****Patient Name:

Hospital no:

Ward:

**Discharge Planning Checklist for Patients approaching the End of Life**

|  |  |  |  |
| --- | --- | --- | --- |
| Task |  | Date & time completed | Name / Signature |
| **Patient identified as approaching EOL in medical notes (i.e., Last year of life)** | Indicate prognosis**:** *(please tick)*□ Final **days** of life □ Final **weeks** of life□ Final **months** of life | First documented in medical notes: |  |
| **NOK involved in discharge planning**  | □ NOK aware of prognosis and involved in discharge planning for final phase of life Name: Tel:  | Date of discussion in medical notes |  |
| **If Lack of capacity suspected:****MCA assessment****Best Interest Meeting** | Does pt have Capacity: Y / NIf no, do they have an LPA for Health and Welfare: Y / NLPA details: | MCA Date:BIM Date:  |  |
| **Preferred Place for EOLC** Preferred place of care:□ Hospital □ Community Hospital□ Care Home (usual residence) □ Care Home (new placement)□ Home | If new placement, please indicate preferred locality (not guaranteed):…………………………………… |  |
| **Inform:** □ IDT (ext. 4292) **Inform if appropriate or known**: □ EOLC (#1266) □ HPCT (#1293)   |  |  |
| **If discharging home:** OT/Physio assessment and MDT discussion with pt / family: (Document in full in medical notes)□ What level of care is required□ What support can the family provide□ What equipment is needed  | Date of discussion:Date equipment ordered:  |  |
| **If discharging to Care home:** OT/Physio assessment and MDT discussion with pt / family: (Document in full in medical notes)□ Discussion with residential staff□ What level of care is required □ What equipment is needed  | Date of discussion:Date equipment ordered:  |  |
| If identified as approaching EOL, **with a rapidly deteriorating condition, and their condition may be entering a terminal phase** Fast Track CHC Health PW should be considered. **Patients with a DORSET or HAMPSHIRE GP:**No D2A required. Complete Fast Track Tool/consent paperwork.**Email all paperwork to** **Sft.idsadmin@nhs.net****.** | Date emailed: |  |
| **Patients with Wilts GP:****Call ext 4292** and discuss the deterioration with a member of the Discharge Case Management Team.A Case Manager will visit the ward and discuss the pt with MDT.The Case Manager will then liaise with CHC team and obtain a decision, and complete Fast Track Tool/Consent if appropriate. | Call made: |  |

|  |  |  |
| --- | --- | --- |
| **Discharge Plan:** |  |  |
| Confirmed Discharged Destination: | Planned date of discharge: | NOK informed Y / N |  |
| Confirmed POC  | Level of POC:  | Start date: |  |
| Equipment | Arriving: | In place: |  |

|  |  |  |
| --- | --- | --- |
| **Medical Tasks** | Date & time completed | Name / Signature |
| TTOS (include Just in Case medications if prognosis days/weeks) |  |  |
| P1 Authority to administer medicines in the community (purple EOLC folder) |  |  |
| EDS (include future care planning discussions, preferred place of care in final phase of life and what matters to the patient) |  |  |
| Telephone GP and verbal handover on day of discharge **GP portal on intranet – contacts (direct line)** |  |  |
| Review ReSPECT Plan (relevant for community, reflects future care wishes incl. preferred place of care should pt deteriorate) |  |  |
| **Nursing/Therapy Team Tasks** | Date & time completed | Name / Signature |
| Drug Chart to pharmacy for TTOs (attach yellow “Rapid Discharge” label to front of chart if prognosis hrs/days) – EOLC purple folder |  |  |
| Refer to Access to Care (# 6190)  |  |  |
| Book Hospital Transport |  |  |
| Ascertain any temporary equipment that needs to be discharged with patient |  |  |
| If pt discharged with syringe driver, inform Medical Devices of device number and patient destination. Provide syringe driver jiffy bag for return (purple box) |  |  |
| **On day of discharge: (to go with patient)** | Date & time completed | Name / Signature |
| TTOs / PRN / Syringe driver meds (ext 4268) |  |  |
| Discharge summary |  |  |
| Completed authorisation to administer medicines in the community chart (P1 form) |  |  |
| ReSPECT Plan (relevant to community setting) |  |  |
| Provide mouth care / incontinence supplies if indicated |  |  |
| Provide emergency contact numbers (GP Mon-Friday, 111 OOHs) |  |  |
| Ensure patient discharged with 2 ID bands in situ and identity confirmed with ambulance crew prior to departure |  |  |

Updated by Paula Dawson End of Life Lead Nurse in March 2024 For review March 2025