

# Last Days of Life GP Copy

## Last Days of Life GP

The team caring for the person have discussed and agreed that their condition is deteriorating, and death is likely within hours or a small number of days

Last days of life template initiated

01-Jul-2019



It is considered best practice for a GP to see the patient prior to completing this template

Face to face consultation completed since the patient's deterioration

Text

No previous entry

Do not attempt CPR (DNACPR) form in place and is up to date

05-Aug-2019



Blue booklet anticipatory medications prescribed?

No previous entry

Blue booklet medications have been reviewed in last two weeks

Imminent expected death Suitable for Nurse Verification

Text

No previous entry

[www.cheshire-epaige.nhs.uk](http://www.cheshire-epaige.nhs.uk)

If patient **IS** for CPR - Last Days of Life Template not appropriate

Supportive information:

1. Look for and treat reversible causes of symptoms if it would benefit the patient at this time
2. If uncertainty exists, or expertise is required, obtain specialist opinion from consultant team experienced in the person's condition
3. If complex and/or uncontrolled symptoms, obtain advice from the Specialist Palliative Care Team
4. Check for an Advance Care Plan or Advance Decision to Refuse Treatment, and use it to guide care appropriately
5. Check for a Lasting Power of Attorney (LPA) for health and welfare who has the right to make decisions relating to life-sustaining treatment  
Click the link below for further guidance on LPA's

### [5 Priorities of Care](#)

## Patient Record

Primary diagnosis

28-Feb-2019 [X]Malignant...



Text

Patient's next of kin and contact details

Text

No previous entry

## Discussion had with main carer and/or relative of likely prognosis?

Carer / relative aware of prognosis

Text

No previous entry

Enter name of Carer / Relative and contact telephone number above

Document any conversation with carer / relative below

Communications

## The appropriateness of any new or ongoing interventions have been discussed with the patient, main carer and/or relatives

The appropriateness of any new or ongoing interventions have been discussed with the patient?

Text

No previous entry

e.g. Syringe pump / Subcutaneous fluids / Clinically assisted nutrition and hydration

Blood tests / observations

Patient lacks capacity, best interest decision made on behalf of patient?

No previous entry

The appropriateness of any new or ongoing interventions have been discussed with main carer and/or relatives?

Text

No previous entry

Supporting information:

Nutrition and Hydration discussed with patient

Nutrition and Hydration discussed with relative / carer

Text

## End of Life Medications in Place

Prescription of palliative care anticipatory medication

Text

No previous entry

Non essential medications have been rationalised / stopped?

Text

No previous entry

# Last Days of Life GP Copy

**Please Tick What is Prescribed** - Also Consider and Prescribe for Other Treatable Symptoms Experienced or Predictable.

- Pain
- Agitation
- Respiratory Tract Secretions
- Nausea & Vomiting
- Breathlessness

**\*PLEASE ENSURE THAT ANTICIPATORY MEDICATIONS ARE PRESCRIBED FOR ALL 5 OF THE MOST COMMONLY EXPERIENCED SYMPTOMS\***

**Click Below to View Relevant Documents and Algorithms For Guidance:**

- [Starting Dose Guidance for Adult Patients in the Last Days of Life](#)
- [Agitation Algorithm](#)
- [Pain Algorithm](#)
- [Respiratory Tract Secretions Algorithm](#)
- [Nausea Algorithm](#)
- [Breathlessness Algorithm](#)

- |   |      |                      |                   |
|---|------|----------------------|-------------------|
| <input type="checkbox"/> Syringe pump commenced | Text | <input type="text"/> | No previous entry |
| <input type="checkbox"/> Syringe pump checked   | Text | <input type="text"/> | No previous entry |

## Patient Preferences & Choices

[Link to ERISS Web Site](#)

- |  |      |                      |   |
|--|------|----------------------|---|
| <input type="checkbox"/> Resuscitation discussed with patient                                  | Text | <input type="text"/> | No previous entry   |
| <input type="checkbox"/> Resuscitation discussed with carer                                    | Text | <input type="text"/> | No previous entry   |
| <input type="checkbox"/> Not for attempted CPR (cardiopulmonary resuscitation)                 |      |                      | 05-Aug-2019 <a href="#">»</a>                                 |
| <input type="checkbox"/> Patient with internal cardiac defibrillator pacemaker                 | Text | <input type="text"/> | No previous entry   |
| <a href="#">Enter arrangements made for deactivation above</a>                                 |      |                      |   |
| <input type="checkbox"/> Notification to coroner?  | Text | <input type="text"/> | No previous entry   |
| <input type="checkbox"/> Notification to primary care OOH of anticipated death                 | Text | <input type="text"/> | No previous entry   |
| <a href="#">Enter details of the GP to issue a Medical Certificate of Cause of Death above</a> |      |                      |   |
| <input type="checkbox"/> Have you considered spiritual, religious and cultural requirements    | Text | <input type="text"/> | No previous entry   |
| Preferred place of care - discussion   |      | <input type="text"/> | No previous entry   |
| Preferred place of care - location   |      | <input type="text"/> | 05-Aug-2019 <a href="#">Preferred pl...</a> <a href="#">»</a> |
|  | Text | <input type="text"/> |   |
| Preferred place of Death (select 1st and 2nd choice)   |      | <input type="text"/> | 05-Aug-2019 <a href="#">Preferred pl...</a> <a href="#">»</a> |

## District Nurse Input

- |  |      |                      |                   |
|--|------|----------------------|-------------------|
| <input type="checkbox"/> Under care of district nurse      | Text | <input type="text"/> | No previous entry |
| <input type="checkbox"/> Under care of Macmillan nurse     | Text | <input type="text"/> | No previous entry |
| <input type="checkbox"/> Refer to district nurse           |      |                      | No previous entry |
| <input type="checkbox"/> District Nurse aware of prognosis |      |                      |                   |
| <input type="checkbox"/> OOH aware of prognosis            |      |                      |                   |

# Last Days of Life GP Copy

Family / Relatives / Carers		
<input type="checkbox"/> Patient is a carer	Text <input type="text"/>	No previous entry
<input type="checkbox"/> Has a carer	Text <input type="text"/>	27-Feb-2018 <a href="#">»</a>
Enter Carer's contact information above		
<input type="checkbox"/> Carer's Circumstances	Text <input type="text"/>	
Need for Carer's Assessment	<input type="text"/>	
Carer's view of person's needs - free text :	<input type="text"/>	
What help of support does the carer provide? - free text :	<input type="text"/>	
Formal Care		
<input type="checkbox"/> Patient receives formal care package	Text <input type="text"/>	No previous entry
Advice & Support		
Support and Advice Given	<input type="text"/>	No previous entry
Free text	<input type="text"/>	
Patient review		
<b>If this template has been active for 7 days this should prompt a further face to face clinical assessment by GP</b>		
Review comments	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Death Summary		
Place of Death	<input type="text"/>	No previous entry
	Text <input type="text"/>	
Patient died not at preferred location	<input type="text"/>	No previous entry
	Text <input type="text"/>	
<input type="checkbox"/> Bereavement leaflet issued		
<a href="#">Cheshire ePAIGE</a>		