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

# Ongoing care of the dying person

Use the ACE coding below, initial each entry and record details in the progress notes. Seek a second opinion or specialist palliative care support as needed.

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| **A C E codes:** | **A = Achieved**No additional intervention required | **C = Change**Intervention required and documented | **E = Escalate**Medical or senior nurse review required and documented |

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| **Domains and goals** | **Date** | / / | / / |
| **Time** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Te taha tinana – *Physical health*** |
| **Pain**The person is pain free at rest and during any movement. |  |  |  |  |  |  |  |  |  |  |  |  |
| **Agitation/delirium/restlessness**The person is not agitated or restless and does not display signs of agitated delirium or terminal anguish. |  |  |  |  |  |  |  |  |  |  |  |  |
| **Respiratory tract secretions**The person is not troubled by excessive secretions. |  |  |  |  |  |  |  |  |  |  |  |  |
| **Nausea and vomiting**The person is not nauseous or vomiting. |  |  |  |  |  |  |  |  |  |  |  |  |
| **Breathlessness/dyspnoea**The person is not distressed by their breathing. |  |  |  |  |  |  |  |  |  |  |  |  |
| **Other symptoms** (document fully in clinical notes)The person is free of other distressing symptoms, eg, myoclonic jerks, itching. |  |  |  |  |  |  |  |  |  |  |  |  |
| **Mouth care**The person’s mouth is moist and clean. |  |  |  |  |  |  |  |  |  |  |  |  |
| **Nurse initials each set of entries** |  |  |  |  |  |  |  |  |  |  |  |  |
|  | AM | PM | N | AM | PM | N |
| **Elimination** (bowels and urination)Outputs are managed with pads, catheters, stoma care, rectal interventions, etc.*Note: Observe for distress due to any of the following: constipation, faecal impaction, diarrhoea, urinary retention.* |  |  |  |  |  |  |
| **Mobility/pressure injury prevention**The person is in a safe and comfortable environment.Repositioning and use of pressure relieving equipment is effective. |  |  |  |  |  |  |
| **Ongoing care of the dying person** | Person’s name: |  |
| DoB: |  |

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| --- | --- | --- | --- |
| **Domains and goals** | **Date** | / / | / / |
| **Time** | AM | PM | N | AM | PM | N |
| **Te taha tinana – *Physical health*** |
| **Hygiene/skin care**The person’s personal hygiene needs are met.The person’s family/whānau has been given the opportunity to assist with the person’s personal care. |  |  |  |  |  |  |
| **Food/fluids**Oral intake is maintained for as long as the person wishes.If in place, artificial hydration and feeding is meeting the person’s needs. |  |  |  |  |  |  |
| **Te taha hinengaro – *Psychological / mental health*** |
| **Emotional support**Any emotional distress such as anxiety is acknowledged and support is provided. |  |  |  |  |  |  |
| **Cultural**The person’s cultural needs are acknowledged and respected. |  |  |  |  |  |  |
| **Te taha wairua – *Spiritual health*** |
| **Addressing spiritual needs**Religious and spiritual support is offered to the person and to their family/whānau as per the person’s wishes. |  |  |  |  |  |  |
| **Te taha whānau – *Extended family health***(these items refer to the health of the carers, not the person) |
| **Emotional support**Any distress relating to issues such as grief and anxiety is acknowledged and addressed. The need for privacy is respected. |  |  |  |  |  |  |
| **Practical support**Advice and guidance are offered according to the needs of the person’s family/whānau. |  |  |  |  |  |  |
| **Cultural support**The cultural needs of the family/whānau are reviewed and care is mindful of these needs. |  |  |  |  |  |  |
| **Communication**Communication is open to address any fears or concerns about the dying process. |  |  |  |  |  |  |
| **Nurse initials each set of entries** |  |  |  |  |  |  |