

Patient suitability checked? Yes Date: By whom:

1

- Patients who may be appropriate for this practice should satisfy all of the following criteria:
- are adult people (aged ≥ 18 years);
 - who have a life-limiting diagnosis and who are aware of this;
 - who are aware that their prognosis is limited (i.e. they are coming towards the end of life);
 - who have had the opportunity and willingness to consider wishes regarding future care (including, specifically, a wish to be at home when they die);
 - who, having expressed the wish to be at home when they die, hold this view strongly and in a sustained way;
 - who have a carer(s) willing and able to support the wish to die at home (including taking on the additional tasks this requires in the context of no 24/7 paid care).

The patient's GP and DN **support** the CARIAD package **in principle**.

Yes Date: By whom:

- The DN team supports SC catheter (e.g. Saf-T-Intima) insertion. Yes DN team:
- The DN team supports a separate catheter for PRN medication. Yes
- The GP/ANP support anticipatory prescribing. Yes GP surgery:

2

Early discussion with the patient's primary care team took place (to inform risk assessment).

Yes Date: By whom:

Who did the discussion(s) take place with?

3

The **Risk Assessment** form was populated with relevant information.

Yes Date: By whom:

CARIAD tasks were discussed with the patient's primary care team and agreement reached on who is responsible for each task.

Yes Date: By whom:

- The needle-less closed SC catheter (when indicated) will be sited by
- No-needle / blunt needle technique will be used for carer training. (delete as appropriate)
- A luer lock (venflon) cap will be used / will not be used. (delete as appropriate)
- The anticipatory medication will be prescribed by
- The DN team will provide consumables, including sharps boxes. Yes
- The carer document folder and injection training pack can be obtained from
- The carer(s) will be trained by
- The medication information table in the Carer Diary will be completed by
- Is there a local mechanism for checking drug stocks in the home? Yes / No (delete as appropriate)
- All HCPs are clear about what to tell the patient and carer(s) about support 24/7. Yes
- OOH services will be made aware by
- The regular (ideally daily) checks will be done by
- All HCPs agree to share information about any issues raised. Yes

4

Patient (with carer[s] if appropriate) was/were **approached** and give **Information Sheet**.

Yes Date: By whom:

If wishing to proceed, carer(s) identity was confirmed and entries on **Risk Assessment** form rechecked.

Yes Date: By whom:

5

6

Carer(s) was/were trained (maximum of 2) using CARIAD package.
 Yes How many carers trained? One / Two (delete as appropriate)
 Date trained (or training started): Trainer:

- Carer(s) were trained using blunt needle / no needle technique. (delete as appropriate)
- Carer materials were adjusted in line with the above decision. Yes
- Carer(s) were trained using the brand of SC catheter they will be utilising. Yes
- The following brand of SC catheter was used for training:
- Carer(s) were / were not given a top-up option (to give after one hour). (delete as appropriate)
- Carer(s) were / were not given dose steps/choice of doses. (delete as appropriate)

Note: If the HCPs agree a carer may benefit from having dose steps/choice of doses, it is their responsibility to ensure the carer(s) are willing, capable, not over burdened, with full understanding of their options.

The **Competency Checklist** was completed.
 Carer 1 Yes Date: By whom:
 Carer 2 (if applicable) Yes Date: By whom:

Approximately, how long did it take to train each carer to competency? Please explain total time (in minutes) as well as over how long a period of time (days/weeks):

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7

Clear arrangements have been made regarding which HCP(s) or team(s) will **maintain regular (ideally daily) contact with patient and carer(s)**, once a carer has started administering PRN SC medication.
 Yes Date arrangements confirmed: By whom:
 Arrangements as agreed:

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All HCPs involved in regular clinical review are aware of the CARIAD-specific tasks during such review.
 Yes Refer to **Regular Clinical Review Guidance** for details.

8

Post-bereavement, used **Carer Diaries** were collected.
 Yes Date: By whom:

A **Case Review Sheet** was completed.
 Yes Date: By whom:

9

4-6 weeks post-bereavement, a **Structured Debrief Questionnaire** should be completed (with each carer trained to competency).
 Patient's date of death: Debrief(s) due week starting:

The **Structured Debrief Questionnaire** was completed.
 Carer 1 Yes Date: By whom:
 Carer 2 (if applicable) Yes Date: By whom:

Local lead to review case
 Yes Date: By whom: