For use within Primary Care

Care and Communication Record

Individual plan of care for the person who is in the last days and hours of life

Patient name:	
DOB:	
NHS Number:	
Patient Number:	
GP Practice:	

Developed in partnership with The Countess of Chester Hospital NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust and the Hospice of the Good Shepherd.

Initial Assessment

aide memoire

This guidance is intended to act as an aide memoire for health professionals to the priorities of best practice when caring for the dying person, and should be used in conjunction with the **key priorities and guidance for care in the last few days and hours of life** document.

Remember to document your decision making regarding why this person is thought to be approaching the end of their life. This should be an MDT decision, reversible causes excluded and agreed by the senior doctor who has responsibility for the person's treatment and care.

Communication

Good communication is essential when caring for the dying person and must be sensitive, open, honest and regular.

- Include the dying person when possible. If the dying person has been assessed to lack capacity, ensure this is documented and how you reached this conclusion. This also applies if the dying person is unresponsive.
- Proactively provide those identified as important to the dying person with the appropriate information according to their needs.
- Document whether there are any advance statements regarding treatment, written or verbal.
- Enquire about the religious, spiritual or cultural needs of the dying person, their family and those identified as important to them.
- Document who was present during conversations and decision making.
- Ensure the dying person and those identified as important to them are informed as much as they wish to be about the current plan of care.
- Use clear understandable and plain language in all forms of communication.
- Consider potentially reversible causes. A doctor must assess if change is potentially reversible or if the person is likely to die within a few hours or days.

Medication

- Using anticipatory prescribing algorithms, located at the back of this document, ensure appropriate medication is prescribed for the most common potential symptoms (pain, agitation, respiratory tract secretions, nausea and vomiting and dyspnoea.)
- Ensure there is access to a continuous subcutaneous infusion (CSCI) if needed. If a CSCI is required, ensure this is explained to the dying person and those identified as important to them.
- Rationalise current medications and discontinue any non-essential medication.
- Consider any medication the dying person may already be taking. Does this need to be administered via CSCI?

Interventions and treatments

- Which interventions and treatments are continuing, discontinuing or commencing? Document your decision. Consider interventions such as blood pressure recording, blood sugar testing, intravenous antibiotics.
- Is a valid do not attempt cardio respiratory resuscitation (DNACPR) order documented?
- Does the dying person have an active implantable cardioverter-defibrillator (ICD)? Deactivation should be considered. If so, contact the cardio-respiratory vascular department (CRV).

Food and drink

- Ensure the dying person is supported to take food and drink by mouth for as long as they wish and there is no serious risk or harm.
- Is the dying person currently receiving hydration and nutrition orally or via an alternative route (e.g. PEG, NG, NJ, oral)?
- If they have been receiving clinically assisted nutrition or hydration does it meet current needs at this time?
- Document discussion and decision and who was present.

Comfort care

- Include aspects such as skin care, mouth care, and pressure area care, bladder and bowel function.
- Document current risk assessment score.
- What interventions are needed to maintain skin integrity?
- Is any equipment needed (e.g. mattress)?
- Ensure family and those identified as important to the dying person are aware of the importance of mouth care and discuss with the family whether they want to be involved.

Psychological, social, religious, cultural and spiritual needs

- The holistic needs of a person must always be the prime consideration when planning and providing care.
- Assessment of holistic needs relating to the four domains: physical, psychological, social and spiritual should be undertaken.
- Staff must find out from the dying person, their family and those important to them, the details of any cultural or religion-specific requirements, including what constitutes respectful treatment of the body after death.
- Consider referral to the chaplaincy team.

Recognition that the person is dying

- Recognising dying can be very difficult and fluctuations in the dying person's condition can occur.
- Has there been a gradual deterioration in functional status of the dying person?
- Ensure reversible causes have been excluded. E.g. Hypercalcaemia, opioid toxicity, sepsis.
- Ensure sufficient members of the MDT are involved in the decision making process.
- Involve the dying person where possible, and those identified as important to them.

Initial medical assessment

Initial medical assessment and recognition that this person is dying

To be completed by a senior medical professional

Summarise how the multidisciplinary team have recognised that the person is dying. A doctor must assess if change is potentially reversible or if the dying person is likely to die within a few hours or days. Ensure that the rationale for this decision is documented, include primary diagnosis, any co-morbidities, potentially reversible causes, disease trajectory and treatments and who was involved in this decision making. An assessment of the dying persons capacity must also be made and documented.

Communication

What has been communicated to the dying person, their family and those identified as important to them? Ensure the communication is regular, pro-active and two way. Check the other person understands the information that is being communicated and document this.

Medication & symptom control

Review current medication. If you are discontinuing/continuing/commencing medication, discuss and state the rationale for doing so. Ensure medication is prescribed for the most common potential symptoms. The dying person may not be experiencing the symptoms at present, this is to avoid delay when the symptoms may occur. Ensure medication is prescribed for the most common potential symptoms (consider anticipatory medications).

Interventions and treatments

Review all interventions and treatments. Document any interventions and treatments that are to be discontinued/continued or commenced and the rationale for doing so. The reasons for any interventions and treatments must be explained to the dying person where applicable and those identified as important to them.

Food and drink

Ensure the dying person is supported to take food and drink by mouth for as long as the person wishes. Consider the dying person's ability to swallow. Is the dying person able to eat and drink and do they want to? Record the dying person's preferences and monitor intake. Is the dying person already receiving clinically assisted hydration and nutrition? What is the plan for this?

Please document the following where necessary:	Yes	No	N/A
Are the anticipatory care medicines prescribed as appropriate?	☐	☐	☐
Is there an active cardiac defibrillator in situ?	☐	☐	☐
- If so, does the CRV department need to be contacted to deactivate this?	☐	☐	☐
Is there a valid DNACPR form signed and with the patient?	☐	☐	☐
Has an alert form been completed and sent to OOH/NWAS/ community nursing as appropriate?	☐	☐	☐
Is there an advanced care plan or directive in place?	☐	☐	☐
- If so, does this alter management in last days of life?	☐	☐	☐
Is there a documented patient's preferred place of death on EMIS?	☐	☐	☐
Has the EPaCCS template been updated accordingly?	☐	☐	☐

Signature of medical professional completing this document:

Job title:

GMC Number: ☐☐☐☐☐☐☐

Date: ☐☐ / ☐☐ / ☐☐☐☐ Time: ☐☐ : ☐☐

Additional clinician reviews

Refer to Aide Memoire – on going daily assessment for guidance

Date		Signature

Date		Signature

Initial nursing assessment - Day 1

Communication

Discuss care and any fears or concerns that the family and those identified as important to the dying person may have. Consider support that may be needed and communication needs. Provide information as needed. Establish if the family and those identified as important to the dying person want to be contacted overnight. Ensure contact details are up to date.

