|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Local logo |  | Patient name: |  |
| NHI: |  |
| DoB: |  |

# Care in the last days of life

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Baseline assessment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recognition that the person is dying or is approaching the last days of life** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the *Recognising the Dying Person* *Flow Chart* available to support decision‑making? | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | |
| Diagnosis: | |  | | | | | | | | | | | Ethnicity: | | | | | | | |  | | | | | | | |  |
| Lead practitioner name: | | | | | |  | | | | | | | Designation: | | | | | | | | |  | | | | | | |  |
| Lead practitioner’s contact no: | | | | | | | |  | | | | | After-hours contact no: | | | | | | | | | | | | |  | | |  |
| *Note: The lead practitioner is the person’s GP, hospital specialist or nurse practitioner.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The person’s awareness of their changing condition** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the person aware they may be entering the last few days of life? | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | No ⬜ | |
| **The family/whānau’s awareness of the person’s changing condition** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the family/whānau aware that the person may be entering the last few days of life? | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | No ⬜ | |
| **Family/whānau contact** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the person’s condition changes, who should be contacted first? | | | | | | | | | | | | | | | Name: | | | | |  | | | | | | | | |  |
| Relationship to person: | | | | | |  | | | Phone (H): | | | | |  | | | (Mob): | | | | | |  | | | | | |  |
| When to contact: | | | | At any time ⬜ | | | | | | Not at night-time ⬜ | | | | | | | | | Staying overnight ⬜ | | | | | | | | | | |
| Is an enduring power of attorney in place? | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | No ⬜ | | |  | | |
| Has it been activated? | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | No ⬜ | | | N/A ⬜ | | |
| **Advice to relevant agencies of the person’s deterioration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the GP practice been contacted if they are unaware the person is dying? (If out of hours, contact next working day.) | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | No ⬜ | | | N/A ⬜ | | |
| *Note: Consider notifying the person’s specialist teams, district nursing services, residential care and other agencies involved in their care.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has this assessment been discussed with the person and family/whānau and priorities of care been identified? | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | No ⬜ | | |  | | |
| If not, discuss reasons: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Taha tinana – *Physical health*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Assessment of physical needs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the person: | | | | Conscious ⬜ | | | | | | Semi-conscious ⬜ | | | | | | | | | Unconscious ⬜ | | | | | | | | | | |
| In pain | Yes ⬜ | | No ⬜ | | | | Able to swallow | | | | Yes ⬜ | No ⬜ | | | | Confused | | | | | | | | | | Yes ⬜ | | No ⬜ | |
| Agitated | Yes ⬜ | | No ⬜ | | | | Continent (bladder) | | | | Yes ⬜ | No ⬜ | | | | Experiencing respiratory tract secretions | | | | | | | | | | Yes ⬜ | | No ⬜ | |
| Nauseated | Yes ⬜ | | No ⬜ | | | | Catheterised | | | | Yes ⬜ | No ⬜ | | | |
| Vomiting | Yes ⬜ | | No ⬜ | | | | Continent (bowels) | | | | Yes ⬜ | No ⬜ | | | | Skin integrity at risk | | | | | | | | | | Yes ⬜ | | No ⬜ | |
| Dyspnoeic | Yes ⬜ | | No ⬜ | | | | Constipated | | | | Yes ⬜ | No ⬜ | | | | At risk of falling | | | | | | | | | | Yes ⬜ | | No ⬜ | |
| Is the person experiencing other symptoms (eg, oedema, myoclonic jerks, itching)? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | No ⬜ | |
| Describe: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  | | | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | | | | | | Patient name: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | | | | | | DoB: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Availability of equipment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the necessary equipment available to support the person’s care needs (eg, air mattress, hospital bed, syringe driver, pressure-relieving equipment)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | | No ⬜ | | | | |
| **Provision of food and fluids** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is clinically assisted (artificial) nutrition in place? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | | No ⬜ | | | | |
|  | | | | | | | | If yes, record route: | | | | | | | | | | | | | NG ⬜ | | | | | | | | | | | | | | | PEG/PEJ ⬜ | | | | | | | | | | | | | | | NJ ⬜ | | | | | | | | | | | | | | | | | | | | | TPN ⬜ | | | | | |
| Ongoing clinically assisted (artificial) nutrition is: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Not required ⬜ | | | | | | | | | | | | | Discontinued ⬜ | | | | | | | | | | | | | | | | | Continued ⬜ | | | | | | | | | | | | | | | | | | | | | Commenced ⬜ | | | | | | | | | | | | | | | | | | |
| Is clinically assisted (artificial) hydration in place? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | | No ⬜ | | | | |
|  | | | | | | | | If yes, record route: | | | | | | | | | | | | | IV ⬜ | | | | | | | | | | | | | | | Subcut ⬜ | | | | | | | | | | | | | | | PEG/PEJ ⬜ | | | | | | | | | | | | | | | | | | | | | | NG ⬜ | | | | |
| Ongoing clinically assisted (artificial) hydration is: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Not required ⬜ | | | | | | | | | | | | | Discontinued ⬜ | | | | | | | | | | | | | | | | | Continued ⬜ | | | | | | | | | | | | | | | | | | | | | Commenced ⬜ | | | | | | | | | | | | | | | | | | |
| **Doctor or nurse practitioner to complete** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Review of current management and prescribing of anticipatory medication** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has current medication been assessed and non-essentials discontinued? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | |  | | | | |
