthritis in both hands and her shoulders. Sue assessed needs are that Sue would benefit from shoulder massage, physio exercises and offer of heat pack. Administer analgesia as charted.
Specific care to ensure resident is comfortable	Staff to monitor Sue pain and administer analgesia as charted as per medication round. Staff to monitor and record the effectiveness of the analgesia
Nutrition	Sue has regular cutup diet and thin fluids
Medication administration details	Staff to place medications in Sue hand and observe ingestion with a glass of thin fluid.
Position changes	Staff to encourage Sue to reposition regularly when seated for long periods of time .
Skin care	Staff to moisturise Sue limbs twice daily with and emollient after ADLS and before retiring.
Oral care	Sue has her own teeth which she brushes twice daily . Staff to setup equipment and prompt to use due to Sue STML.