

**Please complete and return this sheet for all deceased patients.**

This sheet is used to evidence the quality of care provided at the end of life in Wales (with or without the use of Care Decisions guidance).

\*Please complete/tick all answers that are relevant. (If no evidence exists, 'No' should be ticked.)

## Last Days of Life Care in Wales: Individual Case Review Sheet

<b>Health Board area:</b> ..... <b>Name of org/establishment/ team reporting:</b> ..... <b>Location/base/area team covers (to attribute data):</b> ..... <b>Patient's Care Setting:</b> <input type="checkbox"/> Own home <input type="checkbox"/> Residential Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Community Hospital <input type="checkbox"/> Acute hospital <input type="checkbox"/> SPC IPU / Hospice <input type="checkbox"/> other.....	<b>About the deceased:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <b>Age:</b> ..... <b>Primary diagnosis:</b> <input type="checkbox"/> Cancer <input type="checkbox"/> Non-cancer <input type="checkbox"/> Unknown
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**Priority 1:** The possibility that a person may die within the coming days and hours is recognised and communicated clearly, decisions about care are made in accordance with the person's needs and wishes, and these are reviewed/revised regularly.

**Recognising the dying phase:**

- Was the patient seen by a senior clinician in their last days?  Yes  No
- Was it documented that the team agreed the patient is likely to be in the last days or hours of life?  Yes  No

**Recognising the patient's needs and wishes in their last days of life:**

- Was it documented that the patient was asked about or had already indicated their needs and wishes?  Yes  No
- Was the patient where they preferred to be cared for in the last days of life?  Yes  No  
 If not, why not? .....
- Was it documented that arrangements/plans were reviewed and revised as needs changed?  Yes  No

**Priority 2:** Sensitive communication takes place between staff and the person who is dying and those important to them.

- Was there evidence of sensitive discussions with the patient about their last days of life?  Yes  No  
*Was the patient unable to discuss (e.g. Dementia, confused, lacked capacity, no communication)*  Yes  
*Did the patient clearly indicate that they did not want to discuss the issue*  Yes
- Was there evidence of discussion with those important to the patient regarding last days of life?  Yes  No  
*No important people were identified by patient or patient did not want them involved*  Yes

**Priority 3:** The dying person, and those identified as important to them, are involved in decisions about treatment and care.

- Was there evidence that opportunities were given to the patient and those important to them to be involved in discussions about treatment and care?  Yes  No  n/a

**Priority 4:** The people important to the dying person are listened to and their needs are respected.

- Was there evidence that those important to the patient were listened to and their needs respected?  Yes  No
- Were those important to the patient made aware of the practical support and information available to them (before and after death) e.g. hospital facilities/increased nursing care at home/booklet/sign posting  Yes  No  n/a

**Priority 5:** Care is tailored to the individual and delivered with compassion – with an individual care plan in place.

Was there documented evidence of:

- Holistic individualised care planning being undertaken (*this may include: physical, psychological, spiritual, cultural, religious needs assessment and action planning*)  Yes  No
- Appropriate anticipatory medication, tailored to the needs of the patient, being available  Yes  No
- At least daily monitoring of signs and symptoms, including need for parenteral fluids  Yes  No

**Other: Documentation:** Were any of the following documents used?

- (i) Main Care Decisions Guidance (4 pages) (Document A)  Yes  No
- (ii) Symptom assessment chart (Document B)  Yes  No
- (iii) Symptom control guidance (flow diagrams) (Document E)  Yes  No

<b>Any further comment on care or if any aspect not fulfilled, why?</b>	<b>Return completed sheets</b> to your local audit dept or: <ul style="list-style-type: none"> <li>▪ <i>Email:</i> CareDecisions@wales.nhs.uk</li> <li>▪ <i>Post:</i> Care Decisions Manager, Dept of Palliative Care, Bodfan, Eryri Hospital, Caernarfon, Gwynedd. LL55 2YE.</li> <li>▪ <i>Fax:</i> FAO Care Decisions Team 03000 851669</li> </ul>
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