Comfort care

Assess and monitor skin integrity, mouth care, and pressure area care, bladder and bowel function. Include the dying person's wishes and preferences. Include and mention other care plans that may already exist, e.g. eating and drinking and pressure area care

Psychological, social, religious, cultural and spiritual needs

Assess, identify and address the psychological, social, religious, cultural and spiritual needs of the dying person. Discuss fears and concerns.

Medication/symptom control/treatment

Food and drink

On-going Daily Review
aide memoire

Review

The dying person must be reviewed by a senior clinician within the dying person's care team at least daily thereafter – or sooner if there is an unanticipated change in the person's condition – to assess whether they are still likely to be dying and if the plan of care remains appropriate. The senior clinician may delegate this responsibility to another clinician who has appropriate training and competence but will remain accountable for the overall care of the dying person.

Unanticipated changes can include:
- The dying person shows signs of improvement;
- Any concerns are expressed by the patient, relative or carer;
- Review of symptom management is required;

Remember daily to check and maintain clinical records

Monitor for symptoms
(pain, agitation, respiratory tract secretions, nausea, vomiting, dyspnoea).

Continence
- Bladder: has the patient passed urine? Is catheter equipment available as needed? What continence aids are available? Do any orders for continence equipment need to be made?
- Bowels: when did the patient last open their bowels?

Oral hygiene
What provisions are available? Is the family/carer able to maintain adequate oral hygiene needs?

Personal hygiene
How are current needs met? Is this adequate?

Skin integrity
Is skin intact? Is current pressure relieving regime appropriate?

Environment
Is current environment appropriate to maintain respect and dignity for the patient and their family, is privacy available?

Psychological support
Ensure the dying person and those identified as important feel supported and are given the opportunity to discuss fears/concerns as needed.

Spiritual needs
Ensure spiritual care is recognised and respond to the needs of the dying person appropriately.

Daily nursing review

Communication

Time		Name/Signature

Medication/symptom control

Time		Name/Signature

Food and drink

Time		Name/Signature

Interventions/treatments

Time		Name/Signature

Comfort care

Time		Name/Signature

Psychological, social, religious, cultural and spiritual needs.

Time		Name/Signature

Daily nursing review

Communication

Time		Name/Signature

Medication/symptom control

Time		Name/Signature

Food and drink

Time		Name/Signature

Interventions/treatments

Time		Name/Signature

Comfort care

Time		Name/Signature

Psychological, social, religious, cultural and spiritual needs.

Time		Name/Signature

Daily nursing review

Communication

Time		Name/Signature

Medication/symptom control

Time		Name/Signature

Food and drink

Time		Name/Signature

Interventions/treatments

Time		Name/Signature

Comfort care

Time		Name/Signature

Psychological, social, religious, cultural and spiritual needs.

Time		Name/Signature

Daily nursing review

Communication

Time		Name/Signature

Medication/symptom control

Time		Name/Signature

Food and drink

Time		Name/Signature

Interventions/treatments

Time		Name/Signature

Comfort care

Time		Name/Signature

Psychological, social, religious, cultural and spiritual needs.

Time		Name/Signature

Daily nursing review

Communication

Time		Name/Signature

Medication/symptom control

Time		Name/Signature

Food and drink

Time		Name/Signature

Interventions/treatments

Time		Name/Signature

Comfort care

Time		Name/Signature

Psychological, social, religious, cultural and spiritual needs.

