

Disability End-of-Life Care Plan

(Affix identification label here)

URN: _____

Family name: _____

Given name(s):

Address: _____

Date of birth: _____ Sex: M F I

Medicare No.: _____

To be considered being completed during the Terminal Phase. Note: Goals of care are better reflected in the clinical treatment plan and Advance Care Directive, that should be considered prior to and during the completion of this document.

This Disability End-of-Life Care Plan has been developed specifically for people residing in a disability residential service, who choose to die in their home or remain in their home as long as possible.

The Plan is divided into three sections:

Section 1: Background information and initial assessment.

Section 2: Ongoing assessment by disability residential house staff.

Section 3: Care after death.

Sections highlighted in yellow should be completed by, or involve the doctor.

Progress notes can be added to each section to document information not already captured.

Date plan commenced:/...../.....

To be completed by the Doctor:

Medical: Specialist Hospital Consultant/ Registrar: General Practitioner:

Name (Please Print):

Address:

To be completed by the Nurse (if applicable):

Name (Please Print): Position:

Address:

To be completed by additional support staff/ person (enter details of residential support staff)

Name (Please Print): Position:

Agency:

Address:

If the plan is discontinued please record here.

Date plan discontinued:/...../..... By who:

Reason why discontinued:

Reassessment information (include date/s):



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SECTION 1: INFORMATION ABOUT THE RESIDENT

To be completed by the person with a disability and key residential service staff.

NAME:DOB.....	
RESIDENTIAL ADDRESS:	
Background information about the resident:
How the resident communicates and makes decisions:
What can be provided by the disability service/ agency:
Additional:



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SECTION 1: INITIAL ASSESSMENT

PRIMARY DIAGNOSIS:

SECONDARY DIAGNOSIS:

Is the resident aware that they are dying?

Yes: No: Not Possible:

Record of discussion:.....
.....
.....

The relative or carer is aware that the resident is dying?

Yes: No: Not Possible:

Significant others have been contacted regarding the residents condition.

Next of Kin contact details:

Record of discussion:.....
.....
.....

Does the resident wish to remain at home for as long as possible and/or, die 'at home'?

Yes: No: [If No, **Stop** Completing This Form.]

If applicable, does the residents enduring power of attorney support this decision?

Record of discussion:.....
.....
.....

Hospital Discharge Plan: Yes No: Not applicable:

Enter detail or attach:



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Services that may be required for the resident to die at home:

GP Detail including frequency of visits:.....

Grampians Regional Palliative Care Team Date referred:

Specialist Palliative Care Service:

Ballarat Hospice Care Date referred: Djerriwarrh Palliative Care Date referred:

Central Grampians Palliative Care Date referred: Wimmera Hospice Care Date referred:

Other

District Nursing Service Service Required:

Post Acute Care Linkages MND Association Carers Choice

Referral to OT for home visit/ assessment required? Yes No

Referral to Social Work required? Yes No

Equipment required at home:

Continence Aids Yes No

Wound dressing products Yes No

Mouth care products Yes No

Pressure relieving mattress Yes No

Additional:.....

.....

.....

Is the resident's death reportable to the coroner?

Yes: No:

The Coronial Admissions and Enquires (CA&E) can also be contacted prior to the death on telephone 1300 309 519.

Note: According to the Coroners Act of Victoria 2008 some categories of death must be reported to the coroner for further investigation. One of these categories is people who are "held in care" such as people with disabilities living in Group Homes operated or funded by the Department of Human Services (DHS). Reportable deaths must be notified to the coroner regardless of whether the resident dies in the Group Home or in a hospital or palliative care inpatient service.



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<p>Does the resident have:</p> <p>An Advance Care Plan?</p> <p>A Will?</p> <p>Medical Treatment Decision Maker Contact details:</p> <p>Support Person Contact details:</p> <p>Enduring Power of Attorney/ Guardianship? Contact details:</p> <p>Enduring Power of Attorney/ Medical? Contact details:</p> <p>CPR is being refused (as documented in the Instructional Directive – Advance Care Plan).</p>	<p>Yes: <input type="checkbox"/> (Attach) No: <input type="checkbox"/> Why?.....</p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p><i>This directive must be available at all times. Advise 000 staff if calling an ambulance.</i></p>
<p>In the event of an after-hours death does the GP wish to be contacted?</p>	<p>Immediately: <input type="checkbox"/></p> <p>Afterhours: <input type="checkbox"/> Contact details.....</p> <p>The following business day: <input type="checkbox"/></p>
<p>If no contact after-hours, is the GP willing to complete a Death Certificate?</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Record of discussion:.....</p> <p>.....</p>
<p>If death occurs after-hours, can the body be released to the funeral director?</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Record of discussion:.....</p> <p>.....</p>



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<p>The resident and relative or carer is given the opportunity to discuss what is important to them at this time (wishes, feelings, faith, belief, values)</p>	<p>Record of discussion:.....</p>
<p>Signs and symptoms of the dying process explained?</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Record of discussion:.....</p>
<p>The resident has medication prescribed on an as required pain relief basis for symptoms that may develop in the last hours or days of life?</p> <p>Note: Disability residential staff cannot:</p> <ul style="list-style-type: none"> • administer injections by a standard syringe or an injection device that has a standard length non-retractable needle. This includes intramuscular, intravenous and subcutaneous injections • administer injection by any means into IV lines, or similar equipment that is sited intravenously. • manually draw up or load injection devices with medication. <p>Attach medication treatment sheet and discuss with the resident, carer and support staff.</p> <p>Arrange for palliative care, district nursing of nominated other, to be available to administer subcutaneous medication, if applicable.</p>	<p>Tick as applicable:</p> <p>Pain <input type="checkbox"/></p> <p>Agitation/ Restlessness <input type="checkbox"/></p> <p>Nausea/ Vomiting <input type="checkbox"/></p> <p>Respiratory Secretions <input type="checkbox"/></p> <p>Dyspnoea <input type="checkbox"/></p> <p>Other <input type="checkbox"/> Detail:</p> <p>Current medication assessed and non-essentials discontinued? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>The residents need for current interventions has been reviewed Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Record of discussion:.....</p>
<p>The need for artificial hydration and nutrition is reviewed and discussed</p> <p>The resident should be supported to take food and fluid for as long as possible. A reduced need for food and fluid is part of the dying process.</p>	<p>Record of discussion:.....</p>



