



**Queensland  
Government**

## Care Plan for the Dying Person (CPDP)

Supporting care in the last days and hours of life

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

- The CPDP aims to support but **does not replace clinical judgement**
- Care outlined in the CPDP **must be altered if it is not clinically appropriate** for the individual person

### This care plan document comprises:

- Commencement of Care Plan for the Dying Person
- Initial assessment
- Family / Carer(s) information sheet
- Ongoing assessment
- CPDP clinical notes
- Care after death

### Commencement of Care Plan for the Dying Person

The following 3 items must be completed by a Medical Officer and co-signed by a Registered Nurse.

1. Person assessed by the MDT as being in the last days to hours of life (refer to the MDT review and decision-making guide on page 3)  Yes
2. The person has a current Acute Resuscitation Plan (ARP) that states resuscitation is not to be provided  Yes
3. The most senior treating doctor responsible for the person's care endorses use of the CPDP  Yes

Treating Consultant / the most senior treating doctor\* (print name):

Medical Officer* (print name):	Signature:	Date: / /
Registered Nurse (print name):	Signature:	Date: / /
Ward:	Date commenced: / /	Time commenced (24hr): :

### Evidence of Advance Care Planning (ACP) Documentation

Advance Health Directive (AHD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Copy reviewed and filed in the medical notes
Enduring Power of Attorney (for health)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Copy reviewed and filed in the medical notes
Statement of Choices	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Copy reviewed and filed in the medical notes

### Communication

Where relevant, the following are notified that the person is expected to die within days or hours:

General Practitioner:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Residential Aged Care Facility:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community Service Providers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other members of the MDT:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Discontinuation of Care Plan for the Dying Person (complete only if applicable)

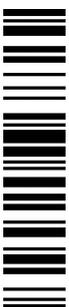
Care Plan for the Dying Person document discontinued – Date: ..... / ..... / ..... Time (24hr): ..... : .....

New treatment and care options reviewed by MDT\* and discussed with person, and their substitute decision-maker(s)\* / family / carer(s) as appropriate:  Yes  No

**Document reasons why the CPDP was discontinued and new treatment and care plan in the person's medical notes.**

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v8.00 - 03/2023  
WINC Code:



SW270

CARE PLAN FOR THE DYING PERSON (CPDP)



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## Guidance for Health Professionals

### Aim of the CPDP

- The CPDP document is a clinician guide for person and family care in the last days and hours of life.
- It supports the delivery of high quality care tailored to the individual's needs, when their death is expected.
- It does not replace clinical judgment and must be altered if not clinically appropriate for the individual.
- It is used in conjunction with, but does not replace, documents or processes such as an AHD, Enduring Power of Attorney (for health), ARP or ACP.

### Clinical / Communication Requirements

- Regularly review person supported by the CPDP. This includes regular discussion and critical decision-making by the MDT to ensure decisions are appropriate for the individual person.
- The recognition of dying is always complex irrespective of previous diagnosis or history. Uncertainty is an inherent part of dying, and there are occasions when a person lives longer or dies sooner than expected. Seek specialist palliative care support or a second opinion as needed.
- Comprehensive and clear communication is pivotal, and all decisions leading to a change in care delivery should be communicated to the person (where appropriate) and to the substitute decision-maker(s) / family / carer(s). The views of all concerned must be listened to and documented.

### Food and Fluids

- The CPDP does not preclude the use of artificial nutrition and hydration (e.g. subcutaneous fluids). All clinical decisions must be made in the person's best interest.

### Documentation Instructions

- Family / Carer(s)\* information sheet to be removed and provided to the family / carer(s) following a full explanation of the care plan.
- Clinicians should document in the CPDP clinical notes.
- This is a legal document and must be completed as per hospital documentation policy.
- All health professionals must sign the signature log upon initial entry.
- **Key:**  
 ▲ Nursing   ■ Medical   ◆ Allied Health  
 Symbols suggest care by a primary professional stream.
- Additional CPDP Ongoing Assessment (SW270a) pages are available for extended treatment.
- Additional CPDP Clinical Notes (SW270b) pages are available if more space is required for documentation.
- Occasionally the CPDP may be discontinued. If the person's condition then deteriorates, a new document must be used.

