MINISTRY OF HEALTH
MANATŪ HAUORA

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: ....

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: ....

Patient name:
DoB:

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 ☐

....

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? ....

Patient name:
DoB:

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: ....