

Palliative Care Case Conference Summary

Insert name of your
organisation

Full name of resident/client: _____

DOB (DD/MM/YY): _____

Purpose of case conference: _____

Patient consent/substitute decision-maker (SDM) consent

My care provider has explained the purpose of a case conference and I give permission for my care provider to prepare a case conference. I give permission to the providers listed below to participate in the case conference and discuss my/my family member's medical history, diagnosis, and current needs.

Signature: _____

Date: _____

Dial-in telephone number: _____ Code: _____

Resident/client in attendance? Yes No If no, give reason: _____

Family Members		
Name	Relationship	Attending in person (P) or teleconference (T)
		<input type="checkbox"/> P <input type="checkbox"/> T
		<input type="checkbox"/> P <input type="checkbox"/> T
		<input type="checkbox"/> P <input type="checkbox"/> T
		<input type="checkbox"/> P <input type="checkbox"/> T
		<input type="checkbox"/> P <input type="checkbox"/> T
Health and Care Professionals		
Name	Discipline/Position	Attending in person (P) or teleconference (T)
		<input type="checkbox"/> P <input type="checkbox"/> T
		<input type="checkbox"/> P <input type="checkbox"/> T
		<input type="checkbox"/> P <input type="checkbox"/> T
		<input type="checkbox"/> P <input type="checkbox"/> T
		<input type="checkbox"/> P <input type="checkbox"/> T

Palliative Care Case Conference

Summary (continued)

Start time: _____

Need (as appropriate)

Key Issues	Description
<p>Advance care plan</p> <p>Does this need to be reviewed? Does the person understand their diagnosis/prognosis?</p>	
<p>Symptoms</p> <p>For example: fatigue, anorexia, pain, nausea, dyspnoea, dysphagia</p>	
<p>Social/psychological needs</p> <p>For example: isolation, anxiety, depression What supports are being provided? What supports are needed?</p>	
<p>Assessments/investigations</p> <p>Can the patient manage ADL's (Activities of Daily Living)? Do they need additional support?</p>	
<p>Carer/Family issues or needs</p> <p>For example: has a Needs Assessment Tool for Carers (NAT-C) been completed?</p>	
<p>Other</p> <p>For example: general issues, housing issues, financial issues</p>	

Palliative Care Case Conference

Summary (continued)

Agreed Action Plan

Goal	Actions	Key Person(s) Responsible	Description

Palliative Care Case Conference Summary (continued)

Time completed: _____

General Practitioner: _____

Tick appropriate box

- Original placed in the resident's clinical notes
- Copy provided to all participants
- Copy sent to GP if they did not attend
- Resident's care plan and assessments reviewed and updated

Palliative Care Case Conference Facilitator

Name: _____ Position: _____

Signature: _____ Date (DD/MM/YY): _____