### Queensland Health Care Plan for the Dying Person Health Professional Guidelines

- This resource provides additional information on how to deliver high quality care in the last days and hours of life using the CPDP.

This documentation has been developed based on the work of the:



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## Definitions\* (for the purposes of the CPDP document)

- **The most senior treating doctor:** The most senior doctor (e.g. treating consultant or registrar) responsible for and familiar with clinical care decisions related to this dying person.
- **Medical Officer:** Doctor with delegated responsibility from the most senior treating doctor to make decisions related to commencing this dying person on the CPDP.
- **MDT:** MDT minimally consists of a Medical Officer and a Registered Nurse (Div 1) who is responsible for the care of this dying person, and should involve Allied Health as appropriate.
- **Family / Carer(s):** This term includes any people who are important to the dying person, whether they are spouse, sibling, friend or carer.
- **Substitute decision-maker(s) (SDM):** Is a person legally permitted to make important decisions on behalf of someone who does not have capacity to make the decision required. The decision can be about personal, health, and financial matters. A person can have more than one SDM. The SDM may not be the person's family / carer(s).

# MDT review and decision-making guide

Assessment and clinical decision

- Deterioration in the person's condition suggests they will die within days or hours
  - » Exclude potentially reversible causes for the person's condition (e.g. opioid toxicity, renal failure, hypercalcaemia, infection)
  - » Consider a second opinion or consultation with specialist palliative care

The most senior treating doctor agrees that death is likely within days or hours and that the CPDP should commence

There is consensus between the person's SDM and MDT that the person is likely to die within days or hours (consider family meeting)

NO YES

Individualised care planning

- If 'No' to any of the above, do not commence the CPDP
- Reassess the person and review their plan of care in consultation with the person and their SDM, if appropriate
- Consider second opinion

- If 'Yes' to all of the above, commence CPDP by reviewing and discussing the person's individual care needs and the needs of their SDM / family / carer(s)
- Change the care type to palliative as per facility procedure and complete phase and RUG score information on page 4

Person and family communication

## Complete CPDP Ongoing Assessment

- Daily clinical review by responsible medical officer
- Minimum two (2) hourly symptom assessment and comfort observations

Management

## CPDP is discontinued

If the person improves:

- MDT reviews treatment and care options with person and SDM, as appropriate
- Consider second opinion and / or referral to specialist palliative care service

Care after death

The person has died  
Refer to Care After Death  
(page 17)

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Specialist palliative care services are available for advice and support regarding any aspect of care especially if symptom control is difficult and / or there are other communication issues.





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Given name(s):

Address:

Date of birth:

Sex:  M  F  I

All health professionals **must** sign the signature log upon initial entry

## Initial Assessment Joint assessment by Medical Officer and Nurse (and Allied Health as required)

Key: ▲ Nursing ■ Medical ◆ Allied Health

### Communication with the person ▲ ■ ◆

1.1 Is the person able to participate in the discussion?  Yes  No

• If *no*, describe why the person is unable to participate (e.g. semi-conscious, unconscious, hearing, vision, speech, learning disabilities, dementia (use assessment tools), neurological conditions, confusion or other):

.....

• Interpreter required:  Yes  No

Language: .....

• If the person is **unable to participate** in the following discussion, complete section 1.3 with family / carer(s) to identify what is important to the person or refer to prior advance care planning completed by the person.

Initials: ..... Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1.2 Does the person understand they are dying?  Yes  No

Initials: ..... Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 1.3 It is now important to ask the person the following questions:

• What is important for your care now (e.g. spiritual, cultural, social, emotional and practical needs / dying at home or home-like environment)?

.....

• What is important to you at the time of death? .....

.....

• What is important to you after death? .....

.....

• Who else do you want us to share this information with? .....

.....

• Is there anything else you need to tell us or ask us? .....

.....

Initials: ..... Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Communication with the person's family / carer(s) ▲ ■ ◆

2.1 Does the person have a SDM (as identified in ARP)?  Yes  No

• Name of SDM: .....

Relationship to person: .....

Initials: ..... Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2.2 Is the person's SDM able to participate in the discussion?  Yes  No

• If *no*, describe why the SDM is unable to participate: .....

