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| **Individualised End of Life Care Plan**  **SECTION 3: Information Gathering** | |
| **Patient Information** | |
| **Patient name:** Mavis Worthington | **NHS number:** 567 5567 445 |
| **Home access details, risks, pets etc.:** *Beware big scary dog at top of ten steps* | |
| **Next of Kin / Carer / Responsible Adult / Emergency Contacts Information**  *Sid Jones, Brother 02394 665378*  *Hugh Maize, Neighbour, 21 Oak Dale, Willowdale. 03422 676344* | |
| **Power of Attorney**    *Yes Sid Jones, Brother 02394 665378* | |
| **Resuscitation Status** | |
| *Not for attempted CPR (Do not resuscitate)*  *Record any relevant discussions: ………………………….…………………………………………………………*  *……………………………………………………………….……………………………………………………………*  *……………………………………………………………………………………………………Date & Sign*  *……………………………………………………………………..………………………………………………………* | |
| **Previous Treatment Escalation Plans – Should be updated on EMISweb to reflect prognosis.** | |
| **Has Advanced Decision to Refuse Treatment?** *None recorded*  **Anticipated problems related to EoL condition (if relevant)?***Oesophageal cancer. Tends to aspirate. Does not want to go back to hospital for antibiotics and would prefer to be kept comfortable at home or in the hospice if any sudden deterioration. Brother and friends aware and planning to support alongside PoC.*  **Anticipated problems related to other conditions (if relevant)?** *Type 2 diabetes. Diet controlled. Does not monitor BMs any more than weekly. On regular clexane for recurrent PEs.*  **Details of any further discussions about admission etc if not outlined above:** *Happy to be admitted to hospice if family and friends, with PoC are unable to cope.*  **Any longstanding abnormal signs/examination findings?** *None recorded* | |

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| **Other Clinicians/Teams Involved in Patient’s Care** |
| **Specialist Teams Involved in Patient’s Care:** *None recorded*  **Involvement of Specialist Palliative Care?** *None recorded*  **Detail support available to patient / family from local chaplaincy or religious leaders:**  *Attends St Michaels church occasionally but is not a strong church goer. Family in contact with Rev Bishop*  *……………………………………………………………………………………………………………………*  *……………………………………………………………………………………………………………………*  *……………………………………………………………………………………………………………………* |

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| **SECTION 3: Information Gathering – Page 2** | |
| **Patient name:** Mavis Worthington | **NHS number:** 567 5567 445 |
| **Priorities of Care** | |
| **Date anticipatory drugs supplied?: *04/05/2106***  **Preferred place of death?:** *Preferred place of death - home*  **Discuss current preferred place of death and whether this is likely to be achievable** *(if PPD is “hospital” discuss with patient’s hospital specialist team and ensure Future Planning Template details are up to date, if “hospice” discuss with Palliative Care Team)*  *Initial Discussion: ………………………………………………………………………………………………*  *……………………………………………………………………………………………………………………*  *……………………………………………………………………………………………………Date & Sign*  *……………………………………………………………………………………………………………………*  *Review: ..…………………………………………………………………………………………………………*  *……………………………………………………………………………………………………………………*  *……………………………………………………………………………………………………Date & Sign*  *……………………………………………………………………………………………………………………* | |

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| **Discuss and Agree Aims of Care - Review Current Interventions** | | | | | | | | |
| **Review current medication :**  **Routine blood tests :**  **Blood glucose monitoring :**  **Recording of vital signs :**  **Oxygen therapy :**  **Subcutaneous fluids :**  **Intravenous fluids :**  **Intravenous antibiotics :**  **Artificial nutrition :** | | | **Continue □ Change □**  **Continue □ Discontinue □ List any required:**  **Continue □ Discontinue □ N/A □**  **N/A □ List those required and frequency:**  **Continue □ Discontinue □ N/A □**  **Continue □ Discontinue □ N/A □**  **Available in hospital □ Not wanted □ N/A □**  **Available in hospital □ Not wanted □ N/A □**  **Continue □ Discontinue □ N/A □** | | | Briefly outline changes | | |
| **Patient at risk of aspiration.** | Yes 🞏  No 🞏 | **Does patient wish to continue to eat:** | | Yes 🞏  No 🞏 | **If YES to BOTH. Is patient &/or family aware of the risks involved:** | | Yes 🞏  No 🞏 | Sign & Date |
| **“Nil by mouth’ or other feeding requirements should be documented in detail in**  **Section 4: Initial Assessment – Eating & Drinking** | | | | | | | |

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| **SECTION 3: Information Gathering – Page 3** | |
| **Patient name:** Mavis Worthington | **NHS number:** 567 5567 445 |
| **Considerations for Care before Death:** | |
| **Patient, family or next of kin wishes and preferences for care:** *Mavis has attended the hospice daycare and knows the hospice well but would to die at home in her back sitting room looking out over her garden. Ken her husband died at home two years ago and she feels closer to him at home.*  *Mavis has no appetite and struggles to swallow anyway and so has made an active decision to stop eating. She still manages drinks but knows she is at risk of aspiration.*  **Pacemaker and status of internal cardiac defibrillator:** *None recorded*  **Which family/carers want to be present when the person is thought to be imminently dying?**  *Family will sort this themselves with brother Sid being the main organiser of care.*  *……………………………………………………………………………………………………………………*  *……………………………………………………………………………………………………………………*  *……………………………………………………………………………………………………………………*  *……………………………………………………………………………………………………………………*  **Date completion of verification of death form recorded (where appropriate)?:** *23/4/2016*  Please keep verification form with this document. | |

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| **Considerations for Care after Death:** |
| **Wishes and Requirements following death:** *Wishes to be buried alongside her husband. Funeral paid for Hodgkins Undertakers, Marsh Wadlow* 01345 966677  **Patient under a DOLS?** *None recorded*  **Referral to coroner required?**  *None recorded*  **Tissue donation preferences:** *None recorded*  *Details……………………………………………………………………………………………………………………*  *……………………………………………………………………………………………………………………*  *……………………………………………………………………………………………………………………*  *……………………………………………………………………………………………………………………* |
| **Date printout produced**: 25/06/2016 |

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| **PATIENT’S MEDICAL INFORMATION**  **Please note up to date diagnoses can be found on Hampshire Health Record** |
| Relevant conditions, diagnosis and latest test results:  Body Text  Significant medical history:  Problems |
| **CURRENT MEDICATION**  **Please note up to date medications can be found on Hampshire Health Record** |
| Medication |
| Allergies |