

Surname:	Forename:
Address:	D.O.B.
	Patient ID no.:
	NHS no.:

Care Plan for the Last Days of Life Person Centred Initial Holistic Nursing Assessment

Please complete with the patient and family / carer if appropriate. For those patients unable to contribute to their care assessment, complete on their behalf. Please use this sheet as a prompt when assessing the patient and their family/carer.

Physical Problems Do you have any problems with your comfort? Pain / discomfort Breathlessness Mouth – sore / dry / painful Chest secretions Swallowing difficulties Feeling sick / being sick Constipation / diarrhoea Urinary problems – continence / incontinence Catheter care Sweats / hot / cold Skin – sores / wound / dry / itch / weeping / swelling Personal care – washing / hair care Sputum Cough Sleep Mobility Other?	Social / environmental concerns Do you feel the needs of yourself, your family / carers are being met? Support for relative / carer / friend Quiet surroundings Eating / drinking facilities Comfortable surroundings Parking facilities Worries / fears Written information Support for children Financial concerns Update on plan of care Other?
Emotional wellbeing Do any of these words describe how you feel? Distressed Lack of dignity / respect Upset / sad Lack of privacy Lack of peace / calm Agitated / restless Not listened to Frightened / worried Angry / frustrated Other?	Spiritual / religious needs Are the things important to you being considered? Support from faith leader Faith Prayers / rights / rituals Music Things that help you cope Other? <div style="text-align: right;">Culture Values</div>

Assessment completed by: Name (print) Designation & NMC:..... Signature.....
Completed and discussed with: (please circle) patient / carer / relative: Name
Date completed: Time:

ADVICE from Specialist Palliative Care: JCUH: ext 54787/54718/bleep via switch. MR&C community: 01287 639100.
H&R community and Friarage Hospital: 01609 751313. Out of hours via JCUH switchboard.
For referral forms see Home > Services A-Z > Palliative care.

Occupational Therapy Home Evaluation Checklist

DJ Losen



Occupational Therapy Home Evaluation Checklist:

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