.....

• Interpreter required:  Yes  No

Language: .....

Initials: ..... Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If 'No' or further documentation required, document in CPDP Clinical Notes.

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### Initial Assessment Joint assessment by Medical Officer and Nurse (and Allied Health as required) (continued)

Key: ▲ Nursing ■ Medical ◆ Allied Health

Communication with the person's family / carer(s) (continued) ▲ ■ ◆

#### 2.3 Does the person's SDM understand the person is dying?

Yes  No

Names of other persons present: .....

Initials: ..... Date: ..... / ..... / .....

#### 2.4 It is important to ask the family / carer(s) the following questions:

What is important for you now (e.g. spiritual, cultural, social, emotional and practical needs)? .....

What is important for you at the time of the person's death? .....

What is important to you after the person's death? .....

Who else do you want us to share this information with? .....

Is there anything else you need to tell us or ask us? .....

Initials: ..... Date: ..... / ..... / .....

#### 2.5 Family / Carer(s) need for support and bereavement risk assessed: (tick all that apply)

- Limited social support     Emotional distress     Family conflict     Mental illness  
 Cumulative losses     Sudden or unexpected deterioration/death     Nil identified

Name of family / carer(s) assessed / comments: .....

Initials: ..... Date: ..... / ..... / .....

#### 2.6 Allied Health / Support Services updated / referred to:

Tick all that apply	Person		Family / Carer(s)		Name / Contact details
	Yes	No	Yes	No	
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indigenous Liaison Officer / Health Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spiritual Carer / Chaplains / Cultural Advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Information: .....

Initials: ..... Date: ..... / ..... / .....

If 'No' or further documentation required, document in CPDP Clinical Notes.

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## Initial Assessment Joint assessment by Medical Officer and Nurse (and Allied Health as required) (continued)

Key: ▲ Nursing ■ Medical ◆ Allied Health

### Communication with the person's family / carer(s) (continued) ▲ ■ ◆

#### 2.7 Ensure up-to-date contact information for the person's family / carer(s) is documented below:

Primary contact person	Name:	
	Relationship to person:	Phone number:
	Staying with person overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact: <input type="checkbox"/> Anytime <input type="checkbox"/> Not at night <input type="checkbox"/> Other
Secondary contact person	Name:	
	Relationship to person:	Phone number:
	Staying with person overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact: <input type="checkbox"/> Anytime <input type="checkbox"/> Not at night <input type="checkbox"/> Other

2.8 The person's family / carer(s) is given a full explanation of the facilities available to them  Yes  No (e.g. after hours access, staying overnight, tea and coffee facilities and toilets)

Initials: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Review of the person's individual medical care ■

#### 3.1 The person's diagnosis

- Primary diagnosis: .....
- Associated co-morbidities: .....

Initials: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### 3.2 Baseline information about the person's condition

- |                                   |   |   |
|-----------------------------------|---|---|
| <input type="checkbox"/> Alert    | <input type="checkbox"/> Semi-conscious               | <input type="checkbox"/> Unconscious        |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Agitated / Restless          | <input type="checkbox"/> Emotional distress |
| <input type="checkbox"/> Pain     | <input type="checkbox"/> Respiratory tract secretions | <input type="checkbox"/> Unable to swallow  |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Bladder problems             | <input type="checkbox"/> Bowel problems     |
| <input type="checkbox"/> Dyspnoea | <input type="checkbox"/> Other: .....                 |   |

Initials: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### 3.3 Medications to manage the person's symptoms

- Current medication assessed and nonessentials discontinued  Yes  No
- Convert appropriate oral medications to subcutaneous / alternative route  Yes  No
- PRN subcutaneous medication written up for symptoms below:
  - Pain  Agitation  Nausea and vomiting  Dyspnoea  Respiratory tract secretions
- If ordered, continuous subcutaneous infusion set up within 4 hours  Already in place  Not required
- Subcutaneous cannula:

Date inserted	Location

Initials: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If 'No' or further documentation required, document in CPDP Clinical Notes.

