

# Daily Review

## Communicate Document

**COMMUNICATE** with patient and relatives (IMCA if no capacity or NOK). Support them and ensure they are aware of the seriousness of the condition; that death is thought likely to be imminent and the focus of care is now on comfort primarily.

**DOCUMENT** significant conversations in the notes and ensure contact numbers for key family members are recorded

- Opportunity to discuss and document wishes for tissue donation (0800 432 0559)

## Rationalise

**RATIONALISE INTERVENTIONS AND MEDICATIONS** - focus on comfort and support

- Consider interventions based on a balance of benefits and burdens including prescription of fluids
- Communicate decisions with patient (where possible) and family

## Care

**MAINTAIN EXCELLENT BASIC CARE** - frequent assessment, action and review

- Regular mouth care, turning for comfort as appropriate, maintain pressure area care
- Encourage and support oral food/hydration as patient is able
- Check bladder and bowel function
- Ensure dignity and compassion in all care

## Symptoms

**ASSESS SYMPTOMS REGULARLY** - frequent assessment, action and review

- Prescribe medications as required for anticipated symptoms e.g. pain, nausea, agitation, respiratory secretions
- Medications via a subcutaneous syringe pump if symptomatic or no longer tolerating oral medication
- Advice available from the Palliative Care Team, see also Adult Palliative Care Guidelines on intranet

## Family

**IDENTIFY SUPPORT NEEDS OF FAMILY**

- Ensure contact numbers updated for key family members
- Explain facilities available e.g. parking permits, folding beds for relatives
- Consider single room

## Spirituality

**IDENTIFY SPIRITUAL NEEDS** - for both patient and family

- Document specific actions required
- Refer to Chaplaincy via switchboard as appropriate

## After Care

**CARE AFTER DEATH**

- Follow procedures in Care of the Dying Policy; certification of death
- Family bereavement booklet
- Inform GP and other involved clinicians