



NSW Health

Facility:

FAMILY NAME

MRN

GIVEN NAME

☐ MALE ☐ FEMALE

D.O.B. ____ / ____ / ____

M.O.

ADDRESS

**INITIATING LAST DAYS OF LIFE
MANAGEMENT PLAN - ADULT**

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

This document forms part of the patient's health care record.

This form is to be initiated by the Most Senior medical officer or nurse practitioner. Where no Medical Officer (MO) or Nurse Practitioner (NP) is on site the most senior nurse may be delegated by the Admitting Medical Officer (AMO) to initiate. MO/NP/delegated/senior nurse to complete section A and B.

Recognising Dying

The following signs of dying and considerations should be used in conjunction with clinical judgement and multidisciplinary discussion when making decisions about the patient's prognosis. Criteria that may be present include:

- The patient is receiving optimum clinical care with ongoing deterioration
- The patient finds it increasingly difficult to swallow / take oral medications
- The patient is increasingly uninterested in food and fluid
- The patient is profoundly weak and essentially bed bound
- The patient is drowsy for extended periods of time

NB: Some patients (for example those with dementia or neurological diseases), may have the above symptoms and signs for some time and may not be in the terminal phase. Clinical judgement is crucial.

A. Mandatory criteria for commencement of last days of life management

Criteria	Yes or No
Patient has been comprehensively assessed to be dying, with death anticipated within the next week	
AND The patient's condition and management plan has been discussed with and agreed to by the patient's Admitting Medical Officer (VMO, Staff Specialist or GP-VMO);	
AND All reversible causes for deterioration have been considered and further treatment deemed inappropriate;	
AND The patient and/or person responsible are aware that the patient is in the last days of life;	
AND The patient and/or person responsible's level of understanding of the patient's condition and the goals of care and comfort are documented;	
AND The commencement of end of life care is consistent with the patient's Advance Care Directive or previous or currently expressed wishes regarding end of life care, if known	
AND The NSW Health Resuscitation Plan (SMR020.056) has been completed, including a decision that escalation of rapid response system and acute resuscitation measures (including CPR) is inappropriate.	

Communication	✓ Yes	✓ No	✓ Unable
Interpreter required Language: _____			
A family case conference has been arranged Date: ____ / ____ / ____ Time: ____ : ____			
Current condition and change of focus of care has been discussed with:			
• Patient			
• Person responsible Name: _____ Relationship: _____			
• Admitting Medical Officer			
• Nurse in charge			
Multidisciplinary team (tick all that apply) <input type="checkbox"/> Social Worker <input type="checkbox"/> Physio <input type="checkbox"/> OT <input type="checkbox"/> Pharmacist <input type="checkbox"/> other _____			
Information brochures given to: (refer to LDoL toolkit)			
• Patient			
• Person responsible and/or family/carer			

Name of Medical Officer / nurse practitioner / delegated senior nurse completing this page:

Print name: _____ Signature: _____

Designation: _____ Date: ____ / ____ / ____ Time: ____ : ____

NO WRITING

Page 1 of 2

INITIATING LAST DAYS OF LIFE
MANAGEMENT PLAN - ADULT

SMR060.300

NH700140 280417

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING



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**INITIATING LAST DAYS OF LIFE
MANAGEMENT PLAN - ADULT****B. Management Planning: to be completed by Medical Officer / nurse practitioner / delegated senior nurse**

Area of Assessment	✓ Yes	✓ No
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Medication review

Non-essential medications ceased		
Appropriate medications converted to subcutaneous route (refer to medication management guides/ flowcharts or contact Specialist Palliative Care service for advice)		
PRN subcutaneous medication ordered as per guidelines for anticipated symptoms		

If no, document rationale:**Food and fluids**

To eat and drink with aspiration risk accepted		
Refer to speech pathology only if assistance or support is required to educate patient and/or carer on aspiration risk and safe swallow strategies		

If no, document rationale:**Investigations and observations**

Non-essential interventions ceased (eg vascular access, imaging, pathology, IV fluids, BGL)		
Discussed with family/carers plan for reprogramming/cessation of cardiac devices (ICDs)		
Standard Adult General Observation chart ceased		
Comfort Observation & Symptom Assessment chart initiated		

If no, document rationale:**Organ donation**

Opportunity for post mortem tissue donation considered and discussed with the patient / person responsible		
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If no, document rationale:**Appropriate setting for end of life care**

Is it appropriate to consider transition to die at home/RACF? (Refer to Accelerated Transfer to Die at Home plan)		
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If no, document rationale:**Name of Medical Officer / nurse practitioner / delegated senior nurse completing this section:**

Print name: _____ Signature: _____

Designation: _____ Date: ____ / ____ / ____ Time: ____ : ____

