



UR no:

Surname: _____ Given name(s): ___

DOB:

Please fill in if no UR label available

CARE PLAN

FOR THE DYING PERSON

VICTORIA



CARE PLAN FOR THE DYING PERSON VICTORIA

Surname:	
Given nam	e(s):

DUD.	

Please fill in if no UR label available

Health professional guidance

RECOGNISING DYING

The possibility that a person may die within the next few days or hours is recognised and communicated clearly; all decisions made and actions taken are in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly.

Each multidisciplinary team (MDT)* assessment should always consider:

- . Is there a potentially reversible cause for the person's condition? E.g. exclude opioid toxicity, renal failure, hypercalcaemia, infection.
- 2. Is a specialist referral required? Seek a second opinion or specialist palliative care support as needed.

COMMUNICATE, INVOLVE AND SUPPORT

Sensitive communication takes place between staff, the dying person and those identified as important to them.

Staff must check if there is an existing advance care directive and if so, ensure it is reviewed.

Shared decisions are made about treatment and care to the extent the dying person wants or is able to participate. The possibility that the person may be dying is discussed. This communication must be conducted in a way that maximises dignity and privacy.

The needs of relative/friend(s)/support person/medical decision maker are explored, respected and met as far as possible. Staff must check understanding of the information being communicated and document this.

CREATE AN INDIVIDUALISED PLAN WITH ONGOING MEDICAL REVIEW

A care plan tailored to the individual needs of the dying person and those identified as important to them is developed and continually reviewed.

The agreed plan of care is co-ordinated and delivered with dignity, care and compassion. It is inclusive of, but not limited to, needs related to food and drink, symptom management and emotional, spiritual, religious and cultural support.

REVIEW

This care plan should be a continuum. The dying person's condition, needs and wishes should be reviewed at least daily by the senior treating doctor* and a registered nurse (Div 1).

A full MDT reassessment and review should be triggered when:

- 1. There is a significantly improved conscious level, functional ability, mobility, ability to perform self-care and/or
- 2. There are concerns expressed regarding the plan of care from the dying person, relative, friend, support person, medical treatment decision maker or treating team member.

This care plan will be discontinued in the event that the person's condition improves and a new goal of care must be developed and initiated.







This document is licensed under a Creative Commons Attribution-Non Commercial 4.0 International Public License. (CC BY-NC-ND) To view a copy of this license visit: https://creativecommons.org/licenses/

DISCLAIMER: This resource was originally produced by the Victorian End-of-Life Care Coordinating Program (VEC) in consultation with The International Collaborative for Best Care for the Dying Person and clinicians. It was updated by Safer Care Victoria. SCV will not be held responsible for any erroneous care provided using the Care Plan for the Dying Person – Victoria. The Care Plan for the Dying Person – Victoria is intended to be used by health professionals trained in its use. It is designed as an aid and does not replace clinical judgement and provision of care within scope of practice. SCV has exercised due care in ensuring the information contained in this document is based on best practice literature and professional opinion.



CARE PLAN FOR THE DYING PERSON VICTORIA

UR no:	
Surname:	
Given name(s):	
DOB:	
Please fill in if no UR label available	

The aim of the **Care Plan for the Dying Person – Victoria** is to guide and enable health professionals to focus on individualised care during the last days and hours of life. It facilitates the delivery of high-quality care tailored to the individual needs of the dying person and those identified as important to them, when death is expected.

As with all care plans, the information in this document aims to support but does not replace clinical judgement.

GUIDING PRINCIPLES

- Recognising clinical deterioration and probable death is fundamental to quality care provision.
- Comprehensive and clear communication must occur especially when it is thought that a person is imminently dying.
- Everyone the healthcare team, the dying person and those identified as important to them must understand and accept the person is thought to be imminently dying prior to any discussions related to commencing the Care Plan for the Dying Person Victoria.
- The Care Plan for the Dying Person Victoria should not be commenced if there is not full acceptance by the MDT or relative/friend(s) that death is imminent.
- All clinical decisions must be made in the dying person's best interest and be inclusive of medical, physical, emotional, religious, spiritual and cultural factors.
- The care plan does not preclude the use of clinically assisted nutrition, hydration or antibiotics.
- Continuing care decisions should always be made in consultation with the senior treating doctor*, the MDT* the person who is dying (when possible and appropriate) and those identified as important to them.
- Uncertainty is an integral part of dying and there are occasions when a person who is thought to be dying lives longer, or dies sooner than expected. Daily review of care needs and wishes must be undertaken and a second opinion or specialist palliative care support sought as needed.