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### Initial Assessment Joint assessment by Medical Officer and Nurse (and Allied Health as required) (continued)

Key: **▲ Nursing** **■ Medical** **◆ Allied Health**

Review of the person's individual medical care (continued) **■**

#### 3.4 The person's need for interventions is reviewed by the Medical Officer

	N/A	Discontinued	Continued	Commenced
Artificial nutrition – type: .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artificial hydration – type: .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine blood tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intravenous antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood glucose monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Routine recording of vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oropharyngeal suction therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticoagulant therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other(s): .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implantable Cardioverter Defibrillator (ICD) is deactivated (if applicable):  Yes  No  N/A

Initials: ..... Date: ..... / ..... / .....

#### Review of the person's individual nursing care **▲**

##### 4.1 Nursing assessment of the following is undertaken:

- Mouth  Yes  No
- Eyes  Yes  No
- Skin integrity  Yes  No
- Hygiene  Yes  No

Initials: ..... Date: ..... / ..... / .....

#### Explanation of the plan of care **▲ ■ ◆**

5.1 Full explanation of current care plan discussed with the person  Yes  No

Initials: ..... Date: ..... / ..... / .....

5.2 Full explanation of current care plan discussed with the family / carer(s)  Yes  No

• Name of persons present (e.g. person, family, carer(s) and health professionals): .....

.....

.....

.....

Initials: ..... Date: ..... / ..... / .....

5.3 Family / Carer(s) Information Sheet provided  Yes  No

Initials: ..... Date: ..... / ..... / .....

If 'No' or further documentation required, document in CPDP Clinical Notes.

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# Supporting care in the last days and hours of life

## FAMILY/CARER(S) INFORMATION SHEET



The doctors and nurses will have explained to you that there has been a change in your relative or friend's condition. They believe that the person you care about is now dying and in the last days or hours of life. The *Care Plan for the Dying Person* is a document that supports the healthcare team to provide the best possible care to your relative/friend. The person and their care will be reviewed regularly.

You may like to be involved in elements of care at this time and the staff will talk to you about how you can help. This information sheet is to help you understand what to expect. If you need more information or support, or do not agree with something, please ask the healthcare team. They are there to support you.

### Treatment and medications

Medications and tests that are not helpful may be stopped and new medicines to help manage symptoms will be prescribed. Medications for symptom control will only be given when needed. If the person cannot swallow medications they require, a small pump called a syringe driver may be used to give a continuous infusion under their skin.

### Food and drink

Your relative/friend will be supported to eat and drink as long as possible; however, a loss of interest in, and reduced need for food and drink, is a normal part of the dying process. This can be hard to accept, even when you know the person is dying. Good mouth care is important at this time and the nurses may ask if you would like to help with this care.

### Spiritual, cultural and emotional care

As the person prepares to die they may go through a process of looking back in search of meaning – saying goodbye to people and places, forgiving and being forgiven, expressing joy and gratitude, facing regrets and accepting death. Some people may not want, or be able to, do these things. It is important to take cues from the dying person and be able to listen, share memories and find ways to say goodbye. Let the healthcare team know if you would like spiritual or emotional support, or if you have important cultural practices at this time.

### Caring for yourself

Caring for someone who is dying can be a tiring and stressful time. The experience may bring up unresolved feelings or upsetting emotions. It may help you to talk through your thoughts and how you can look after yourself. Please ask the healthcare team for advice.

### Changes you may notice

The dying process is unique to each person. Whilst it is almost impossible to predict the exact time or how a person will die, there are several signs and changes that often occur.

*Please provide this information sheet to the family / carer(s).*

## Confusion and restlessness

Shortly before death some people become confused and restless. This is known as terminal restlessness and it affects nearly half of all people who are dying. There may be a variety of causes and sometimes medications are needed. A calm, quiet and peaceful environment, with reassurance from those close to the person, can often help to relieve this symptom.

## Communication

Your relative/friend may find it hard to sustain a conversation. While it may be easier for them to talk after they have rested, just being there will help comfort and support them. You may also wish to hold or gently massage their hands or feet, or play their favourite music softly. If they become unconscious they may not be able to respond to you; however, they may still be aware of your presence and the voices around them.

## Becoming unconscious

When or if this happens, repositioning can help prevent soreness and stiffness from lying in the one position for too long. A special mattress may also be used to improve their comfort.