| Has the person’s need for current interventions been reviewed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | |  | | | | |
| **Anticipatory prescribing of medication completed (refer to relevant symptom management flow charts (links):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pain | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | | Nausea/vomiting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | | | | | |
| Agitation | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | | Dyspnoea/breathlessness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | | | | | |
| Respiratory tract secretions | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Have additional treatment and/or care-related issues been discussed with the family/whānau if needed (eg, food, fluids, place of care, ceiling of care, cardiopulmonary resuscitation)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | |  | | | |
| **Consideration of cardiac devices:** If a person has a cardiac device (eg, cardioverter defibrillator (ICD) or ventricular assist device), a conversation should take place with the person and/or the family/ whānau to discuss what can occur in the last days of life, whether the cardiac device should be deactivated and, if so, how and when this would take place. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the cardiac device been deactivated? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | No ⬜ | | | | | | | | | | No ICD in place ⬜ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full documentation in the clinical record is required for any issues identified.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Doctor’s / nurse practitioner’s name (print): | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Signature: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | | | | | | | | Time: | | | | | | | | | | | | |  | | | | | | | | | |  | | |
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| **Taha hinengaro – *Psychological and mental health*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Assessment of the person’s preferences and wishes for care** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the person have an advance care plan (ACP) / or other directive? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | No ⬜ | | | | |
| Has the person expressed the wish for organ/tissue donation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | No ⬜ | | | | |
| Has the person expressed a preferred place of care? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | No preference ⬜ | | | | | | | | | | | | Home ⬜ | | | | | | | | | | | | | | | ARC ⬜ | | | | | | | | | | | | Hospital ⬜ | | | | | | | | | | | | | | | | | | | Hospice ⬜ | | | | | | | | | | | |
| Does the person have a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order in place? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | |  | | | | |
| Does the person have any cultural preferences? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | No ⬜ | | | | |
| If yes, describe: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Does the person have any emotional or psychological symptoms or concerns? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | No ⬜ | | | | |
| If yes, describe: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Te wairua – *Spiritual health*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Provision of opportunity for the person and their family/whānau to identify what is important to them** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If able, has the person been given the opportunity to express what is important to them at this time (eg, wishes, feelings, spiritual beliefs, religious traditions, values)? *(Refer to the person’s ACP for personal wishes if completed)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | Not able ⬜ | | | | | | | | | | |
| Specify if applicable: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Has the family/whānau been given the opportunity to express what is important to them at this time? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | |  | | | | | | | | | | |
| Specify if applicable: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Has the person’s own spiritual advisor/minister/priest been contacted? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | N/A ⬜ | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | | | | | Contact no: | | | | | | | | |  | | | | | | | | | | | | | | | | | | Date/time: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
| Are there other needs to address (such as access to outdoors, pets, touch therapy, music, prayer, literature, etc)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | No ⬜ | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Te whānau – *Extended family health*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Identification of communication barriers and discussion of needs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the person able to take a full and active part in communication? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | No ⬜ | | | | | | | | | |
| Have the cultural needs of the family/whānau been identified and documented? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | |  | | | | | | | | |
| Has the person and/or the family/whānau expressed concern about previous experiences of death and dying? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | No ⬜ | | | | | | | | | |
| **Provision of information to the family/whānau about support and facilities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the family/whānau received information about support and facilities available to them? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | |  | | | | | | | | |
| Has the *When Death Approaches* information sheet been offered to the family/whānau? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | |  | | | | | | | | |
| If the person is being cared for at home, has the family/whānau received information about who to contact after hours or if the person’s condition changes? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | |  | | | | | | | | |
| Has the *Dying at Home* information sheet been offered to the family/whānau? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | |  | | | | | | | | |