Responsibility for the use of the **Care Plan for the Dying Person – Victoria** as part of a continuous quality improvement program sits within the governance of an organisation and must be underpinned by an education and training program.

The care plan should be implemented in conjunction with the **Care Plan for the Dying Person – Victoria**, **Health professional user guide**.

This is a legal document and should be used in conjunction with other relevant clinical documentation as per individual health service policies and procedures.

*DEFINITIONS (for the purposes of this document)

Senior treating doctor

The most senior doctor responsible and familiar with clinical care decisions related to this dying person.

Multidisciplinary team (MDT)

At a minimum a MDT consists of a senior treating doctor and a registered nurse (Div 1) who is responsible for the care of this dying person.

MDT delegate

Doctor or registered nurse (Div 1) with delegated responsibility from a senior treating doctor to make decisions related to commencing this dying person on the **Care Plan for the Dying Person – Victoria.**



CARE PLAN

VICTORIA

UR no:

Surname: _____ Given name(s): _____

DOB:

Please fill in if no UR label available

1. Recognising dying (must be completed by a doctor)

1.1 Commencement

Must be completed by a senior treating doctor and co-signed by a registered nurse (Div 1)

The MDT has assessed the person as imminently dying and they support the commencement of the Care Plan for the
Dying Person – Victoria. 🗆 Yes 🗆 No (If 'No', do not commence)

A resuscitation plan is documented:		□ Yes	🗆 No	Further actic	on:		Initial:
Will the dying person have CODE BLUE/MET calls in response to deterioration?		□ Yes	🗆 No	State reasor	n for call:		Initial:
MDT authorisation							
Senior treating doctor (Print name)	Sign	ature:			Date: Time:	/ :	/20 hours
Registered nurse (Print name)	Sign	ature:			Date: Time:	/ :	/20 hours

Verbal authorisation

If the senior treating doctor is not immediately available, the nominated MDT delegates can sign authority to commence the Care Plan for the Dying Person – Victoria.

SENIOR TREATING DOCTOR SIGNATURE MUST BE OBTAINED WITHIN 24 HOURS OF COMMENCEMENT

Name of the senior treating doctor verbal authorisation was obtained from:

MDT delegate (Print name)	Signature:					Date: Time:	/	/20 hours
							•	neure
MDT delegate (Print name)	Signature:					Date:	/	/20
	-					Time:		hours
1.2 Legal and relevant decision assisting	ng informati	ion						
Does the person have capacity to make medical decisions at this time?	□ Yes		🗆 No		Fur	ther action:		Initial:
Is there an instructional and/or a values directive in a patient's record/ MyHealthRecord/ or available elsewhere?	□ Yes		🗆 No		Fur	ther action:		Initial:
Is there a medical treatment decision maker identified for if/when this person does not have capacity?	□ Yes Name:						🗆 No	Initial:
Registered organ/tissue/ corneal donor?	□ Yes		No	□ Follow	up	Further ac	tion:	Initial:
Will this be a reportable Coronial death? (Refer to health service policy/procedures)	□ Yes □ No □ Follow up Further action:					Initial:		
Other e.g. autopsy, donating to medical science	□ Yes		No	□ Follow	up	Further ac	tion:	Initial:
Record more detailed responses/instructions in Section 4.2 or 4.3								

YOUR	
LOGO	
HERE	

CARE PLAN

FOR THE DYING PERSON VICTORIA UR no:_____ Surname:_____

Given name(s):

DOB:

Please fill in if no UR label available

1.3 Communication – Information exchange						
Is an interpreter required? Language(s):	□ Yes	□ No				
Is the dying person able to take a full and active role in communication?		🗆 No				
Does the dying person understand that they are now dying?	□ Yes	□ No				
Are the relative/friend(s) able to take a full and active role in communication?	□ Yes	□ No				
Are the relative/friend(s) aware that their relative / friend is now dying?	□ Yes	🗆 No				
Are the relative/friend(s) aware that the Coroner is likely to be involved?	□ Yes	□ No				
Have relevant staff been informed that this person is imminently dying?	□ Yes	□ No				