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<p>The residents primary health team and GP notified.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not applicable <input type="checkbox"/></p> <p>Who was notified:.....</p> <p>.....</p> <p>.....</p>
<p>Record of further discussion:</p>	

The above record was developed by:

<p>Completing Doctor's name:</p> <p>Signature:</p> <p>Date:</p> <p>Time:</p>	<p>Completing Nurse's name:</p> <p>Signature:</p> <p>Date:</p> <p>Time:</p>
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Record of any significant issues not reflected above:

Date/ Time	Record of significant events/ conversations/ medical review	Signature

(Print and attach additional pages as required)



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SECTION 2: Ongoing Assessment

This section has been designed for residential service staff to monitor symptom management and quality of life. It may be provided to treating health professionals as supporting evidence if a review of the plan is required.

Consider:

- Does the resident have pain?
 - Palliative care can provide training in the use of a pain management tool.
 - Consider as required pain relief for incidental pain (contact administrator if this requires subcutaneous medication).
 - Verbalised by resident if conscious, pain free on movement. Observe for non-verbal cues.
 - Consider positional change.
- Is the resident agitated?
 - Does resident display signs of restlessness or distress. Consider does the resident have pain.
- Does the resident have excessive respiratory tract secretions?
 - Consider repositioning. Contact health professional as soon as symptoms occur.
- Does the resident have nausea?
 - Verbalised if the resident is conscious. Gagging noted when attending to mouth care.
- Is the resident vomiting?
- Is the resident breathless?
 - Verbalised if the resident if conscious, consider positional change.
 - May need to contact health professional, to consider oxygen therapy or medication.
- Does the resident have urinary problems?
- Does the resident have bowel problems?
- Does the resident have other symptoms?
- Is the resident receiving fluid to support individual needs?
 - Monitor for signs of aspiration or distress.
 - If concerned, monitor volume.
- The resident's mouth is clean and moist?
- The residents skin integrity is maintained
- The resident is receiving care in a physical environment adjusted to suit their needs?
 - Consider music, light, space.
- The resident's psychological wellbeing is being considered?
 - Respectful communication, listening, explanation of support being given.
 - Spiritual, cultural, religious needs
- The wellbeing of the relative and carer is being considered?
 - Listen to worries and fears.
 - Spiritual, cultural, religious needs

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Record of ongoing assessment (to be completed by the residential service)				
<u>Date/ Time</u>	<u>What occurred</u>	<u>Action taken</u>	<u>Staff initials</u>	<u>Was action effective?</u>

(Print and attach additional pages as required)



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SECTION 3: Care After Death

Date of Death	
Time of Death:	
Residents representative(s) and significant others informed of death	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not Possible: <input type="checkbox"/></p> <p>Record specifically who was notified and when:.....</p> <p>.....</p> <p>.....</p>
GP informed of residents death	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not Possible: <input type="checkbox"/></p> <p>Record specifically who was notified and when:.....</p> <p>.....</p> <p>.....</p>
Police/ Coroner informed of residents death	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input type="checkbox"/></p> <p>Record specifically who was notified and when:.....</p> <p>.....</p> <p>.....</p>
Incident report completed	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not Possible: <input type="checkbox"/></p> <p>Record date and time Incident Report completed:.....</p> <p>.....</p> <p>.....</p>

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<p>Other residents and staff informed of residents death</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not Possible: <input type="checkbox"/></p> <p>Record specifically who was notified and when:.....</p> <p>.....</p> <p>.....</p>
<p>If applicable, Specialist Palliative Care Services informed of residents death</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not Possible: <input type="checkbox"/></p> <p>Record specifically who was notified and when:.....</p> <p>.....</p> <p>.....</p>
<p>Other health professionals, allied health, pharmacy, district nursing informed of the resident's death.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not Possible: <input type="checkbox"/></p> <p>Record specifically who was notified and when:.....</p> <p>.....</p> <p>.....</p>
<p>Loan equipment returned</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not Possible: <input type="checkbox"/></p> <p>Record of discussion:.....</p> <p>.....</p> <p>.....</p>
<p>Bereavement information provided. Grief and loss session arranged (if necessary)</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not Possible: <input type="checkbox"/></p> <p>Record of discussion:.....</p> <p>.....</p> <p>.....</p>



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Staff member completing this form:

Name:

Signature

Date:

Time:

To be completed by the Area Manager:

Manager's name:

Signature:

Date:

Time:

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The material presented in template checklist has been modelled on existing best-practice frameworks available. The content has been endorsed by the Grampians Disability Palliative Care Steering Committee, and the Grampians Region Palliative Care Consortium.

Acknowledgements and References:

The Residential Aged Care End of Life Care Pathway, Developed as part of the Residential Aged Care Palliative Approach (PA) Toolkit:

Brisbane South Palliative Care Collaborative (2013) Learning Guide for the Residential Aged Care End of Life Care Pathway (RAC EoLCP) Training Video, Brisbane: State of Queensland (Queensland Health)

The Care of the Dying Management Plan (Ballarat Health Services, 2017)

Organisations who choose to adopt this material do so at their own risk.