Time		Name/Signature

Additional clinician reviews

Refer to Aide Memoire – on going daily assessment for guidance

Date		Signature

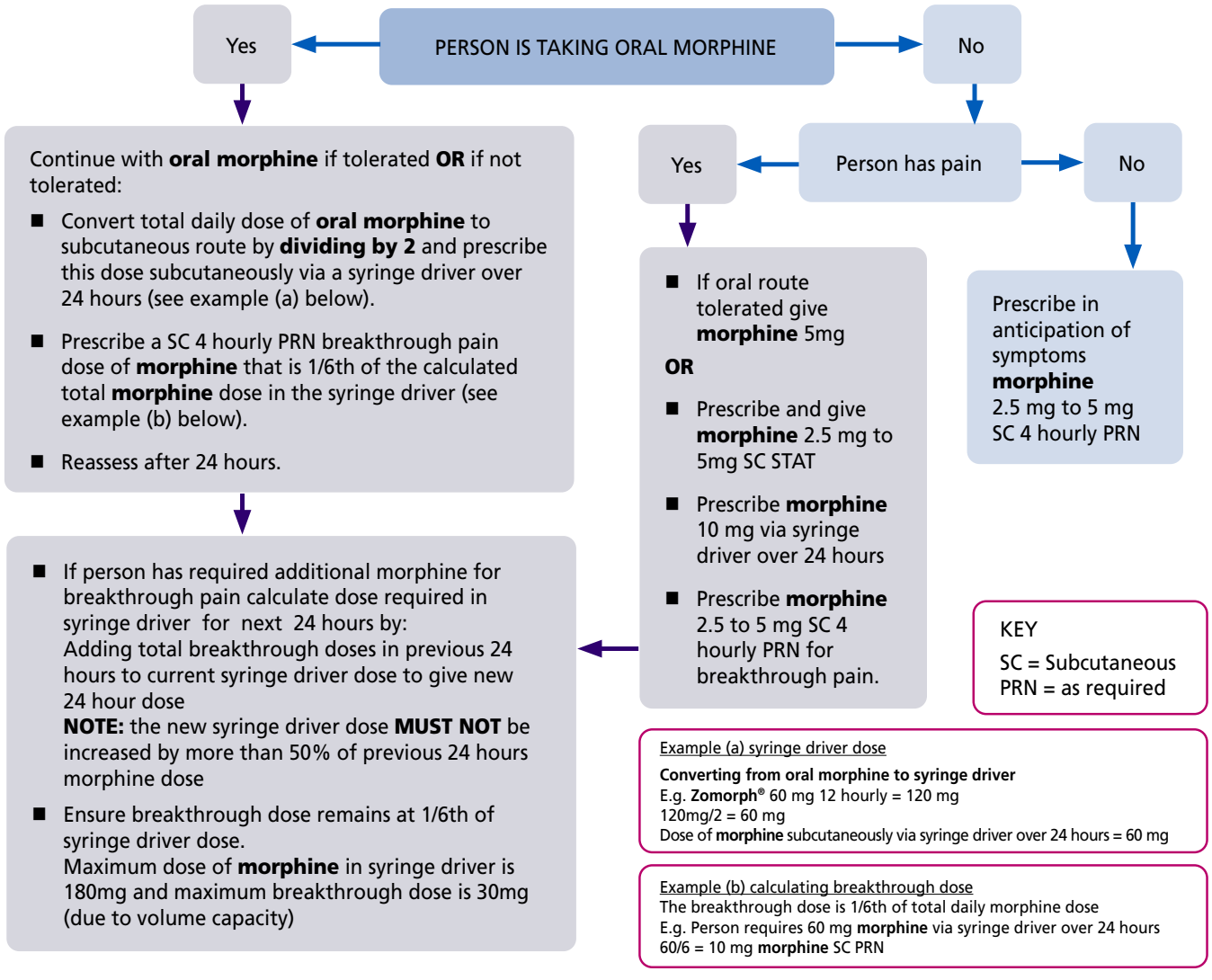
PAIN MANAGEMENT

Person established taking oral morphine or opioid naive.

Important; it is the responsibility of the prescriber to ensure that guidelines are followed when prescribing opioids. Every member of the team has a responsibility to check that the intended dose is safe for the individual person. Knowledge of previous opioid dose is essential for the safe use of these products. Advice should be sought if prescribing outside of these guidelines or when the limits of own expertise are reached (NPSA/2008/RRR05)

CONTACT THE PALLIATIVE CARE TEAM FOR ADVICE IF:

- For access to the current Merseyside and Cheshire regional palliative care guidelines, including guidance on prescribing in renal impairment, please see **www.pallaborative.org.uk.**
- The person has moderate to severe renal failure.
- The person has new severe pain or pain that has persisted after 24 hours on a syringe driver.



24/7 PALLIATIVE CARE ADVICE LINE FOR HEALTH PROFESSIONALS: 01244 397329

Palliative care team, Countess of Chester NHS Hospital 01244 366086 (9am to 5pm)

Palliative care team, CWP West 01244 340631 (9am to 5pm)

Hospice of the Good Shepherd, Chester 01244 851091 (24/7)

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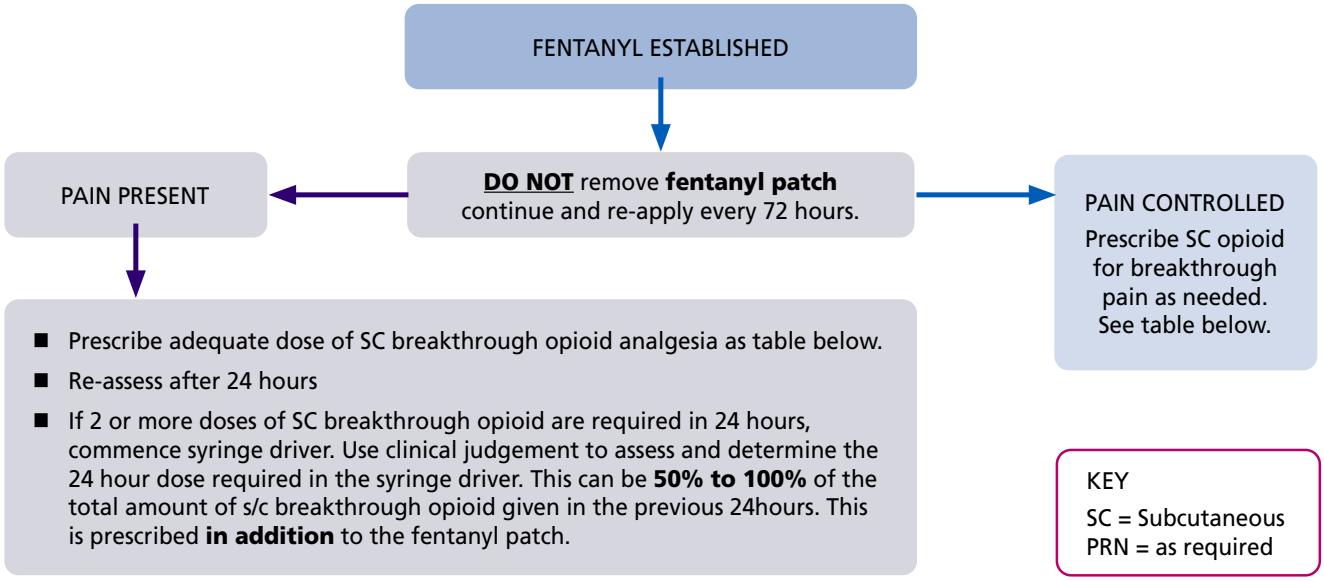
PAIN MANAGEMENT

Persons established using fentanyl patches

Important; it is the responsibility of the prescriber to ensure that guidelines are followed when prescribing opioids. Every member of the team has a responsibility to check that the intended dose is safe for the individual person. Knowledge of previous opioid dose is essential for the safe use of these products. Advice should be sought if prescribing outside of these guidelines or when the limits of own expertise are reached (NPSA/2008/RRR05)

- DO NOT COMMENCE FENTANYL PATCHES FOR PAIN RELIEF IN THE DYING PHASE.
- If the person has severe renal dysfunction and requires additional pain relief seek advice on prescribing from the palliative care team.



OBTAIN SPECIALIST PALLIATVE CARE ADVICE REGARDING CALCULATING SUBSEQUENT PRN DOSE OF OPIOID S/C ONCE OPIOID IS REQUIRED IN SYRINGE DRIVER.		
Fentanyl patch strength	Up to 4 hourly **morphine** SC PRN	Up to 4 hourly **oxycodone** SC PRN
12 micrograms per hour	2.5mg	1.25mg to 2.5mg
25 micrograms per hour	5mg	2.5mg
50 micrograms per hour	10mg	5mg
75 micrograms per hour	15mg	10mg

When calculated syringe driver doses of morphine exceed 180mg; or morphine breakthrough doses exceed 30mg, diamorphine will need to be considered. Contact specialist palliative care team for advice.
PRN = as required

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PAIN MANAGEMENT

For people established taking oral oxycodone

Important it is the responsibility of the prescriber to ensure that guidelines are followed when prescribing opioids. Every member of the team has a responsibility to check that the intended dose is safe for the individual person. Knowledge of previous opioid dose is essential for the safe use of these products. Advice should be sought if prescribing outside of these guidelines or when the limits of own expertise are reached (NPSA/2008/RRR05)