□ Conscious □ Semi-conscious □ Unconscious □ Able to swallow □ Experiencing delirium 2.2 Medication management Medications must be prescribed and available in anticipation of symptoms which may develop. Anticipatory prescribin is recommended in end-of-life care Medication prescribed for: The person is currently: Pain □ Yes In pain Yes No Agitation □ Yes Agitated I Yes No Nausea and vomiting □ Yes Nauseous and/or vomiting I Yes No Dyspnoea □ Yes Dyspnoeic □ Yes No Respiratory tract secretions □ Yes Experiencing secretions I Yes No 2.3 Current interventions Yes Dyspnoeic I Yes No Have current interventions been assessed and non-essentials discontinued? □ □ □ □ Intravenous subcutaneous infusion (CSCI) □	YOUR LOGO HERE 2. Medical review of c 2.1 Initial assessment	are needs (CARE PI FOR THE DYING F VICTORIA	ERSON	UR no: Surname: Given name(s): DOB: Please fill in if no UR label available a doctor)		
Able to swallow Experiencing delirium 2.2 Medication management Medications must be prescribed and available in anticipation of symptoms which may develop. Anticipatory prescribin is recommended in end-of-life care Medication prescribed for: The person is currently: Pain Yes In pain Yes No Agitation Yes Agitated Yes No Nausea and vomiting Yes Nauseous and/or vomiting Yes No Oyspnoea Yes Dyspnoeic Yes No Respiratory tract secretions Yes Experiencing secretions Yes No 2.3 Current interventions Yes Discontinued Continued Commence Essential medications via appropriate route Image: Continued Continued Commence Continuous subcutaneous infusion (CSCI) Image: Continued Image: Continued Image: Continued Image: Continued Clinically assisted hydration Image: Continued Image: Contin						iouo	
2.2 Medication management Medications must be prescribed and available in anticipation of symptoms which may develop. Anticipatory prescribin is recommended in end-of-life care Medication prescribed for: The person is currently: Pain Yes In pain Agitation Yes Agitated Nausea and vomiting Yes No Oyspnoea Yes Dyspnoeic Carrent interventions Yes No Have current interventions been assessed and non-essentials discontinued? Continued Commence Continuous subcutaneous infusion (CSCI) Image: Continued in the service policy/ procedures) Intravenous antibiotics Image: Continued in the service policy is continued is contis the service policy is continued in the servic				n		lious	
Medications must be prescribed and available in anticipation of symptoms which may develop. Anticipatory prescribin is recommended in and-of-life care The person is currently: Medication prescribed for: The person is currently: Yes No Agitation Yes Agitated Yes No Agitation Yes Agitated Yes No Nausea and vomiting Yes Nauseous and/or vomiting Yes No Dyspnoea Yes Dyspnoeic Yes No Carrent interventions Yes Experiencing secretions Yes No Have current interventions been assessed and non-essentials discontinued? Continued Commence Essential medications via appropriate route Image: Continued Continued Image: Continued Continuous subcutaneous infusion (CSCI) Image: Continued Image: Continued Image: Continued Image: Continued Clinically assisted hydration Image: Continued			cpenencing delind	11			
Pain Yes In pain Yes No Agitation Yes Agitated Yes No Nausea and vomiting Yes Nauseous and/or vomiting Yes No Dyspneea Yes Dyspneeic Yes No Respiratory tract secretions Yes Experiencing secretions Yes No 2.3 Current interventions Yes Experiencing secretions Yes No Have current interventions been assessed and non-essentials discontinued? Continued Commence Essential medications via appropriate route Image: Continuous subcutaneous infusion (CSCI) Image: Continuous subcutaneous infusion (CSCI) Image: Continued Image: Continu	Medications must be prescribe	d and available	in anticipation of s	ymptoms whicl	h may develop.	Anticipatory pr	escribing
Agitation Impair Agitated Impair Impair Agitation Impair Agitated Impair Impair Impair Nausea and vomiting Impair Impair Impair Impair Impair Impair Nausea and vomiting Impair Impair </td <td>Medication prescribed for:</td> <td></td> <td>The person is</td> <td>currently:</td> <td></td> <td></td> <td></td>	Medication prescribed for:		The person is	currently:			
Nausea and vomiting Yes Nauseous and/or vomiting Yes No Dyspnoea Yes Dyspnoeic Yes No Respiratory tract secretions Yes Experiencing secretions Yes No 2.3 Current interventions Have current interventions Have current interventions been assessed and non-essentials discontinued? Continuous subcutaneous infusion (CSCI) Omegaa Continuous subcutaneous infusion (CSCI) Omegaa Omegaa Omegaa Clinically assisted hydration Imagaa Imaga	Pain	□ Yes	In pain			s 🗆 N	10
Dyspnoea I Yes No Respiratory tract secretions Yes No 2.3 Current interventions Yes No Have current interventions Experiencing sections Ves No Have current interventions Not required Discontinued Continued Commence Essential medications via appropriate route Not required Discontinued Continued Commence Continuous subcutaneous infusion (CSCI) Image: Continuous subcutaneous infusion (CSCI) <thimage< td=""><td>Agitation</td><td>□ Yes</td><td>Agitated</td><td></td><td>🗆 Yes</td><td>s 🗆 N</td><td>10</td></thimage<>	Agitation	□ Yes	Agitated		🗆 Yes	s 🗆 N	10
