

Care Plan for the Dying Person (CPDP)

Formerly known as *Clinical Guidance for the Dying Patient*

New and improved version now available!

The CPDP is an endorsed Queensland Health statewide tool. It supports multidisciplinary teams to provide high quality care to adults who are in the last days to hours of life and is designed to be used in acute hospitals.

1. *Care Plan for the Dying Person* (order via OfficeMax)
2. *Ongoing Assessment* (order additional pages via OfficeMax)
3. *Clinical Notes* (download and print additional pages)

Queensland Government
Care Plan for the Dying Person (CPDP)
 Supporting care in the last days and hours of life

Facility: _____

URN: _____ (Affix identification label here)
 Family name: _____
 Given name(s): _____
 Address: _____
 Date of birth: _____ Sex: M F I

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 No
2. The person has a current Acute Resuscitation Plan (ARP) that states resuscitation is to be provided Yes No
3. The most senior treating doctor responsible for the person's care endorses use of the CPDP Yes No

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) Yes No Copy reviewed and filed in the medical notes

Enduring Power of Attorney (for health) Yes No Copy reviewed and filed in the medical notes

Statement of Choices Yes No 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: Yes No Residential Aged Care Facility: Yes No

Community Service Providers: Yes No Other members of the MDT: Yes 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. Yes No

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For further information visit:

<https://qheps.health.qld.gov.au/caru/clinical-pathways/guidance-dying>

Or contact

CareAtEOL@health.qld.gov.au

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