

(Attach Label here or Complete Details)

NAME: \_\_\_\_\_ NHI: \_\_\_\_\_

GENDER: \_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ WARD: \_\_\_\_\_



## Te Ara Whakapiri - Care in the last days of life

Baseline assessment and preparation for care after death

**Initiation requires consultation with patient, family/whanau and interdisciplinary team**

Primary diagnosis:	Ethnicity:
Religion/faith:	Language(s):
Family/whānau spokesperson:	Relationship:
Phone number:	Ph any time <input type="checkbox"/> Not overnight <input type="checkbox"/> Other:
Enduring power of attorney (personal care and welfare)	Yes <input type="checkbox"/> No <input type="checkbox"/> Activated Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Relationship: Phone number:
Documents in place to guide care decisions (tick as many as apply)	
Do not attempt cardiopulmonary resuscitation (DNACPR) <input type="checkbox"/> Shared Goals of Care <input type="checkbox"/>	
Advance Care Plan <input type="checkbox"/> Advance Directive <input type="checkbox"/> None <input type="checkbox"/> Other:	

These sections can be completed by any registered staff member

### Taha tinana – Physical health

The person is	Conscious <input type="checkbox"/>	Semi-conscious <input type="checkbox"/>	Unconscious <input type="checkbox"/>
In pain	<input type="checkbox"/>	Unable to swallow	<input type="checkbox"/> Confused/disorientated <input type="checkbox"/>
Agitated/restless	<input type="checkbox"/>	Incontinent of urine	<input type="checkbox"/> Experiencing respiratory tract secretions <input type="checkbox"/>
Nauseated	<input type="checkbox"/>	Catheterised	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	Incontinent of faeces	<input type="checkbox"/> At risk of skin breakdown <input type="checkbox"/>
Dyspnoeic	<input type="checkbox"/>	Constipated	<input type="checkbox"/> At risk of falling <input type="checkbox"/>

Describe any other symptoms: *eg. oedema, sore mouth, myoclonic jerks, itching*

### Taha hinengaro – Psychological and mental health

The person is aware they are dying (document details/concerns below)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Preferred place of death (if known):	
Describe any emotional or psychological symptoms, concerns or preferences:	

### Te wairua – Spiritual health

The person has been asked about cultural and/or spiritual needs (document details/concerns below)	Yes <input type="checkbox"/>
A spiritual/religious/faith person of choice has been contacted	Yes <input type="checkbox"/> N/A <input type="checkbox"/> To be done <input type="checkbox"/>
Name:	Contact details:
Describe any cultural and/or spiritual needs, preferences/concerns: <i>eg. rituals, prayers, music, access to pets</i>	

These sections can be completed by any registered staff member

Te whānau – Extended family health		
Family/whānau understand the person is dying (document details/concerns below)	Yes <input type="checkbox"/>	
Family/whānau have been offered written resources <i>When Death Approaches (or equivalent), Dying at Home (or equivalent)</i>	Yes <input type="checkbox"/>	
<b>For a person being cared for at home</b> , the family/whānau know who to contact after hours if/when needed e.g. in an emergency	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Family/whānau have been asked about cultural and/or spiritual needs, preferences or concerns (document details/concerns below)	Yes <input type="checkbox"/>	
Describe any family/whānau needs, preferences or concerns:		
Preparation for care after death		
Preferences for after death have been identified (document details/concerns below)	Yes <input type="checkbox"/>	
Family/whānau are aware of (tick as/when applicable)		
Who, and when, to call after the person dies <input type="checkbox"/>	The availability of a private space <input type="checkbox"/>	
When, and how, to contact a Funeral Director <input type="checkbox"/>	How to stop and remove the CSCI <input type="checkbox"/>	
Written bereavement information is available to be given as/when needed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Describe any preferences or needs <b>after death</b> : eg. <i>burial/cremation, tissue donation, rituals, prayers, music</i>		
Items/valuables to be left on the person/tūpāpaku:		
Name and designation (print):		
Signature:	Date:	Time:

Doctor or nurse practitioner to complete			
Medications reviewed and discontinued as appropriate	Yes <input type="checkbox"/>		
<b>Anticipatory prescribing completed for:</b> (Refer to <i>Anticipatory prescribing flow charts</i> )			
Pain <input type="checkbox"/>	Agitation, delirium and restlessness <input type="checkbox"/>	Nausea/vomiting <input type="checkbox"/>	
Dyspnoea <input type="checkbox"/>	Respiratory tract secretions <input type="checkbox"/>		
Investigations and interventions reviewed and cancelled/discontinued as appropriate	Yes <input type="checkbox"/>		
Clinically assisted hydration and nutrition reviewed and discontinued as appropriate	Yes <input type="checkbox"/>		
Implantable cardiac defibrillator (ICD) has been deactivated	Yes <input type="checkbox"/>	To be done <input type="checkbox"/>	N/A <input type="checkbox"/>
Above reviews/plans of care have been discussed with			
The person <input type="checkbox"/>	Family/whānau spokesperson <input type="checkbox"/>	EPA <input type="checkbox"/>	Other(s):
Doctor's/nurse practitioner's name and designation (print):			
After hours arrangements:			
Signature:	Date:	Time:	