

# PALLIATIVE CARE NEEDS REVIEW CHECKLIST

BRADMA

Meeting Date: .....

Who was present		
Name	Title	Signature

## Triggers to discuss resident at needs review

Please tick one or more of:

- ☐ You would not be surprised if the resident died in the next six months ➡ Refer to Pal. Care Indicator Tool
- ☐ Physical or cognitive decline or exacerbation of symptoms in the last month
- ☐ No plans in place for last six months of life/no advance care plan
- ☐ Conflict within the family around treatment and care options
- ☐ Transferred to our facility for end of life care
- ☐ CHES score 4 or 5
- ☐ Deteriorating condition as indicated on SPICT

## New Referrals – Clinical Lead/Manager to complete prior to Review meeting

- ☐ What are the resident's diagnoses and co-morbidities? .....  
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- ☐ What are their palliative care needs (including physical, psychosocial and spiritual symptoms)?  
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- ☐ What are staff current concerns around treatment or goals of care?  
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- ☐ Who supports the resident outside the facility (e.g. family/friends)  
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.....  
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## Actions

<b>Medication review (e.g. change meds, anticipatory meds) if appropriate</b>		Outcome
Who is responsible?		
<b>Organise surrogate decision maker/EPOA?</b>		Outcome
Who is responsible?		
<b>Develop a care plan appropriate to resident needs and goals of care (e.g. ACP, LDCP)</b>		Outcome
Who is responsible?		
<b>Organise a family meeting</b>		Outcome
Who is responsible?		
<b>External referrals (e.g. pastoral care, dementia support services, wound care)?</b>		Outcome
Who is responsible?		
<b>Refer to Specialist Palliative Care?</b>		Outcome
Who is responsible?		
<b>GP/NP review</b>		Outcome
Who is responsible?		
<b>Provide care-based education (e.g. recognising deterioration and dying, bowel management, pain assessment, talking to GP's)</b>		Outcome
Who is responsible?		