



Department of Health Western Australia
WA Cancer and Palliative Care Network

CARE PLAN FOR THE DYING PERSON - COMMUNITY

Hospital:
Doctor:

Family Name		UMRN	
First Name	DOB	Gender	
Address		Postcode	



XY318320

Section 4: Continuing goals of care

Code a Y or N at each timed assessment	Care Plan Day:		Care Plan Day:		Care Plan Day:	
	Time	Y/N	Time	Y/N	Time	Y/N
Symptom management						
Is the patient: Y = Yes N = No						
Free of dyspnoea						
Free of nausea and vomiting						
Free of pain						
Not troubled by respiratory tract secretions						
Free of restlessness/agitation						
Free of other symptoms _____						
Free of urinary problems						
Free of bowel problems						
Personal comfort care						
Have actions been taken to ensure the patient/patient's Y = Yes N = No						
Receives fluids to support needs						
Mouth is clean and moist						
Personal hygiene needs are met						
Skin care needs are met						
Eyes are clean and moist						
Physical environment is adjusted to support needs						
Emotional needs are met						
Is comfortably positioned						
Patient/family care						
Have actions been taken to ensure that: Y = Yes N = No						
Procedures/care plan are explained						
Information regarding change is provided						
Family/carer is supported						
If 'NO' is recorded for any of the above, a further action is required and must be recorded on the Action report, Section 7.						
Nurse's name						
Nurse's signature						

SAMPLE ONLY - DO NOT PRINT
Order from iproc on 186479G

MR723.2 - CONTINUING GOALS OF CARE



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