FIG 1. SAMPLE PAGE FROM THE NEW CARE PLAN

Before commencing this care plan and during reassessment please refer to the CRITERIA below. Part 2 to be completed on 1st initiation:

Part 1

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

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. Where applicable inform the individual’s GP
5. Check for an Advanced Care Plan or Advanced Decision to Refuse Treatment, and use it to guide care appropriately
6. Check for a Lasting Power of Attorney (LPA) for health & welfare who has the right to make decisions relating to life-sustaining treatment. See www.cheshire-epaige.nhs.uk for further guidance on LPAs

Part 2

MULTIDISCIPLINARY TEAM INITIAL ASSESSMENT:

Date of initial assessment: ________________ Time (24hr clock) ________________ Place:

Lead Clinician (must be complete a Senior Doctor. ST3 or above)
Name __________________________ Signature __________________________ Role __________________________

Details of other clinicians involved in the initial assessment where a decision has been made to commence the Care Plan:
Name __________________________ Signature __________________________ Role __________________________
Name __________________________ Signature __________________________ Role __________________________
Name __________________________ Signature __________________________ Role __________________________
Name __________________________ Signature __________________________ Role __________________________

IN卷OLVEMENT OF THE INDIVIDUAL & THEIR FAMILY AND/OR SIGNIFICANT OTHERS DURING INITIATION OF THIS CARE PLAN:

Is the individual aware of this plan of care? Yes/No (if no explain reason. If the individual lacks capacity then this should be expanded upon on Section 1)

Are the family and/or significant others aware of the plan of care? Yes/No (Details of conversations including names of people involved can be documented elsewhere). Where the family/significant others have not been informed or involved, a clear rationale MUST be given elsewhere.