

Facility:

R End

esidential Aged Care d of Life Care Pathway	Family name: Given name(s):				
(RAC EoLCP)	Address: Date of birth:	Sex:	М	F	
	Medicare No.:				

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The Brisbane South Palliative Care Collaborative (BSPCC) RAC EoLCP ™ was developed as part of a project funded by the Department of Health and Ageing.

This End of Life Care Pathway (EoLCP) document is a consensus based, best practice guide to providing care for residents in Residential Aged Care Facilities (RACFs) during the last days of their lives. The entire document forms part of the resident's medical record.

To commence the pathway, authorisation should be obtained from the resident's General Practitioner (GP). If the GP cannot be contacted, interim authorisation can be obtained from one of the following: Palliative Care Medical Officer (PCMO), Palliative Care Nurse Specialist (PCNS) or Senior RACF Registered Nurse (RN). Authorisation can be verbal but needs to be confirmed in writing, by completing Section 1, within 48 hours.

Instructions for Completing the Pathway

Commencing a Resident on the Pathway Section 1:

Medical Officer to be consulted and documentation can be completed by any of the following: GP, PCMO, PCNS, RN

Section 2: **Medical Interventions and Advance Care Planning**

Medical Officer to be consulted and documentation can be completed by any of the following: GP, PCMO, PCNS, RN

Section 3: **Care Staff Interventions**

Part A - Care Management

To be completed by RN or Enrolled Nurse (EN)

Part B - Comfort Care Chart

To be completed by attending Nursing and Care Staff A new chart is to be commenced daily

Part C - Further Care Action Sheet

Nursing and Care Staff are to document any further actions taken to improve comfort care

RESIDENTIAL AGED CARE END OF LIFE CARE PATHWAY (RAC EOLCP

Section 4: **Multidisciplinary Communication Sheet**

All members of the multidisciplinary team can document here

Section 5: **After Death Care**

To be completed upon death of a resident by the attending nurse

Note: Dependent upon individual RACF practices, it may be preferred to use existing facility documentation tools to record Sections 4 and 5.





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Section 1: Commencing a Resident on the Pathway

The signs and symptoms listed below are considered to indicate that the terminal phase of life is imminent. ('Guidelines for a Palliative Approach in Residential Aged Care' Australian Government Department of Health and Ageing [2006])

It is appropriate to **start the pathway if three or more of these signs and symptoms** are applicable to the resident. The final decision to commence the pathway is a clinical one, supported by the views of the GP, multidisciplinary team and, if possible, the resident and/or their representative*.

Please note, in some cases residents may be commenced on the pathway and then taken off the pathway if their condition improves.

Signs and symptoms associated with the terminal phase	Yes	No
Experiencing rapid day to day deterioration that is not reversible		
Requiring more frequent interventions		
Becoming semi-conscious, with lapses into unconsciousness		
Increasing loss of ability to swallow		
Refusing or unable to take food, fluids or oral medications		
Irreversible weight loss		
An acute event has occurred, requiring revision of treatment goals		
Profound weakness		
Changes in breathing patterns		

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Section 2: Medical Interventions and Advance Care Planning

As a minimum, a reassessment of the commencement criteria should occur every three days.

Yes	No	Pending	N/A
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	0		
Yes	No	Pending	N/A

If recording a 'no' or 'pending' response, please document reasons for this on the multidisciplinary communication sheet to facilitate follow up action.

Verbal (✓)	Print name	Title	Signature	Date	Time



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Section 3: Part A - Care Management

The following information may already be documented in the resident's chart. Please check that the information in the chart is current and document any changes as necessary.

Spiritual / Religious / Cultural Needs	Yes	No	Pending	N/A
Have the spiritual / religious / cultural needs of the resident been addressed?		.0	S	
Has the resident / resident's representative* expressed a preferred Funeral Director?		0		
Communication with resident / resident's representative*	Yes	No	Pending	N/A
Have contact details of resident's representative* been updated?				
Have attempts been made to inform the resident's representative* that the resident is dying?				
Have issues around impending death been discussed with resident's representative*?				
Has resident's representative* been approached regarding grief and loss issues?				
Comfort Planning	Yes	No	Pending	N/A
Need for special mattress assessed?				
Comfort Care Chart commenced?				
Other (please state)				

If recording a 'no' or 'pending' response, please document reasons for this on the multidisciplinary communication sheet to facilitate follow up action.