- BOTH 3:2 AND 2:1 CONVERSIONS FROM ORAL OXYCODONE TO THE SUBCUTANEOUS ROUTE ARE USED.
- IN THE DYING PHASE USE 3:2 AS BELOW

CONVERT ORAL OXYCODONE TO SUBCUTANEOUS ROUTE AS BELOW

- **CALCULATE DOSE REQUIRED OVER 24 HOURS IN SYRINGE DRIVER: SYRINGE DRIVER DOSE = 2/3RD OF ORAL DAILY DOSE.**

  E.g. **Oxycodone M/R** 45 mg 12 hourly = 90 mg in 24 hours
  2/3rd of 90 mg = 60 mg
  Dose required in syringe driver = 60 mg

- **CALCULATE DOSE OF OXYCODONE REQUIRED FOR RELIEF OF BREAKTHROUGH PAIN. BREAKTHROUGH DOSE = 1/6TH DOSE IN SYRINGE DRIVER.**

  E.g. **Oxycodone** 60 mg/24 hours in syringe driver = 10 mg oxycodone SC PRN 4 hourly

- **RE-ASSESS AFTER 24HRS –** if person has required breakthrough analgesia calculate total amount given in previous 24 hours and increase dose in syringe driver by up to **50%** of this amount.

- **ENSURE THAT BREAKTHROUGH DOSE REMAINS 1/6th of DOSE IN SYRINGE DRIVER**

KEY
SC = Subcutaneous
PRN = as required

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Opioid Equianalgesic Table

Important Note: Equianalgesic doses are difficult to ascertain due to wide inter-patient variations. Initial dose conversions should be conservative; it is preferable to under-dose the patient and use rescue medication for any shortfalls. Guidance only

Oral morphine 4 hourly	Morphine MR 12 hourly	72 hourly Fentanyl patch- Durogesic® Durogesic D-trans®)	Diamorphine c/c 4 hourly	Diamorphine CSCI over 24 hrs	Morphine s/c PRN	Morphine CSCI cover 24 hrs
2.5 mg	10 mg		2.5 mg	5 to 10 mg	5 mg	10 to 15 mg
5 mg	15 mg		2.5 mg	10 mg	5 mg	15 mg
10 mg	30 mg	25 micrograms/ hr	5 mg	20 mg	7.5 mg	30 mg
20 mg	60 mg	50 micrograms/ hr	5 to 10 mg	40 mg	10 to 15 mg	60 mg
30 mg	90 mg	75 micrograms/ hr	10 mg	60 mg	15 mg	90 mg
40 mg	120 mg	100 micrograms/hr	15mg	80 mg	20 mg	120 mg
50 mg	150 mg	125 micrograms/hr	15 to 20 mg	100 mg	20 to 30 mg	150 mg
60 mg	180 mg	150 micrograms/hr	20 mg	120 mg	30 mg	180 mg
70 mg	200 mg	175 micrograms/hr	20 mg	130 mg	30 mg	200 mg
80 mg	240 mg	200 micrograms/hr	20 to 30 mg	160 mg	30 to 45 mg	240 mg
90 mg	260 mg	225 micrograms/hr	30 mg	190 mg	45 mg	280 mg
100 mg	300 mg	250 micrograms/hr	30 mg	200 mg	45 mg	300 mg
110 mg	330 mg	275 micrograms/hr	30 to 40 mg	220 mg	45 to 60 mg	330 mg
120 mg	360 mg	300 micrograms/hr	40 mg	240 mg	60 mg	360 mg
140 mg	420 mg	-	40 to 50 mg	290 mg	60 to 75 mg	430 mg
160 mg	480 mg	-	50 to 60 mg	330 mg	75 to 90 mg	490 mg
180 mg	540 mg	-	60 mg	360 mg	90 mg	540 mg

Due to the non-uniformity with equianalgesic ratios in the literature with oxycodone, use the table below to convert between routes.

General Guidance

- Prescribe all strong opioid preparations by brand where applicable to ensure continuity of therapy.
- **Leave transdermal patches in situ when the patient can no longer tolerate oral medication** and use subcutaneous injections to deliver breakthrough medication and a syringe driver to deliver the increasing analgesia requirements.
- Doses shown here are approximated to the most practical, based on current formulations.
- The tables have been generated using values based on expert consensus which may differ from manufacturers' recommendations:-
  - Oral morphine 3 mg = oral oxycodone 2 mg (oxycodone is more potent than morphine when given by mouth; NB – manufacturer states 2:1)
  - Oral morphine 3 mg = parenteral morphine 1.5 mg = parenteral diamorphine 1 mg.
  - Oral oxycodone 3 mg = parenteral oxycodone 2 mg (manufacturer states 2:1)
  - Parenteral morphine 1.5 mg = parenteral oxycodone 1.5 mg = parenteral diamorphine 1 mg (morphine and oxycodone are considered equivalent when given parenterally

Oxycodone SR PO 12 hourly	Oxycodone SC PRN	Oxycodone CSCI in 24 hours
5 mg	2.5 mg	5 to 10 mg
10 mg	2.5 to 5 mg	10 to 15 mg
20 mg	5 mg	25 to 30 mg
40 mg	10 mg	50 to 55 mg
60mg	15 mg	80 mg
80 mg	20 mg	105 to 110 mg
100 mg	20 to 25 mg	130 to 135 mg
120 mg	25 to 30 mg	160 mg
130 mg	30 mg	170 to 175 mg
160mg	35 mg	210 to 215 mg
170 mg	40 mg	225 to 230 mg
200 mg	45 mg	265 to 270 mg
220 mg	50 mg	290 to 295 mg
240 mg	55 mg	320 mg
280 mg	60 mg	370 to 375 mg
320 mg	70 mg	425 to 430 mg
360 mg	80 mg	480 mg

Transtec ® Patch 96 hourly (Buprenorphine)	Morphine PO 4 hourly	Morphine SR PO BD	BuTrans® Patch weekly
-	2.5 to 5 mg	10 to 20 mg	10 micrograms
-	5 to 10 mg	20 to 30 mg	20 micrograms
35 micrograms	10 to 15 mg	30 to 50 mg	-
52.5 micrograms	15 to 25 mg	50 to 75 mg	-
70 micrograms	20 to 30 mg	60 to 100 mg	-
105 micrograms	30 to 50 mg	100 to 150 mg	-
140 micrograms (max)	40 to 60 mg	120 to 190 mg	-

Buprenorphine equianalgesia with PO morphine varies in the literature from 75:1 to 115:1. The values in the table reflect this.