Sometimes an indwelling catheter (tube) is inserted to relieve the feeling of a full bladder; however, it is normal for urine production and bowel movements to slow down or stop.

Sometimes people are unable to cough and secretions can build up at the back of their throat. This causes a rattling or gurgling noise as they breathe, but is unlikely to cause the person discomfort. Repositioning and medications may help.

## Breathing and circulation

There may be periods of rapid breathing followed by short periods of no breathing at all. This is known as Cheyne-Stokes respirations and is very common towards the end of life. Again, this type of breathing is normal and is unlikely to cause discomfort. It is also normal for a person's hands, feet and legs to feel cool or cold as their circulation slows down.

## Once death has occurred

When people die they stop breathing and their heart stops beating. They will not respond to any stimulation and their mouth may fall slightly open. Their eyes may be open but the pupils will be large and fixed on one spot. They may also lose control of their bladder and bowel. When this happens a doctor will usually attend and confirm their death. During this time you may wish to contact a close friend or relative, spiritual carer or cultural advisor to be with you. Take your time saying goodbye. The healthcare team will explain what the next steps are and help you access extra support if you need it.

Ward phone number:

Questions:





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Please document **all multidisciplinary notes** within the CPDP Clinical Notes

**CPDP Clinical Notes**

DATE / TIME

*Add signature, printed name, staff category, date and time to all entries*  
**MAKE ALL NOTES CONCISE AND RELEVANT**  
 Leave no gaps between entries

DO NOT WRITE IN THIS BINDING MARGIN

Continue documentation on next page ►



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#### CPDP Clinical Notes

*Add signature, printed name, staff category, date and time to all entries*  
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DATE / TIME

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Continue documentation on next page ►





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Every person documenting **must** supply a sample of their initials in the signature log

## Care After Death (this section **MUST** be completed)

Key: ▲ Nursing ■ Medical ◆ Allied Health

### Verification of the person's death ▲ ■

**A Medical Officer and / or Registered Nurse(s) can verify death.** (Refer to hospital policy / procedures)

- Where a Medical Officer is unavailable immediately to sign a Death Certificate or to document that a person has died, other health professionals (Registered Nurses and Midwives) can **verify the fact of death**.
- There is a *minimum guideline for the clinical assessment* necessary to establish that death has occurred.
- Please refer to the 'Queensland Health Care Plan for the Dying Person Health Professional Guidelines' for further guidance.

6.1

- No palpable carotid pulse
- No heart sounds for 30 continuous seconds
- No breath sounds heard for 30 continuous seconds
- Fixed dilated pupils
- No response to centralised stimuli
- No motor (withdrawal) response or facial grimace response to painful stimuli (e.g. pinching inner aspect of the elbow)
- Option ECG strip shows no rhythm

Medical Officer / Registered Nurse name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Coroner ▲ ■

7.1 Is this likely to be a reportable Coronial death? If yes, refer to hospital policy / procedures  Yes  No

Initials: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Notifying and supporting family / carer(s) ▲ ■ ◆

8.1 Person(s) present at time of death: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

• If family / carer(s) not present, have they been notified?  Yes  No

Name of person informed: \_\_\_\_\_

Relationship: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

8.2 The family / carer(s) can express an understanding of what they will need to do next  Yes  No

- The family / carer(s) are given relevant supporting information:  Yes  No
- Bereavement referral required and completed?  Yes  No

Initials: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Care of the deceased ▲

9.1 Care of the deceased person has been undertaken according to the person's / family / carer(s) wishes and hospital policy / procedures  Yes  No

Initials: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Other communication ▲ ■ ◆

10.1 The person's death is communicated to (where relevant):

- Community Service Providers
- Residential Aged Care Facility
- Other members of the MDT (e.g. Social Worker)
- General Practitioner

Initials: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

10.2 Death certificate completed according to hospital policy / procedures  Yes  No

If 'No' or further documentation required, document in CPDP Clinical Notes.

Following the death of this person, do you need any support? Consider seeking support from colleagues. Support is also available through the Employee Assistance Program. Phone number: \_\_\_\_\_

DO NOT WRITE IN THIS BINDING MARGIN