

Care details form



UPI:
Surname:
First name:
DOB:
Sex:
State: Postcode:

This is a single-use care details form

Date/ time when this care occurred:

___/___/____ _:___

This form is to be completed each time palliative care starts, is interrupted or it ends. There are two sections to this form. Both sections are to be completed each time you complete the form.

Section A: Care details

Instructions: Select one option i.e., A, B, C or D. Then provide the details for the option you have selected

OPTION A	<input type="checkbox"/> Start or re-start of palliative care	
	(Please provide details. Select one option only)	<input type="checkbox"/> Start of palliative care OR <input type="checkbox"/> Returned to palliative care after interruption or discharge from palliative care
OPTION B	<input type="checkbox"/> Interruption to palliative care	
	(Please provide details. Select one option only)	<input type="checkbox"/> Transferred to hospital OR <input type="checkbox"/> Other reason for interruption, but not death or discharge from palliative care
OPTION C	<input type="checkbox"/> Resident stops receiving palliative care in this facility	
	(Please provide details. Select one option only)	<input type="checkbox"/> Discharge from this facility (and no planned return) OR <input type="checkbox"/> No longer needs palliative care OR <input type="checkbox"/> Wish of Resident to stop palliative care OR <input type="checkbox"/> Wish of Carer to stop palliative care
OPTION D	<input type="checkbox"/> Resident death	
	(Please provide details. Select one option only)	<input type="checkbox"/> Death in this facility OR <input type="checkbox"/> Death in hospital OR <input type="checkbox"/> Death in transit OR <input type="checkbox"/> Death in a private residence OR <input type="checkbox"/> Death in other location

Complete preferences details below for each care detail (do not complete for Resident death)

Section B: Preferences details (Optional)

Ask about preferences for care and place of death at the start of palliative care and then each time there is a change in care. This information helps to plan and provide palliative care to the Resident and their carers (e.g., family or friend i.e., not staff)

Preferred place of care

(Select one option for both Resident and Carer)

Resident	Carer (e.g., family or friend)
<input type="checkbox"/>	<input type="checkbox"/> In this facility
<input type="checkbox"/>	<input type="checkbox"/> In a private residence
<input type="checkbox"/>	<input type="checkbox"/> In a hospice or palliative care unit
<input type="checkbox"/>	<input type="checkbox"/> In a hospital but not a palliative care unit
<input type="checkbox"/>	<input type="checkbox"/> Undecided
<input type="checkbox"/>	<input type="checkbox"/> No preference
<input type="checkbox"/>	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/>	<input checked="" type="checkbox"/> Resident unable to state

Preferred place of death

(Select one option for both Resident and Carer)

Resident	Carer (e.g., family or friend)
<input type="checkbox"/>	<input type="checkbox"/> In this facility
<input type="checkbox"/>	<input type="checkbox"/> In a private residence
<input type="checkbox"/>	<input type="checkbox"/> In a hospice or palliative care unit
<input type="checkbox"/>	<input type="checkbox"/> In a hospital but not a palliative care unit
<input type="checkbox"/>	<input type="checkbox"/> Undecided
<input type="checkbox"/>	<input type="checkbox"/> No preference
<input type="checkbox"/>	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/>	<input checked="" type="checkbox"/> Resident unable to state