Print name	Title	Signature	Date	Time

Government	Record an entry against each item, as appropriate	ch item, as apl	propriate		URN:					
	Minimum documentation is	is 4 hourly , though	hgh		Family name:					
Residential Aged Care	Psychosocial issues may only need assessment twice daily	only need ass	sessment tw	ice daily	Given name(s):					
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Score each box: A = assessed and no action required		F/A = further action required	quired	R/C = rou	R/C = routine care	N/A = n	N/A = not applicable	able		
Date:	0200 0400 0600	0800	1000	1200	1400	1600	1800	2000	2200	2400
Symptom Management		-	-	-	-	-	-	-	_	
Agitation										
Nausea / vomiting										
Respiratory difficulties										
Rattly respirations		3								
Pain										
Subcutaneous cannula check										
Subcutaneous infusion check										
Routine Comfort Measures										
Comfortable positioning										
Mouth care - clean and moist										
Eye care - clean and moist										
Skin care										
Micturition - dry and comfortable										
Bowel care					2					
Psychosocial		-	_	-			-	-	-	
Procedures explained										
Information regarding changes provided										
Any new concerns responded to						<u>) </u>	C			
Spiritual, religious, cultural needs / rituals identified and facilitated										
Initials)			

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Respiratory difficulties											
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Initials											

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End of Life Care Pathway Residential Aged Care (RAC EoLCP)

URN: Section 3: Part B - Comfort Care Chart

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- Record an entry against each item, as appropriate
 - Minimum documentation is 4 hourly, though

Family name:

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Nausea / vomiting												
Respiratory difficulties												
Rattly respirations				7								
Pain												
Subcutaneous cannula check												
Subcutaneous infusion check												
Routine Comfort Measures												
Comfortable positioning												
Mouth care - clean and moist												
Eye care - clean and moist												
Skin care												
Micturition - dry and comfortable												
Bowel care												
Psychosocial					,	٠	,			٠		
Procedures explained												
Information regarding changes provided												
Any new concerns responded to												
Spiritual, religious, cultural needs / rituals identified and facilitated												
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Section 3: Part B - Comfort Care Chart

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- Record an entry against each item, as appropriate
- Minimum documentation is 4 hourly, though
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- Further Actions (F/A) taken, other than routine care (R/C) to be recorded on the 'Further Care Action Sheet' (Sec 3 Part C)

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Respiratory difficulties													
Rattly respirations													
Pain													
Subcutaneous cannula check	a check												
Subcutaneous infusion check	n check												
Routine Comfort Measures	asures												
Comfortable positioning	б												
Mouth care - clean and moist	d moist												

Micturition - dry and comfortable		9			
Bowel care			2		
Psychosocial					
Procedures explained					
Information regarding changes provided					
Any new concerns responded to				\(\frac{1}{2}\)	
Spiritual, religious, cultural needs / rituals identified and facilitated					
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Eye care - clean and moist

Skin care

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Section 3: Part C - Further Care Action Sheet

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- If your facility uses medication stickers to record sympton management, they can be applied to this page.

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communication sheet to facilitate follow up action.

Print name

	(Affix identification	label here	e)		
URN:					
Family name:					
Given name(s):					
Address:					
Date of birth:		Sex:	M	F	
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Section 5: After Death Care

The following information may already be documented in the resident's chart. Please check that the information in the chart is current and document any changes as necessary.

Date of death: / /		Time	e of death:	:		
	Yes	3	No	Pending	N/A	Date
Resident's representative* informed of death				5		
GP informed of death			C			
Procedures for 'final act of care' according to RACF policy						
Infusion device removed and returned		(
Resident inventory completed						
Removal of deceased resident from RACF according to policy						
Staff / residents informed of death as appropriate						
Bereavement leaflet / information given to NOK or other						
Pharmacy informed of death						
Allied Health Professionals informed of death						
Loan equipment returned						
If recording a 'no' or 'pending' response please d	ocumen	t rea:	sons for this	on the multid	isciplinary	

Signature

Title

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Time

Date