Respiratory tract secretions Yes Experiencing secretions Yes No 2.3 Current interventions Have current interventions been assessed and non-essentials discontinued? Discontinued Continued Commence Have current interventions been assessed and non-essentials discontinued? Not required Discontinued Continued Commence Essential medications via appropriate route Image: Continuous subcutaneous infusion (CSCI) Image: Continuous subcutaneous subcutaneous subcutaneous infusion (CSCI) Image: Continuous subcutaneous infusion (CSCI) Image: Continuous subcutaneous infusion (CSCI) Image: Continuous subcutaneous s	Nausea and vomiting	□ Yes	Nauseous and/	or vomiting	🗆 Yes	s 🗆 N	10
2.3 Current interventions Not required Discontinued? Not required Discontinued Continued Commence Essential medications via appropriate route Image: Continued interventions been assessed and non-essentials discontinued? Image: Continued interventions been assessed and non-essentials discontinued? Image: Continued interventions interventions interventions interventions interventions interventions Image: Continued interventions interventions Image: Continued interventions Image: Conterventinterventions Image: Continued in	Dyspnoea	□ Yes	Dyspnoeic			s 🗆 N	10
Have current interventions been assessed and -on-essentials discontinued?ContinuedContinuedCommenceEssential medications via appropriate routeImage: Image:	Respiratory tract secretions	□ Yes	Experiencing se	ecretions	🗆 Yes	s 🗆 N	10
Essential medications via appropriate routeImage: Continuous subcutaneous infusion (CSCI) (Refer to health service policy/ procedures)Image: Continuous subcutaneous infusion (CSCI) (Refer to health service policy/ procedures)Image: Continuous subcutaneous infusion (CSCI) (Refer to health service policy/ procedures)Image: Continuous subcutaneous infusion (CSCI) (Refer to health service policy/ procedures)Image: Continuous subcutaneous infusion (CSCI) (Refer to health service policy/ procedures)Image: Continuous subcutaneous infusion (CSCI) (Refer to health service policy/ procedures)Image: Continuous subcutaneous infusion (CSCI) (Clinically assisted hydrationImage: Continuous subcutaneous infusion (CSCI) (Clinically assisted nutritionImage: Continuous subcutaneous subcut	Have current interventions been assessed and non-essentials discontinued?						
Continuous subcutaneous infusion (CSCI) (Refer to health service policy/ procedures)Image: Continuous subcutaneous infusion (CSCI) (Refer to health service policy/ procedures)Image: Continuous subcutaneous infusion (CSCI) (Refer to health service policy/ procedures)Image: Continuous subcutaneous infusion (CSCI) (Refer to health service policy/ procedures)Image: Continuous subcutaneous infusion (CSCI) (Refer to health service policy/ procedures)Image: Continuous subcutaneous infusion (CSCI) (Refer to health service policy/ procedures)Image: Continuous subcutaneous infusion (CSCI) (Refer to health service policy/ procedures)Image: Continuous subcutaneous infusion (CSCI) (Cinically assisted hydration (SCImage: Continuous subcutaneous infusion (CSCI) (SCImage: Continuous subcutaneous infusion (CSCI) (SCImage: Continuous subcutaneous infusion (CSCI) (SCImage: Continuous infusion (CSCI) (SCImage: Continuous subcutaneous infusion (CSCI) (SCImage: Continuous subcutaneous infusion (CSCI) (SCImage: Continuous infusion (CSCI) (SC<			-				menced
(Refer to health service policy/ procedures)Image: Constraint of the service policy/ procedures)Image: Constraint of the service policy/ procedures)Image: Constraint of the service policy procedure policy procedures)Image: Constraint of the service policy procedure policy procedures)Image: Constraint of the service policy procedure policy proce		-					
Clinically assisted hydrationImage: Clinically assisted hydrationImage: Clinically assisted hydrationImage: Clinically assisted nutritionImage: Clini		, ,					
PEG/PEJNG/NJIVSCClinically assisted nutritionPEG/PEJNG/NJTPNOxygen therapyAnticoagulation therapyAnticoagulation therapyIn Blood glucose monitoring	Intravenous antibiotics						
PEG/PEJNG/NJTPNOxygen therapyImage: Anticoagulation therapyImage: An	 PEG/PEJ NG/NJ IV 						
Anticoagulation therapy I I I Routine blood tests I I I Blood glucose monitoring I I I	PEG/PEJNG/NJ						
Routine blood tests Image: Constraint of the second seco	Oxygen therapy						
Blood glucose monitoring	Anticoagulation therapy						
	Routine blood tests						
	Blood glucose monitoring						
	Recording of vital signs						
Implantable Cardioverter Defibrillator (ICD) is Implantable Yes Implantable Further action Implantable Not appropriate deactivated Implantable Yes Implantable Yes Implantable Yes Implantable Yes	oriate						