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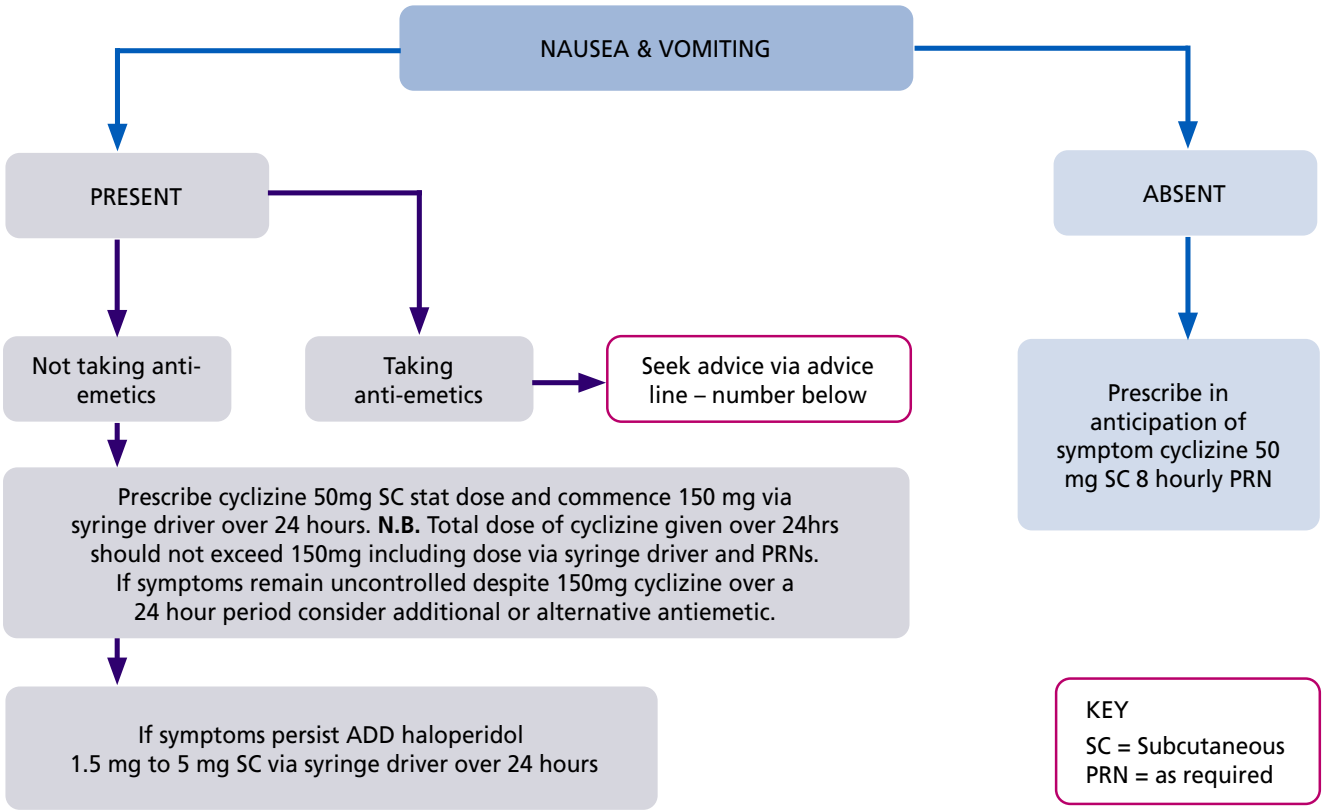
NAUSEA & VOMITING
– for people without heart failure



HEART FAILURE: (reference - Cheshire and Merseyside Clinical Network: Guidelines for symptom control for adults with end-stage heart failure January 2014)

CYCLIZINE IS NOT RECOMMENDED IN PEOPLE WITH HEART FAILURE (Unless very short prognosis)

Metoclopramide is first line (contra-indicated in gastro-intestinal obstruction; avoid or use with extreme caution in abdominal colic)

Metoclopramide 10mg SC PRN plus initial dose of 30mg via syringe driver over 24 hours. If chemical causes of nausea and vomiting e.g. renal failure or medication

Haloperidol 1.5mg to 3mg SC PRN plus haloperidol 1.5mg to 5mg via syringe driver over 24 hours. Maximum 10mg in 24 hours

Or

Levomepromazine 6.25mg SC 8 hourly PRN plus **levomepromazine** 6.25 mg to 12.5mg to 25 mg via a syringe driver over 24 hrs

LEWY BODY DEMENTIA
For people with Lewy Body dementia **AVOID** haloperidol, levomepromazine and metoclopramide

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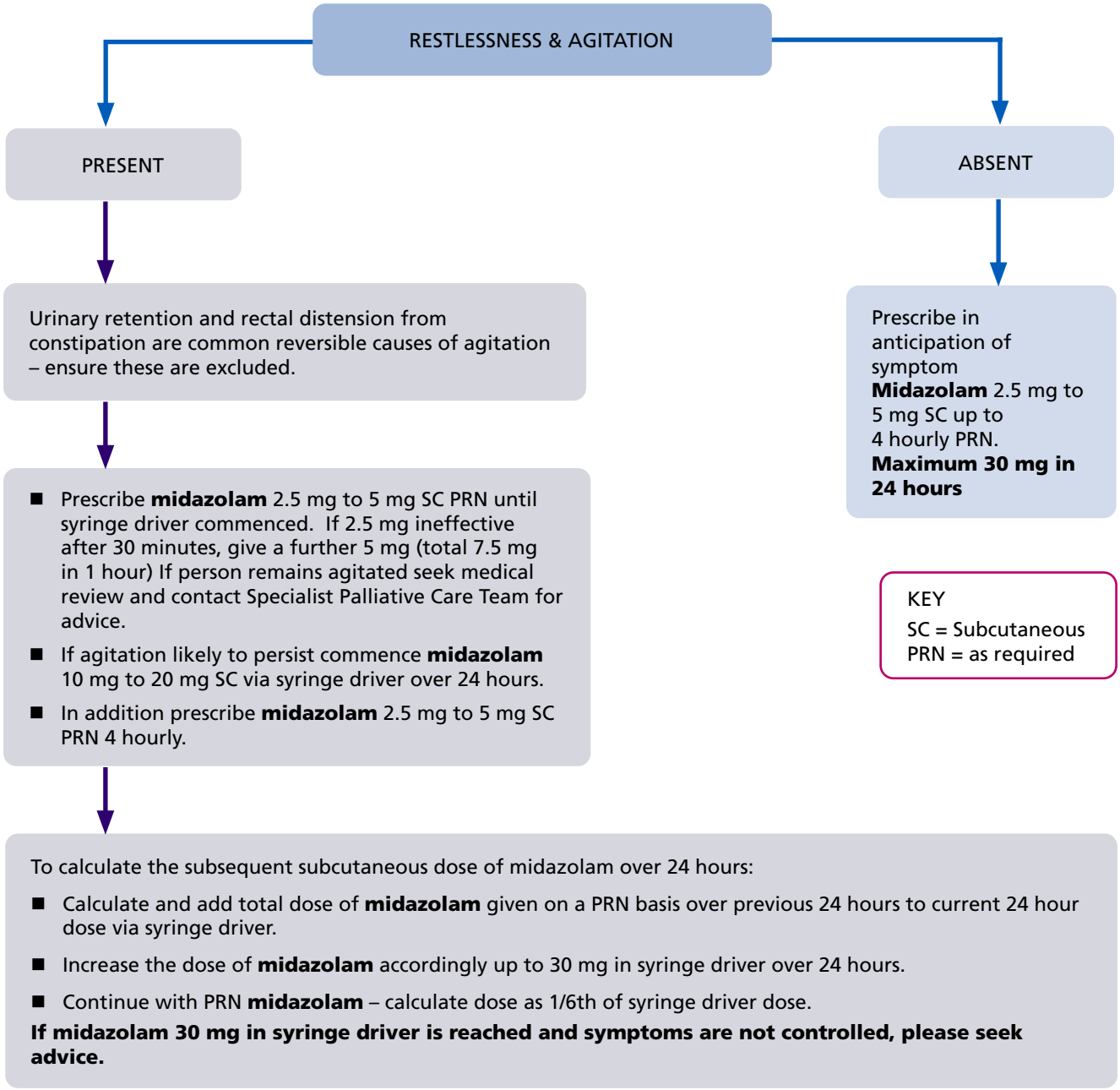
TERMINAL RESTLESSNESS & AGITATION

