	Family name:	
Residential Aged Care	Given name(s):	
End of Life Care Pathway	Address:	
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RESIDENTIAL AGED CARE END OF LIFE CARE PATHWAY (RAC EOLCP

The Brisbane South Palliative Care Collaborative (BSPCC) RAC EoLCP ™ was developed as part of a project funded by the Department of Health and Ageing.

This End of Life Care Pathway (EoLCP) document is a consensus based, best practice guide to providing care for residents in Residential Aged Care Facilities (RACFs) during the last days of their lives. The entire document forms part of the resident's medical record.

To commence the pathway, authorisation should be obtained from the resident's General Practitioner (GP). If the GP cannot be contacted, interim authorisation can be obtained from one of the following: Palliative Care Medical Officer (PCMO), Palliative Care Nurse Specialist (PCNS) or Senior RACF Registered Nurse (RN). Authorisation can be verbal but needs to be confirmed in writing, by completing Section 1, within 48 hours.

Instructions for Completing the Pathway

Commencing a Resident on the Pathway Section 1:

Medical Officer to be consulted and documentation can be completed by any of the following: GP, PCMO, PCNS, RN

Section 2: **Medical Interventions and Advance Care Planning**

Medical Officer to be consulted and documentation can be completed by any of the following: GP, PCMO, PCNS, RN

Section 3: **Care Staff Interventions**

Part A - Care Management

To be completed by RN or Enrolled Nurse (EN)

Part B - Comfort Care Chart

To be completed by attending Nursing and Care Staff A new chart is to be commenced daily

Part C - Further Care Action Sheet

Nursing and Care Staff are to document any further actions taken to improve comfort care

Section 4: **Multidisciplinary Communication Sheet**

All members of the multidisciplinary team can document here

Section 5: **After Death Care**

To be completed upon death of a resident by the attending nurse

Note: Dependent upon individual RACF practices, it may be preferred to use existing facility documentation tools to record Sections 4 and 5.





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Section 1: Commencing a Resident on the Pathway

The signs and symptoms listed below are considered to indicate that the terminal phase of life is imminent. ('Guidelines for a Palliative Approach in Residential Aged Care' Australian Government Department of Health and Ageing [2006])

It is appropriate to **start the pathway if three or more of these signs and symptoms** are applicable to the resident. The final decision to commence the pathway is a clinical one, supported by the views of the GP, multidisciplinary team and, if possible, the resident and/or their representative*.

Please note, in some cases residents may be commenced on the pathway and then taken off the pathway if their condition improves.

Signs and symptoms associated with the terminal phase	Yes	No
Experiencing rapid day to day deterioration that is not reversible		
Requiring more frequent interventions		
Becoming semi-conscious, with lapses into unconsciousness		
Increasing loss of ability to swallow		
Refusing or unable to take food, fluids or oral medications		
Irreversible weight loss		
An acute event has occurred, requiring revision of treatment goals		
Profound weakness		
Changes in breathing patterns		

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Section 2: Medical Interventions and Advance Care Planning

As a minimum, a reassessment of the commencement criteria should occur every three days.

Intervention	Yes	No	Pending	N/A
Essential medications, via appropriate route, charted			S	
PRN medications ordered as per guidelines				
Nonessential medications discontinued		0		
Subcutaneous infusion(s) commenced if appropriate				
Inappropriate interventions and observations discontinued (e.g. BSL, blood pressure monitoring)				
Advance Care Planning	Yes	No	Pending	N/A
Current condition and commencement of EoLCP discussed with resident / resident's representative*				
Issues surrounding intravenous / parenteral and PEG feeding have been discussed with the resident / resident's representative*				
Future care plan discussed with resident / resident's representative* (e.g. transfer to hospital, use of antibiotics)				
'Acute Resuscitation Plan' / 'Not for Resuscitation' order discussed and agreed to by resident / resident's representative*				

If recording a 'no' or 'pending' response, please document reasons for this on the multidisciplinary communication sheet to facilitate follow up action.

Verbal (✓)	Print name	Title	Signature	Date	Time



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Section 3: Part A - Care Management

The following information may already be documented in the resident's chart. Please check that the information in the chart is current and document any changes as necessary.

Spiritual / Religious / Cultural Needs	Yes	No	Pending	N/A
Have the spiritual / religious / cultural needs of the resident been addressed?		.0		
Has the resident / resident's representative* expressed a preferred Funeral Director?		0		
Communication with resident / resident's representative*	Yes	No	Pending	N/A
Have contact details of resident's representative* been updated?				
Have attempts been made to inform the resident's representative* that the resident is dying?				
Have issues around impending death been discussed with resident's representative*?				
Has resident's representative* been approached regarding grief and loss issues?				
Comfort Planning	Yes	No	Pending	N/A
Need for special mattress assessed?				
Comfort Care Chart commenced?				
Other (please state)				

If recording a 'no' or 'pending' response, please document reasons for this on the multidisciplinary communication sheet to facilitate follow up action.

Print name	Title	Signature	Date	Time

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Symptom Management		_									
Agitation											
Nausea / vomiting											
Respiratory difficulties											
Rattly respirations			7								
Pain											
Subcutaneous cannula check											
Subcutaneous infusion check											
Routine Comfort Measures									•		
Comfortable positioning											
Mouth care - clean and moist											
Eye care - clean and moist											
Skin care						9					
Micturition - dry and comfortable											
Bowel care											
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Information regarding changes provided											
Any new concerns responded to								S			
Spiritual, religious, cultural needs / rituals identified and facilitated											
Initials								•			



End of Life Care Pathway Residential Aged Care (RAC EoLCP)

Section 3: Part B - Comfort Care Chart

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· Record an entry against each item, as appropriate

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- Minimum documentation is 4 hourly, though
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Respiratory difficulties											
Rattly respirations											
Pain											
Subcutaneous cannula check											
Subcutaneous infusion check											
Routine Comfort Measures											
Comfortable positioning											
Mouth care - clean and moist											
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Micturition - dry and comfortable											
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Score each box: A = assessed and no action required	F/A = further action required	R/C = routine care N/A = no	N/A = not applicable
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Agitation			
Nausea / vomiting			
Respiratory difficulties			
Rattly respirations			
Pain			
Subcutaneous cannula check			
Subcutaneous infusion check			
Routine Comfort Measures			
Comfortable positioning			
Mouth care - clean and moist			
Eye care - clean and moist			
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Micturition - dry and comfortable			
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End of Life Care Pathway (RAC EoLCP) Residential Aged Care

Section 3: Part B - Comfort Care Chart

- · Record an entry against each item, as appropriate
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	Routine Comfort Measures												
	Comfortable positioning												
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Section 3: Part C - Further Care Action Sheet

- Please record Further Actions (F/A) taken on this sheet.
- If your facility uses medication stickers to record sympton management, they can be applied to this page.

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Section 5: After Death Care

The following information may already be documented in the resident's chart. Please check that the information in the chart is current and document any changes as necessary.

Date of death: / /	Tir	ne of death:	:		
	Yes	No	Pending	N/A	Date
Resident's representative* informed of death			5		
GP informed of death					
Procedures for 'final act of care' according to RACF policy					
Infusion device removed and returned					
Resident inventory completed					
Removal of deceased resident from RACF according to policy					
Staff / residents informed of death as appropriate					
Bereavement leaflet / information given to NOK or other					
Pharmacy informed of death					
Allied Health Professionals informed of death					
Loan equipment returned					
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If recording a 'no' or 'pending' response, please document reasons for this on the multidisciplinary communication sheet to facilitate follow up action.

Print name	Title	Signature	Date	Time

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