YOUR LOGO HERE	CARE PLAN FOR THE DYING PERSON VICTORIA		UR no: Surname: Given name(s): DOB: Please fill in if no UR label available			
2.4 Referral to specialist palliative	e care service					
Does the dying person require a specia	list palliative care referral?	🗆 Ye	s	□ No		
		□ Palliative care team already involved				
Describe reason for referral:						
Doctor completing medical	review					
Print name:	Signature:					
Date: / /20	Time: :	hour	S			

YOUR LOGO HERE	CARE PLAN FOR THE DYING PERSON VICTORIA			UR no: Surname: Given name(s): DOB: Please fill in if no UR label available			
3. Planning individualised care (to be completed by any member of the MDT)							
3.1 Brochures							
Those identified as important to the dying person have had a full explanation of the facilities and services available to them including relevant information brochures							🗆 No
Care Plan for the Dying Person – Victoria 'Family member/friend information brochure'	Other specification of the	fic brochure	S		Facility or	rientatio	on brochure
3.2 Contact information							
1st contact person		I					
Name:		Relationsh	nip:				
Have contact numbers been checked and u	ipdated?				Yes		□ No
Interpreter required?					Yes		🗆 No
When to contact:							
□ Anytime □ Not at night □ Deterioration □ Death only						only	
Other relevant information:							
2nd contact person		Polational	nin:				
Name: Have contact numbers been checked and u	indated?	Relationsh	πp.		Yes		□ No
Interpreter required?	.puatoa.				Yes		
When to contact:							
□ Anytime □ Not at night □ Deterioration □ Death only							
Other relevant information:							
3.3 Funeral arrangements (please ch	eck clinical re	cord first	for this	info	rmation))	
Funeral arrangements discussed	□ Yes		🗆 No			🗆 No	ot appropriate
Name of funeral director (if known)							
3.4 Person-centred communication							
Is the dying person able to fully participate in this discussion?	ully participate in Yes Instructional/values directive.				3.6 and refer to		

CARE PLAN FOR THE DYING PERSON – VICTORIA Psychosocial

YOUR LOGO HERE	CARE PLAN FOR THE DYING PERSON VICTORIA	_	Surname:_ Given nam DOB:	e(s): no UR label available
3.5 Communication with the dying	g person (If appropriate, ask	the dyin	g person the	e following questions)
Does the dying person understand that	they are now dying?	🗆 Yes		🗆 No
Do you have any emotional, spiritual, re wishes we need to be aware of now, at death?	-	□ Yes		□ No
If yes, what are they?				
What is important to you now?				
What would bring comfort at this time?	E.g. music, own pillow/bed linen	, etc.		
In the absence of relative/friend(s), who Name: <i>Record in Section 3.2</i>	else do you want us to share th	is informa	ation with?	
Is there anything else you would like to support you with?	tell us, ask us or we can	□ Yes		🗆 No
3.6 Communication with relative/	friend(s)			
Ask the relative/friend(s) the following q	uestions			
What is important to you now?				
What is important at the time of death?				
What is important for your relative/friend	d at the time of and/or after death			1
Is there anything else you would like to support you with?	tell us, ask us or we can	□ Yes		🗆 No
If yes, please describe:				

YOUI LOGO HER	0		_	THE DYING P VICTORIA	PERSON	UR no: Surname: Given name(s): DOB: Please fill in if no UR label available					
3.7 Bereavement ris	sk										
Potential risk is identifie	ed .] Yes			🗆 No					
Referral made to:											
High risk factors: limited deterioration				tress, family	[,] conflict, cumula	ative losses, si	udden or unexpected				
3.8 Allied health/sup	oport ser	vices re	quired								
	Person	_	Relative		Contacted (d	ate/initial)	Additional information				
Social work	□ Yes	□ No	□ Yes	□ No							
Spiritual/religious advisor/pastoral care		□ No	□ Yes	□ No							
Cultural advisor/ healer/elder	□ Yes	□ No	□ Yes	□ No							
Aboriginal hospital liaison officer	□ Yes	□ No	□ Yes	🗆 No							
Record more detailed	response	es / inst	ructions ir	Section 4	.2 or 4.3						
Further commen	its										