The intention of sedation in palliative care is to relieve distress – unconsciousness may occur but is not a desired outcome (refer to NPSA/2008/RRR011)



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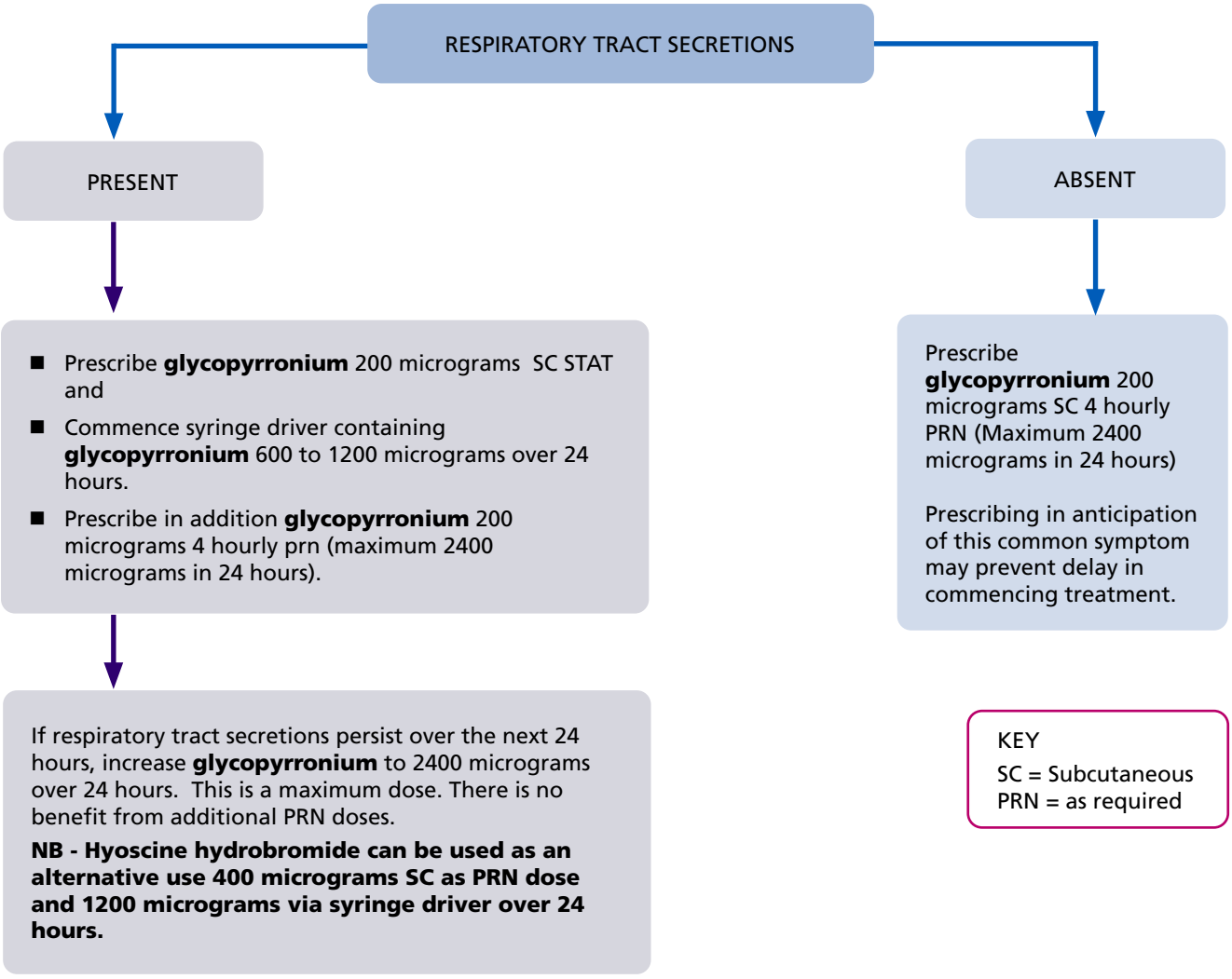
RESPIRATORY TRACT SECRETIONS

