



Hospital Authority



United Christian Hospital

End of Life Care Checklist for Dying Patient

Department of Medicine & Geriatrics

Patient's Label

- This checklist assists the clinical team to provide comprehensive EOL care in the last days of life.
- Use the checklist only when:
 - The medical and nursing team have agreed that the patient is dying within hours or days, and
 - Intervention for reversible cause of deterioration has been considered inappropriate or not feasible, and the patient is not on life sustaining treatment or curative treatment with the exception of tube feeding, hydration or antibiotics, and
 - DNR / DNACPR order is in place.
- Uncertainty is an integral part of dying. Regular review (e.g. 3 days) of the care plan is suggested. The patient may leave the checklist when his / her condition becomes less critical.
- Even if the checklist is not used because the patient does not fulfill the criteria in point (2) above, when a patient approaches his/her end of life, symptom control, psycho-spiritual support and bereavement care are important elements in the care process.
- All clinical decisions must be made in the patient's best interest.

EOL Care Checklist started on

Date : ____ / ____ / ____

Care for the Dying (Last days of life) ("√" choose the relevant box)

Medical checklist

- Advance care plan being discussed with patient / family (DNACPR, other life-sustaining treatments, symptom control, palliative sedation & reportable death if applicable)
- Identify major or distressing symptoms (dyspnoea, delirium, death rattle, pain, seizure, fever, emotional distress etc)
- Inappropriate investigation / non-essential medication discontinuation
- Medications for comfort in place (regular + p.r.n.) +/- alternative route of drug administration
- Consult palliative care specialist if necessary
- Others _____

Dr's name : _____

Nursing checklist

- Informed family / significant others that patient is dying
- Set comfort nursing care plan
 - Vital signs & bedside monitoring reduced to minimal
 - Mouth care to keep moist and clean
 - Gentle suction if needed to keep airway clear
 - Wound care balancing burden vs. odour & discharge
 - Urinary care to minimize distress from retention or soiling
 - Parenteral site monitored to prevent distress from site problems
 - Patient being transferred to single room as appropriate
 - Others _____
- Psycho-spiritual care of patient & family
 - Attended excessive emotional distress as appropriate
 - Perceived adequate support from others by patient & family
 - Identification of complicated bereavement issues (PTO for high risk factors)
 - Others _____
- Make referrals (MSW, Chaplain) for on-site support if necessary
- Procedures and concerns surrounding death have been addressed (compassionate visiting hours, overnight stay, last office, cultural and religious practice, funeral matters & infection control)
- Consult palliative care nursing team if necessary

Nurse's name _____

Pre-bereavement (“√” choose the relevant box)	
Nursing checklist	<p><input type="checkbox"/> Identification of high risk family member (for example):</p> <ul style="list-style-type: none"> ● Uncontrolled symptoms ● Highly dependent relationship with the patient ● Previous complicated grief or multiple loss experiences ● Pre-existing psychiatric illness (e.g. depression) ● Lack of social support network ● Others _____ <p>Follow up action :</p> <p><input type="checkbox"/> Make referrals for follow up <input type="checkbox"/> MSW <input type="checkbox"/> Chaplain</p> <p style="padding-left: 150px;"><input type="checkbox"/> Ward nurse <input type="checkbox"/> Others _____</p> <p><input type="checkbox"/> None</p>
Dying scene / After care (“√” choose the relevant box)	
Nursing checklist	<p><input type="checkbox"/> Peaceful & dignified death</p> <p><input type="checkbox"/> Family are facilitated to view the dead body</p> <p><input type="checkbox"/> Emotions of family are acknowledged & supported</p> <p><input type="checkbox"/> Make referrals (MSW, Chaplain) for on-site support if necessary</p> <p><input type="checkbox"/> Involve family in last office as appropriate</p> <p><input type="checkbox"/> Inform family on handling Cat II & III body</p> <p><input type="checkbox"/> Hospital policy is followed for patient’s valuable/ belongings</p> <p><input type="checkbox"/> After care documents completed by doctor</p> <ol style="list-style-type: none"> 1. Category of dead body affirmed 2. Complete Medical Certificate of the Cause of Death or Report to the Coroner of a Reportable Death (< 1 working day) as appropriate 3. Complete Patient Discharge Diagnosis & Discharge Summary in CMS
Nurse's name	<p><input type="checkbox"/> Others _____</p>

- End-