UR no:_____ Surname:_____ Given name(s):_____ DOB:____

Please fill in if no UR label available

4. Delivery of care (to be completed by any member of the MDT)

4.1 Initial assessment

This care plan should be reviewed at least daily by the MDT

Minimum documentation is four hourly however certain psychosocial issues may only need assessment once per shift

Care plan day:	Date:	/	/20
SYMPTOM MANAGEMENT			

A = Assessment and no action required						F/A = Further action required						
R/C = Routine care	9					N/A = Nc	t applicabl	е				
	0200	0400	0600	0800	1000	1200	1400	1600	1800	2000	2200	2400
Free of pain												
Free of agitation/ restlessness												
Free of nausea/ vomiting												
Free of dyspnoea/ breathlessness												
Free of respiratory tract secretions												
Free of urinary problems												
Free of bowel problems												
Subcutaneous cannula care												
Subcutaneous infusion check												
PERSONAL	COMF	ORT C	ARE									
	0200	0400	0600	0800	1000	1200	1400	1600	1800	2000	2200	2400
Receives food and fluids to support needs												
Is comfortably positioned												
Skin care needs are met												
Personal hygiene needs are met												
Mouth is clean and moist												
Eyes are clean and moist												
Environment supports needs												

l	YOUR LOGO HERE PSYCHOSOCIAL CARE					CARE PLAN FOR THE DYING PERSON VICTORIA				UR no: Surname: Given name(s): DOB: Please fill in if no UR label available				
PSYCHOSC		CARE		1				•						
	0200	0400	0600	0800	1000	1200	1400	1600	1800	2000	2200	2400		
Emotional, spiritual, religious, cultural needs/rituals are met Procedures/care														
plan explained														
Information regarding changes provided														
Relative/friend(s) supported														
Record all F/A	in Sectio	n 4.2: Fu	urther ca	re action	report		•	•						
	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial		
Print name of per	son doing	assessme	ent									1		
N:														
AM:														
PM:														
N: RESPONSIBLE (If different from al		RED NUR	SE:									L		
N:														
AM:														
PM:														

LO HE 4. De 4.1 Or	RE	ssessm	f((to be ent	CARE DR THE DY VICT	ING PERSO ORIA eted by	nember	able							
Minimu	m docum	entation is	s four hou	irly howev	ver certair	n psychos	ocial issue	es may or	nly need a	issessme	nt once p	er shift		
MDT review. Is the	IDT review. Is the person imminently dying? □ Yes □No 'No', has the MDT agreed that this care plan should be discontinued? □ Yes □No													
	-	d that this	s care pla	n should b	tinued?	□ Yes			□No					
Care plan discon	tinued:		Date:		/20	Time: : hours								
Please complete	'Section	6 - Care p	olan disco	ntinued' a	1	ont page o		-	d file					
Care plan day:						Date:		/	/20					
SYMPTOM I	MANAC	GEMEN	IT											
A = Assessment ar	nd no actio	n required				F/A = Fu	rther actior	required						
R/C = Routine care	•	0.400	0000	0000	4000		ot applicable		4000	0000	0000	0.400		
	0200	0400	0600	0800	1000	1200	1400	1600	1800	2000	2200	2400		
Free of pain														
Free of agitation/ restlessness														
Free of nausea/ vomiting														
Free of dyspnoea/ breathlessness														
Free of respiratory tract secretions														
Free of urinary problems														
Free of bowel problems														
Subcutaneous cannula care														
Subcutaneous infusion check														
PERSONAL	COMF	ORT C	ARE	<u> </u>	l	<u> </u>	[1	<u> </u>	l			
	0200	0400	0600	0800	1000	1200	1400	1600	1800	2000	2200	2400		
Receives food and fluids to														
support needs Is comfortably positioned														
Skin care needs are met														
Personal hygiene needs are met														
Mouth is clean and moist														
Eyes are clean and moist														
Environment supports needs														

	0200	0400	0600	0800	1000	1200	1400	1600	1800	2000	2200	2400
	0200	0-00			1000	1200	1400	1000	1000	2000	2200	2400
Emotional,												
spiritual,												
religious,												
cultural												
needs/rituals												
are met												
Procedures/care												
plan explained												
Information												
regarding												
changes												1
provided												
•												
Relative/												1
friend(s)												1
supported												
	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
	miliai	Initial	miliai	miliai	miliai	miliai	milia	milla	miliai	Initial	Initial	miliai
Print name of pe	rson doir	ng assess	ment									
N:												
AM:												
PM:												
N: RESPONSIBL	F REGIST		IRSE ·		1	1	1	1	1	1	1	1
(If different from a	bove)					T	T	T	T	1	1	1
N:												
AM:												
PM:												

LC He	DUR DGO ERE			FOR THE VI	E PL	RSON		UR no: Surname: Given name(s): DOB: Please fill in if no UR label available					
4. De	livery o	of care	(to be	comple	eted by	y any member of the MDT)							
This ca	igoing a ire plan sh im docum	nould be r	eviewed a				ocial is	sues	may on	ly need as	ssessmer	nt once pe	er shift
MDT review. Is the	he person	imminent	tly dying?					□ Ye	es		□No)	
If 'No', has the M	IDT agree	d that this	care pla	n should b	be discont	tinued?)		
Care plan discon			Date:		/	/20		Time		:	hour	S	
Please complete	'Section	6 - Care p	lan disco	ntinued' a	nd attach	to the fro	ont pag	-		e plan and	l file		
Care plan day:						Date:		/		/20			
SYMPTOM I	MANAC	GEMEN	T										
A = Assessment ar	nd no actio	n required				F/A = Fu	irther a	ction r	equired				
R/C = Routine care	0200	0400	0600	N/A = Not ap 0600 0800 1000 1200 14					1600	1800	2000	2200	2400
	0200	0400	0000	0000	1000	1200	140	U	1000	1000	2000	2200	2400
Free of pain													
Free of agitation/ restlessness													
Free of nausea/ vomiting													
Free of dyspnoea/ breathlessness													
Free of respiratory tract secretions													
Free of urinary problems													
Free of bowel problems													
Subcutaneous cannula care													
Subcutaneous infusion check													
PERSONAL	COMF	ORT C	ARE							·			
	0200	0400	0600	0800	1000	1200	140	0	1600	1800	2000	2200	2400
Receives food and fluids to													
support needs Is comfortably positioned													
Skin care needs are met													
Personal hygiene needs are met													
Mouth is clean and moist													
Eyes are clean and moist													
Environment supports needs													1

	0200	0400	0600	0800	1000	1200	1400	1600	1800	2000	2200	2400
	0200	0400	0000	0000	1000	1200	1400	1000	1000	2000	2200	2400
Emotional,												
spiritual,												
religious,												
cultural												
needs/rituals												
are met												
Procedures/care												
plan explained												
Information												
regarding												
changes												
provided												
			ļ	ļ	ļ			ļ	ļ	ļ	ļ	
Relative/												1
friend(s)												
supported												
	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Print name of pe	erson doir	ng assess	ment									
N:												
AM:												
PM:	-								-	-	-	
F IVI.												
N: RESPONSIBL (If different from a	E REGIST above)	FERED NU	IRSE:			• 	• 					
N:												
AM:												
						1			1			

	YOUR LOGO HERE 4. Delivery of care			CARE PLAN FOR THE DYING PERSON VICTORIA			UR no: Surname: Given name(s): DOB: Please fill in if no UR label available					
	1	re action rep	oort									
Date	Time	Issue/item		Action	Wast	ho act	Outcome o					
					Yes	ine act	No		Inntian			

CARE PLAN FOR THE DYING PERSON – VICTORIA Action report



CARE PLAN FOR THE DYING PERSON VICTORIA UR no:

Surname:

Given name(s):

DOB:

Please fill in if no UR label available

4. Delivery of care

4.3 Integrated progress notes

IMPORTANT: Record any of the following: MDT reviews, changes in condition, appropriateness of the care plan (by MDT daily), significant events/conversations/visits or other

Time	Date	Notes	Designation



CARE PLAN

VICTORIA

U	R	r	n	٠	

Surname: _____ Given name(s): _____

DOB:

Please fill in if no UR label available

5. Care after death (this section MUST be completed)

5.1 Verification of death

A doctor and/or registered nurse(s) can verify death. (Refer to health service policy/procedures)

Where a doctor is unavailable immediately to sign a Medical Certificate of Cause of Death (death certificate) or to document that a person has died, other health professionals (registered nurses and midwives) can **verify the fact of death.**

There is a minimum guideline for the clinical assessment necessary to establish that death has occurred.

Please refer to the 'Care Plan for the Dying Person – Victoria, Health professional user guide' for further guidance.