It is important to start treatment as soon as symptoms occur



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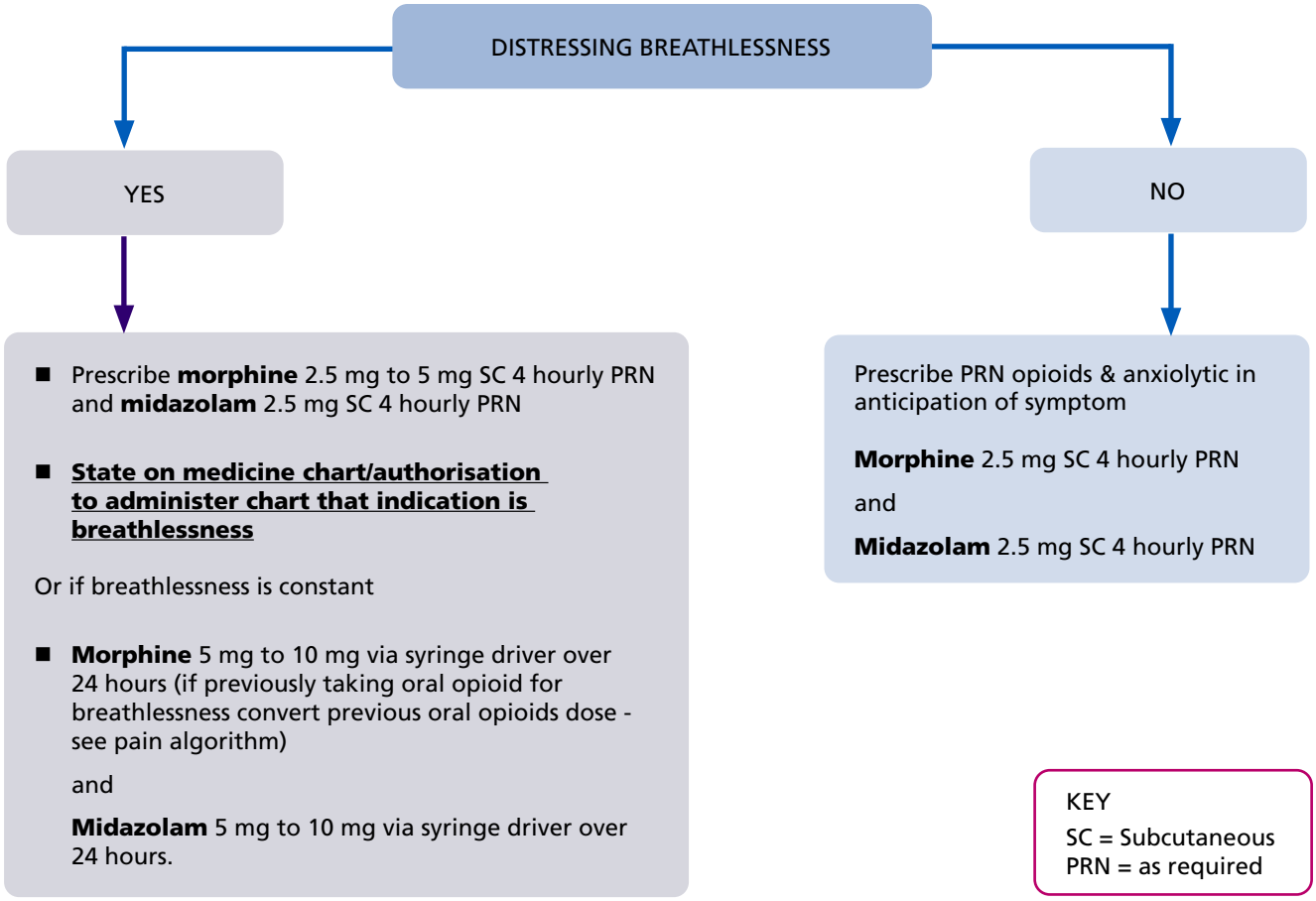
BREATHLESSNESS



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PATIENT DETAILS NHS Number_____

Surname_____ Forename_____

Date of Birth_____ GP Practice_____

ANTICIPATORY DRUG AUTHORISATION TO ADMINISTER FORM – INCLUDING CONTROLLED DRUGS (see footnote)

1. ROUTINELY REQUIRED DRUGS

Date (Valid for 1 month)	Drug	Dose over 24 hours	Route	Indication	Prescriber's Signature
	MORPHINE SULPHATE	_____mg to _____mg	s/c via syringe driver	PAIN	
	CYCLIZINE	150mg	s/c via syringe driver	NAUSEA	
	HALOPERIDOL	2.5mg to 5mg	s/c via syringe driver	NAUSEA (use instead of cyclizine if heart failure)	
	MIDAZOLAM	10mg to 20mg to 30mg	s/c via syringe driver	AGITATION OR SEIZURES	
	GLYCOPYRRONIUM	600 micrograms to 1.2mg to 2.4 mg	s/c via syringe driver	EXCESS SECRETIONS	

TRANSDERMAL PREPARATIONS

Date	Drug#	Dose and frequency	Route	Indication	Prescriber's Signature
			Topical	PAIN	
			Topical	PAIN	

delete/add as appropriate to treatment
Schedule 2 controlled drugs eg morphine,diamorphine,pethidine,fentanyl,oxycodone
Schedule 3 controlled drugs eg buprenorphine,temazepam,midazolam

PATIENT DETAILS NHS Number_____

Surname_____ Forename_____

Date of Birth_____ GP Practice_____

ANTICIPATORY DRUG AUTHORISATION TO ADMINISTER FORM – INCLUDING CONTROLLED DRUGS (see footnote)

2. AS REQUIRED (PRN) DRUGS

Date	Drug	Dose	Frequency & indication	Route	Doctor's Signature
	MORPHINE SULPHATE	_____mg to _____mg	2 to 4 hourly prn for pain	s/c	
	CYCLIZINE	50mg	8 hourly prn for nausea	s/c	
	NOT TO BE GIVEN IF ALREADY ON MAXIMUM 150MG CYCLIZINE VIA SYRINGE DRIVER"- IF SO GIVE HALOPERIDOL AS PRN ANTIEMETIC INSTEAD				
	HALOPERIDOL	1.5mg to 2.5mg	8 hourly prn for nausea (use instead of cyclizine if heart failure)	s/c	
	MIDAZOLAM	2.5mg to 5mg to 10mg	4 hourly prn for agitation or seizures	s/c	
	GLYCOPYRRONIUM	200 micrograms	4 hourly prn for excess secretions	s/c	

delete/add as appropriate to treatment
Schedule 2 controlled drugs eg morphine,diamorphine,pethidine,fentanyl,oxycodone
Schedule 3 controlled drugs eg buprenorphine,temazepam,midazolam

PATIENT DETAILS NHS Number_____

Surname_____ Forename_____

Date of Birth_____ GP Practice_____

RECORD OF SCHEDULE 2 AND 3 CONTROLLED DRUGS STOCK AND SUBCUTANEOUS ADMINISTRATION (see footnote)

