

[PLACE PATIENT LABEL HERE]	
First Name: _____	Gender: _____
Surname: _____	Ph: _____
Address: _____	
Date of Birth: _____	NHI#: _____
Ward/Clinic: _____	Consultant: _____

Residential Aged Care

Planning for End of Life Care in Residential Aged Care

- Definition of “end-of-life” is when death is expected within hours/days.
- This form includes care during and around the time of death and immediately afterwards.
- End-of-life does not mean ‘no care’. It is a change in focus from active treatment to best supportive palliative care.

As with all clinical guidance this document aims to support, but does not replace, clinical judgement.

Enduring Power of Attorney	
<p>Is there an Enduring Power of Attorney (EPOA) for Health and Welfare? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Activated: Yes <input type="checkbox"/> No <input type="checkbox"/> Copy on file <input type="checkbox"/></p> <p>Who will be the family spokesperson if no EPOA?</p>	<p>Name Relationship Telephone no..... Mobile no.....</p> <p>Name Relationship Telephone no..... Mobile no.....</p>
Family/ whānau contact details	
<p>If the resident’s condition changes, who should be contacted first?</p> <p>If the resident’s condition changes, when should the contact be called?</p>	<p>1st Contact Name Relationship Telephone no..... Mobile no.....</p> <p>At any time <input type="checkbox"/> Not at night time <input type="checkbox"/></p>
<p>If the first contact is unavailable, who should be contacted:</p> <p>When to contact</p> <p>Next of kin if different from above</p>	<p>2nd Contact Name Relationship Telephone no..... Mobile no.....</p> <p>At any time <input type="checkbox"/> Not at night time <input type="checkbox"/></p> <p>Name Relationship Telephone no..... Mobile no.....</p>
<p>GP Name and contact details</p>	<p>Name Contact details.....</p>
<p>Hospice contact details</p>	<p>Phone number..... Out of hours phone number</p>

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The resident is required to be assessed and a care plan should be developed in line with the resident's (if able), family/whānau wishes and needs.

Always consider a call to your local Hospice team, to help when there are complex symptom management or emotional issues.

Advanced Care Plan	
Does the resident have an existing Advance Care Plan or Directive available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Where is the Advance Care Plan located?	Location _____
Preferred Plan of Care	
Resident's preferred place of care	Home <input type="checkbox"/> Hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Residential Care <input type="checkbox"/>
Family/whānau preferred place of care	Home <input type="checkbox"/> Hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Residential Care <input type="checkbox"/>

Clinical Goals			Signature & Date
Current medications reviewed with GP and non-essential medications discontinued	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
PRN subcutaneous anticipatory medications prescribed. See "Anticipatory Prescribing Guidelines" (Consider a call to Hospice)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Inappropriate interventions discontinued e.g. blood tests, routine observations, blood glucose monitoring, weighs, food and fluid records	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
The need for artificial hydration/nutrition is reviewed by the GP (a reduced need for food/fluids is part of the dying process)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the CPR status been reviewed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Implantable Cardioverter Defibrillator (ICD) is deactivated (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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Cultural	
<p>If able, the resident is given the opportunity to discuss their cultural needs e.g. before and after death</p> <p>Family/whānau is given the opportunity to discuss their cultural needs before and after death</p> <p>Does a referral to appropriate cultural support need to be made?</p>	<p>Document clearly in the clinical notes what was said and by whom</p> <p>Date and time of conversation:</p> <p>Document clearly in the clinical notes what was said and by whom</p> <p>Date and time of conversation:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Service:</p> <p>Name of person/s involved:</p>
Special requests	

Religious and Spiritual	
<p>If able the resident is given the opportunity to express what is important to them at this time e.g. wishes, feelings, faith, beliefs, values (before and after death)</p>	<p>Document clearly in the clinical notes what was said and by whom.</p> <p>Date and time of conversation:</p>
<p>The family/whānau is given the opportunity to express what is important to them at this time e.g. wishes, feelings, faith, beliefs, values (before and after death)</p>	<p>Document clearly in the clinical notes what was said and by whom.</p> <p>Date and time of conversation:</p>
<p>Offer spiritual support or contact the resident's preferred support person if required</p>	<p>Person contacted:</p>
Special Requests	

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Recognition of Dying	
The resident is aware they are dying?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not appropriate <input type="checkbox"/> Signature and date
The family/whānau is aware the resident is dying	Yes <input type="checkbox"/> No <input type="checkbox"/> Not appropriate <input type="checkbox"/> Signature and date

After Death Care	
If not already received give family/whānau "Bereavement Information" leaflet and list of funeral directors if required	Yes <input type="checkbox"/> No <input type="checkbox"/> Cremation <input type="checkbox"/> Burial <input type="checkbox"/>
Discuss as appropriate with family/whānau viewing of the body/tūpāpaku	Yes <input type="checkbox"/> No <input type="checkbox"/>
Community providers are notified of the resident's death e.g. GP, hospice, gerontology nurse, pharmacy etc	Contacted:

Information And Explanation	
Family/whānau given information about the facility e.g. visiting times, parking, tea and coffee, quiet area, toilets	Yes <input type="checkbox"/> No <input type="checkbox"/>
Information sheet : "What to expect when someone is dying" given to family/whānau if appropriate	Yes <input type="checkbox"/> No <input type="checkbox"/>