| Has advice been given to the family/whānau on what to do in an emergency? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | |  | | | | | | | | |
| **Full documentation in the clinical record is required for any issues identified in this assessment.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse’s name (print): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
| Signature and designation: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Time: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Care after death** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| It may be appropriate to complete some of this section before the person’s death. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Taha tinana – *Physical health*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Verification of death** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time of death: | | | | |  | | | | | | | | | | | | | | | | | | | | | | Date of death: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Is the person to be buried or cremated? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Burial ⬜ | | | | | | | | | | | or | | | | | Cremation ⬜ | | | | | | | | | | | | | | | | | |
| Name of doctor informed of person’s death: | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Name of funeral director: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Tel no: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |
| Date and time death verified: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | Who verified the death? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Taha tinana – *Physical health*** (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the coroner likely to be involved? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | | | | | | | No ⬜ | | | | | | | |
| Has a medical certificate been completed? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | Doctor’s name: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| *Note: Relevant members of the multidisciplinary team (MDT) should be advised of the person’s death in a timely fashion (eg, district nurses, hospice, GP/specialist).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The person/tūpāpaku is treated with dignity and respect.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ensure the wishes and cultural requirements of the deceased person and their family/whānau are met in terms of after-death care.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are valuables to be left on the person/tūpāpaku? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | | | | | | | No ⬜ | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| *Note: Support the family/whānau to participate in after-death care if they wish to be involved, undertake after-death care according to local policies and procedures and return personal belonging to the family/whānau in a respectful way.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Te whānau – *Extended family health*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the family/whānau been given the opportunity to express spiritual, religious and cultural needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | | | | | | |  | | | | | | |
| *Note: Provide an opportunity to talk with the family/whānau about their spiritual, religious or cultural needs.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has a private space been made available for the family/whānau? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | | | | | | |  | | | | | | |
| *Note: Respect the family/whānau need for privacy, ensure a private space is available for prayer, karakia or other cultural or spiritual needs and arrange for blessing of the room/bedspace as appropriate.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The family/whānau is provided with information about what to do next.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has a conversation been held with the family/whānau to ensure they have adequate information about what to do next? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | | | | | | |  | | | | | | |
| Has written material been offered (this may include information regarding local funeral directors, funeral planning, etc)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | | | | | | |  | | | | | | |
| *Note: Additional support should be offered at the time of death if needed. This may include a social worker, cultural support and/or chaplain support.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Taha hinengaro – *Mental health*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The family/whānau is able to access information about bereavement support and counselling if needed.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was the family/whānau present at the time of death? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | | | | | | | No ⬜ | | | | | | |
| If not, has the family/whānau been notified? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | | | | | | | No ⬜ | | | | | | |
| Name of person notified: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Relationship to the deceased person: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| If no one was notified, explain why not. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Did the family/whānau appear to be significantly distressed by the death? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | | | | | | | No ⬜ | | | | | | |
| Was there evidence of conflict that remained unresolved within the family/whānau? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes ⬜ | | | | | | | | | | | | | | | | | No ⬜ | | | | | | |
| *Note: Written bereavement information should be offered as available.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***If Yes was ticked to either of the last two questions AND/OR the family/whānau expressed distress at being unable to say goodbye, complete the Te Ara Whakapiri Bereavement Risk Assessment Tool.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse’s name (print): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| Signature and designation: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Time: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |