

**PALLIATIVE CARE NEEDS: Aged Residential Care  
REVIEW CHECKLIST**

BRADMA

Meeting Date: / /      Review Date: / /

Review Date: / /      Review Date: / /

**Ethnicity:**

**Marital Status:**

<b>Who was present?</b>	<b>Level of Care:</b>	
Name	Signature	Title

**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 → Deteriorating condition as indicated on SPICT
- 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
- CHESS score 4 or 5

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

- What are the resident’s diagnoses and co-morbidities? .....  
.....  
.....
- What are their palliative care needs (including physical, psychosocial and spiritual symptoms)?  
.....  
.....
- What are staff current concerns around treatment or goals of care?  
.....  
.....
- Who supports the resident outside the facility?       Family / Friends       No-one  
.....  
.....

## Actions

<b>Medication review (e.g. change meds, anticipatory meds) if appropriate</b>		Outcome
<ul style="list-style-type: none"> <li>• Medication review required?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</li> <li>• Anticipatory medication required?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</li> <li>• De-prescribing required?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</li> </ul> <p style="margin: 0;"><i>Comments:</i></p>		
Who is responsible?		
<b>GP/NP review</b>		Outcome
<b>GP/NP review required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who is responsible?		
<b>Develop a nursing care plan appropriate to resident needs and goals of care (e.g. ACP, LDCP). Te Whare Tapa Wha.</b>		Outcome
Physical ( <i>Tinana</i> )	Spiritual ( <i>Wairua</i> )	
Relationships/Family ( <i>Whanau</i> )	Mental/Emotional ( <i>Hinengaro</i> )	
<b>ACP discussions commenced?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Comments:</i>		
Who is responsible?		
<b>Organise a family meeting/EPOA/Surrogate decision maker</b>		Outcome
<i>Comments:</i>		
<b>Family meeting required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No:		
Who is responsible?		
<b>External referrals (e.g. pastoral care, dementia support services, wound care) / Refer to SPC?)</b>		Outcome
<i>Comments:</i>		
<b>External referrals required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who is responsible?		
<b>Provide care-based education (e.g. recognising deterioration and dying, bowel management, pain assessment, talking to GPs)</b>		Outcome
<i>Comments:</i>		
<b>Education required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who is responsible?		