

Northern England Strategic Clinical Networks



## Caring for the Dying Patient Document

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- Contact Information / Personnel Completing Documentation
- Initial Medical Assessment
- Initial Nursing Assessment
- Daily Assessment Sheets (x3)
- Community Prescription Chart
- Drug Administration Record
- Controlled Drugs Stock Balance
- Care after Death
- Record of Verification of Expected Death
- NESCN Palliative Care Guidelines

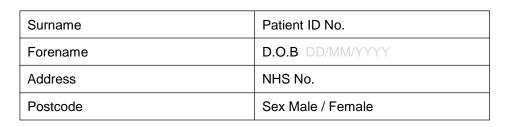
If required there are also a number of core care plans and resources available, on the strategic clinical networks website www.nescn.nhs.uk.

## **Core Care Plans**

- Agitation Core Care Plan
- Accountability for the Dying Patient
- Community Nursing Care Plan
- Communication Core care Plan
- Dyspnoea Core Care Plan
- End of Life Core Nursing Care Plan
- Nausea and Vomiting (NV) Core Care Plan
- Pain Core Care Plan
- Respiratory Tract Secretions Core Care Plan
- Spirituality Core Care Plan

To order more packs/documents please contact The Palliative Care Team office:

Northumberland (01670) 859015 North Tyneside (0191) 220 5905





## Relatives' / Carers' Contact Information

| 1 <sup>st</sup> Contact                     | 2 <sup>nd</sup> Contact          |
|---------------------------------------------|----------------------------------|
| Name:                                       | Name:                            |
| Home telephone:                             | Home telephone:                  |
| Work telephone:                             | Work telephone:                  |
| Mobile telephone:                           | Mobile telephone:                |
| Relationship:                               | Relationship:                    |
| Times to be contacted                       | Times to be contacted   Any time |
| Between specified hours:                    | Between specified hours:         |
| Healthcare professionals' signator          | y information                    |
| All personnel completing this document, ple | ase sign below (once only)       |

| Date<br>DD/MM/YY | Print Name<br>(BLOCK CAPITALS) | Signature | Designation |
|------------------|--------------------------------|-----------|-------------|
| DD/MM/YY         |                                |           |             |

All personnel completing this document, please sign below (once only)

| Date     | Print Name<br>(BLOCK CAPITALS) | Signature | Designation |
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