



Facility: COM HKH MQE MVH RNS RYD

FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. DD / MM / YYYY	M.O.	
ADDRESS		
		PH
M/C	FIN	
LOCATION / WARD		ADM DD / MM / YYYY

# ICU PATIENT CARE GUIDE FOR END OF LIFE

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

**Please tick the relevant box in each section and sign off at the bottom of the form.**

Family Care Meeting	Yes	No	N/A
Explanation of the change in patient management discussed with the family.			
Referral made to Social Work Department.			
<b>Documentation</b>			
A valid 'Not For Resuscitation' order clearly documented on the Resuscitation Order/End of Life Care Intervention Orders form.			
Any limitations of treatment clearly documented on the Resuscitation Order/End of Life Care Intervention Orders form.			
<b>Religious/Spiritual Support</b>			
Chaplain Services offered and contacted.			
<b>Organ and Tissue Donation</b>			
Organ donation considered.			
<b>Comfort Measures as PRN or Continuous Infusions Chartered</b>			
Morphine			
Midazolam			
Hyoscine			
Antiemetic			
Other:			
Non Essential Treatments/Monitoring	Cease	Continue	N/A
Blood Tests (including ABG)			
CXR			
IV Antibiotics			
IV Maintenance Fluids			
Vital Sign Observations (if to continue document frequency)			
Vasoactive Medication (inotropes)			
Oxygen			
TEDs and Calf Compressors			
Invasive Lines	Leave	Remove	N/A
Endotracheal Tube or Tracheostomy			
Arterial Line			
Central Line/Vascath			
External Ventricular Drain			
Nasogastric Tube			
Indwelling Catheter			
Other:			
<b>Comments:</b>			
.....			
.....			
.....			
.....			
Staff Name .....	Signature .....		
Designation .....	Date: __ / __ / ____		



ALT10788

Holes punched as per AS2828 - 2012  
BINDING MARGIN - NO WRITING

NOV19/V3  
CATALOGUE NUMBER NS10788

PATIENT CARE GUIDE FOR END OF LIFE -ICU