

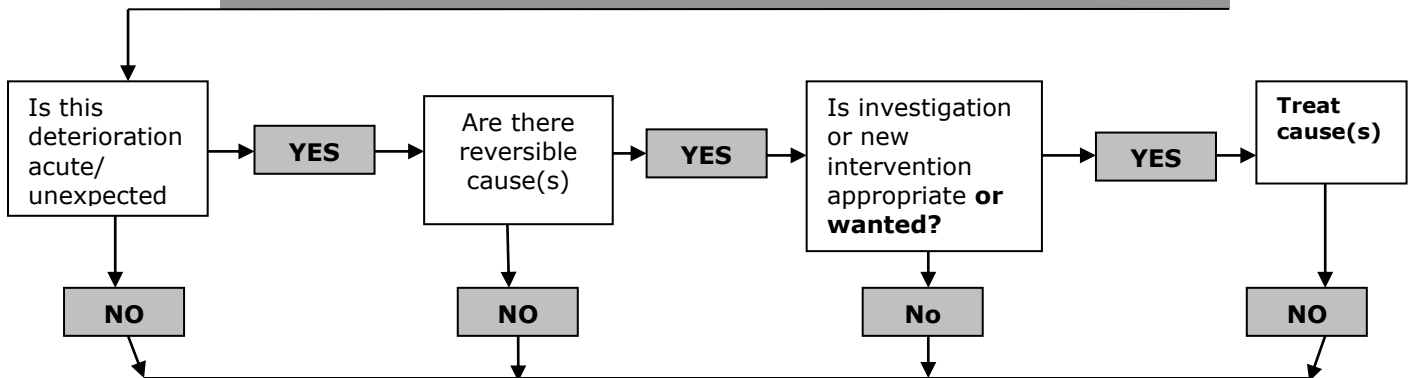


Recognizing Dying

Two or more of the following (NEW signs / symptoms) may apply:

- Profound weakness or bedbound
- The person is semi-comatose/unconscious
- No longer able to swallow tablets
- Only able to take sips of fluids
- The person is peripherally shut down
- Unable/unsafe to swallow any fluids
- Person/family/whanau state they are dying

CONTACT (GP)/Nurse Practitioner (NP)



Discussion with the resident (where appropriate) & relative/carer to explain current plan of care

Commence the Last Days of Life Care Plan

How to use the Last Days of Life Care Plan :

1. Front page: Date and time commenced – Plan may be commenced by the most senior RN after telephonic discussion with the GP/NP. The Care Plan must be endorsed by the most senior medical person GP or NP in charge of the person’s care.
2. Complete all sections as this refers to “holistic” care
3. GP/NP areas (heading or left shoulder) are in **RED** (If the document is colour – alternatively it is a darker shade)
4. All goals are in **bold** typeface. Interventions, which act as prompts to support the goals, are in normal type
5. Any variance (difference to goal) is documented on the “variance analysis – resident story” page
6. Medication Algorithm - should be available for guiding prescribing medication

Available: In Resource folder & Mercy Hospice Internet →

<https://mercyhospice.org.nz/services/health-professionals/last-days-of-life-care-plan/>

If you require further advice 24hrs each day 7 days a week, please contact the Specialist Palliative Care Service at Mercy Hospice - PH (09) 3615966