

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: Start or re-start of palliative care
OPTION B: Interruption to palliative care
OPTION C: Resident stops receiving palliative care in this facility
OPTION D: Resident death

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)
In this facility
In a private residence
In a hospice or palliative care unit
In a hospital but not a palliative care unit
Undecided
No preference
Prefer not to say
Resident unable to state

Preferred place of death

(Select one option for both Resident and Carer)

Resident Carer (e.g., family or friend)
In this facility
In a private residence
In a hospice or palliative care unit
In a hospital but not a palliative care unit
Undecided
No preference
Prefer not to say
Resident unable to state