NAME OF CONTROLLED DRUG:_____

STRENGTH:_____

FORM:_____

SYRINGE DRIVER SERIAL NUMBER

_____

EACH DRUG AND STRENGTH TO BE RECORDED ON A SEPARATE SHEET

Date						
Time (24 hr)						
Opening Stock						
New Stock						
Batch No. and Expiry Date						
Total balance						
Dose administered						
Frequency *Delete as appropriate*	Stat / syringe driver over 24 hours	Stat / syringe driver over 24 hours	Stat / syringe driver over 24 hours	Stat / syringe driver over 24 hours	Stat / syringe driver over 24 hours	Stat / syringe driver over 24 hours
Volume of fluid						
Condition of injection site for syringe driver						
Remaining Stock						
Signature						
Name						
Designation						

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Surname _____ Forename _____

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Volume of fluid						
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Remaining Stock						
Signature						
Name						
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PATIENT DETAILS NHS Number_____

Surname_____ Forename_____

Date of Birth_____ GP Practice_____

ADMINISTRATION OF MEDICATION FORM

SYRINGE DRIVER SERIAL NUMBER _____

Date	Time (24 hours)	Medicine	Dose	Route	Volume of fluid	Signature

PATIENT DETAILS NHS Number_____

Surname_____ Forename_____

Date of Birth_____ GP Practice_____

ADMINISTRATION OF MEDICATION FORM

SYRINGE DRIVER SERIAL NUMBER _____

Date	Time (24 hours)	Medicine	Dose	Route	Volume of fluid	Signature

PATIENT DETAILS NHS Number_____

Surname_____ Forename_____

Date of Birth_____ GP Practice_____

ADMINISTRATION OF MEDICATION FORM

SYRINGE DRIVER SERIAL NUMBER _____

Date	Time (24 hours)	Medicine	Dose	Route	Volume of fluid	Signature

PATIENT DETAILS NHS Number_____

Surname_____ Forename_____

Date of Birth_____ GP Practice_____

ADMINISTRATION OF MEDICATION FORM

SYRINGE DRIVER SERIAL NUMBER _____

Date	Time (24 hours)	Medicine	Dose	Route	Volume of fluid	Signature

PATIENT DETAILS NHS Number_____

Surname_____ Forename_____

Date of Birth_____ GP Practice_____

ADMINISTRATION OF MEDICATION FORM

SYRINGE DRIVER SERIAL NUMBER _____

Date	Time (24 hours)	Medicine	Dose	Route	Volume of fluid	Signature

OPIOID PATCH ADMINISTRATION FORM

DIFFERENT DRUGS AND STRENGTHS TO BE RECORDED ON SEPARATE SHEETS

DRUGS PRESCRIBED:_____

FREQUENCY OF PATCH CHANGE:_____

Notes:

a) This is **not** an authorisation form – the drug **must be authorised** on the drugs authorisation to administer form prior to using this form. This form should be kept with the authorisation form in the patient held notes.

b) The nurse should check that the patch is in place at each visit and complete the appropriate sections below. Comment if necessary eg site problems.

c) On removal of the patch from the patient it should be folded in half so that the adhesive side sticks together and placed in a sharps bin. Complete appropriate section below.

d) Apply patch(es) as per manufacturer's instructions, remembering not to use the same area of skin from which a patch has just been removed. **If following 'End of Life' Pathway DO NOT remove patch when commencing syringe driver and continue applying patches as prescribed.**

e) Where possible the manufacturer's instructions and Patient Information Leaflet (if available) should be kept with the patient held notes and referred to as appropriate.

f) **Monitor patients using patches for increased adverse effects, (refer to BNF or Patient Information Leaflet), if they have a fever as increased absorption is possible. Also avoid exposing application site to external heat eg a hot bath or sauna, as this may increase absorption (NICE CG 140).**

Date					
Time (24 hour)					
Patch application					
Patch check					
Strength (mcg/hr) & number of patches					
Site of patch					
Site check					
Date/time patch to be changed					
Removal/ destruction – date/time					
Signature					

VERIFICATION OF EXPECTED DEATH FORM

To be completed by Registered Nurse only

Full name of patient		Date of birth	
Home address			
NHS number			
GP and practice address			

Note: Has GP recorded expected death within the patient's health record ☐ *Yes* ☐ *No*
If no, follow local protocol for unexpected death

CLINICAL OBSERVATION OF ABSENCE OF LIFE

(to be repeated after five minutes in accordance with Trust policy):

	Tick Box 1st	Tick Box 2nd
1. There are no vital life signs	☐	☐
2. There is no response to painful stimuli	☐	☐
3. There are no signs of spontaneous respiration	☐	☐
4. There is no palpable carotid pulse	☐	☐
5. The pupils are fixed and widely dilated	☐	☐
6. No heart sounds	☐	☐

Comments

Life extinct verified by:

Print name			
Designation			
Signature			
Time of verification		Date of verification	

Tick relevant box:

☐ GP Practice informed (in hours)

☐ CWP - West out of Hours service informed

Patients name			
NHS No.		Date:	

Name of GP in hours	
Name of GP out of hours	
Identity of any person present	
If deceased alone, the person who found the body	

CARE AFTER DEATH

GP practice / out of hour's service contacted re patients death	☐ Yes	☐ No	
Spiritual, religious, cultural rituals / needs met at death	☐ Yes	☐ No	
Family aware cardiac device (ICD) pacemakers must be removed prior to cremation	☐ Yes	☐ No	☐ N/A
Where a known or suspected infectious disease is present, CWP West policy to be adhered to Policy IC10	☐ Yes	☐ No	☐ N/A
Post mortem discussed if appropriate	☐ Yes	☐ No	☐ N/A
Necessary documentation and information given to appropriate person	☐ Yes	☐ No	
Night sitters cancelled	☐ Yes	☐ No	☐ N/A
Community care team (day/evening/night service), Macmillan nurse, Crisis and Reablement Team, Palliative care team at COCH, Hospice, Social Services, care agencies and significant others involved in the patients care are informed of death	☐ Yes	☐ No	
Syringe pump removed	☐ Yes	☐ No	☐ N/A
Medication stock balance	☐ Yes	☐ No	☐ N/A
Medication for destruction as per CWP policy	☐ Yes	☐ No	☐ N/A
Family carers aware to take medication to chemist	☐ Yes	☐ No	
Family / carers aware of what to do with equipment (wheelchair returnable, items with a plug on returnable, all other items to be disposed of or thoughtfully recycled)	☐ Yes	☐ No	

Designation of verifier		Date and time	
Signature of verifier		Print name	

Preferred place of care ☐ Yes ☐ No ☐ Not known

If you have answered no to any of the above, please explain:

Version 2 May 2018 • Review May 2020