Verification of death by:									
Doctor/registered nurse		Signature	Signature						
Registered nurse		Signature	Signature						
Location of the clinical assessment									
Date of death: / /20		Time of death:	: h	ours					
	No palpable carotid pulse and								
	No heart sounds heard for 2 minutes and								
	No breath sounds heard for 2 minutes and								
	Fixed (non-responsive to light) and dilated pupils and								
	No response to centralised stimulus (e.g. trapezius muscle squeeze, supraorbital pressure, mandibular pressure or the common sternal rub) and								
	No motor (withdrawal) response or facial grimace in response to painful stimulus (e.g. pinching inner aspect of the elbow)								
	Optional ECG strip shows no rhythm								
5.2 Notifying relative/friend(s)									
5.2 N	lotifying relative/friend(s)								
	Iotifying relative/friend(s) on(s) present at time of death								
Perso			□ Yes	□ No					
Perso If rela	on(s) present at time of death	Relationship	Yes	🗆 No					
Perso If rela Name	on(s) present at time of death ative/friend(s) not present, have they been notified?		□ Yes □ Yes	□ No					
Perso If rela Name The re steps	e of person informed elative/friend(s) have been provided with information								
Perso If rela Name The ro steps 5.3 C Care	en(s) present at time of death ative/friend(s) not present, have they been notified? e of person informed elative/friend(s) have been provided with information , including bereavement information.	regarding the next							
Perso If rela Name The ro steps 5.3 C Care perso	e of person informed elative/friend(s) have been provided with information including bereavement information. Care of the deceased of the deceased has been undertaken according to t	regarding the next	□ Yes	🗆 No					
Perso If rela Name The ro steps 5.3 C Care perso 5.4 C	on(s) present at time of death ative/friend(s) not present, have they been notified? e of person informed elative/friend(s) have been provided with information o, including bereavement information. Care of the deceased of the deceased has been undertaken according to to on's/relative/friend(s) wishes and health service policy	regarding the next the dying y/procedures	□ Yes	🗆 No					
Perso If rela Name The resteps 5.3 C Care perso 5.4 C Other	on(s) present at time of death ative/friend(s) not present, have they been notified? e of person informed elative/friend(s) have been provided with information o, including bereavement information. Care of the deceased of the deceased has been undertaken according to the on's/relative/friend(s) wishes and health service policy Communication by health service	regarding the next the dying y/procedures	□ Yes	🗆 No					
Person If rela Name The resteps 5.3 C Care person 5.4 C Other • E	on(s) present at time of death ative/friend(s) not present, have they been notified? e of person informed elative/friend(s) have been provided with information a, including bereavement information. Care of the deceased of the deceased has been undertaken according to t on's/relative/friend(s) wishes and health service policy Communication by health service r documentation has been completed according to health	regarding the next the dying y/procedures	Yes Yes ures	□ No					

YOUR LOGO HERE	CARE P FOR THE DYING VICTORI.	PERSON	Surna Giver DOB:	el available				
The death is communicated according	to health service policy	//procedures.						
Healthcare team/GP				□ Yes	□ No			
Health service IT system				□ Yes	🗆 No			
If a 'No' is recorded, a further action must be recorded in Section 4.2: Further care action report								
5.5 Coroner								
Is this a reportable Coronial death? If 'yes', refer to health service policy/procedures				′es	□ No			
5.6 ONLY complete this section in the context of possible organ donation								
Brain death may have occurred. The formal determination of brain death is usually in the context of organ donation and requires specific requirements and preconditions to its clinical determination.								
Person declared brain dead								
Date of death: / /2	0	Time of death:		: 1	nours			
Please attach a copy of the ANZICS documentation 'Determination of Brain Death'.								
Consider any staff support needs following this death. Refer to health service policy/								

procedures.

YOUR LOGO HERE CARE PLAN FOR THE DYING PERSON VICTORIA UR no: Surname: OB: Please fill in if no UR label available 6. Care plan discontinued 00 6.1 Multidisciplinary team (MDT) decision making Complete when the MDT has made the decision the person is no longer imminently dying and attach to the front page of this care plan and file.									
Senior treating doctor Print name:		Signature:							
Date: / /20		Time:	: h	ours					
Verbal authorisation									
 Senior treating doctor Print name: Pager/contact number: 	Signature:								
Registered nurse Print name:		Signature:							
Date: / /20	Time:	: h	ours	Ward					
Has the resuscitation plan been reviewed and updated? Yes, reviewed and updated Yes, reviewed and unchanged Has the CODE BLUE/MET call criteria been reviewed and updated (if needed)? Yes									
Other MDT decision makers (wh	ere applicable)								
Name:		Designation:							
Name:		Designation:							
6.2 Reason(s) why the Care Plan for the Dying Person – Victoria was discontinued									
6.3 Outline discussion with pers									
Person involved in discussion and aware of discontinuation of Care Plan for the Dying Person – Victoria: Yes No Verbal									
Name:		Relationship:							
Name:		Relationship:							
6.4 Referral to specialist palliative care service									
Does the person require specialist pal	liative care referral?	□ Yes		□ No					
Already referred, name of service: Describe reason for referral:									
Contact made by:									
Designation:		Date:	/ /20						