

Name: NHS No: D.O.B:

End of Life Core Nursing Care Plan

Goals:

The goals for’s care are:

- to receive a holistic assessment of their needs at the end of life
- for the patient and or relative / carer to be involved with decision making
- for care to be delivered with compassion
- that the focus of care is to maintain comfort and dignity
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Interventions:

1. The patient is supported to **eat and drink** for as long as they want and / or are able to. The registered nurse will assess the patient if he / she is symptomatically dehydrated, and consider artificial hydration if it is in the patient’s best interest.
2. Regular **mouth care** is offered to promote the patient’s comfort. The registered nurse should teach, supervise and encourage health and social care assistants / carers / relatives, where appropriate, to offer mouth and lip care, sips of fluid / ice.
3. **Skin care** to be provided to ensure the patient’s skin is clean, dry and comfortable. The patient is moved for comfort only, using pressure relieving aids as appropriate, e.g. a special mattress. The registered nurse should teach, supervise and support health and social care assistants / carers / relatives to assess, monitor and report to nursing staff regarding skin condition and integrity.
4. **Personal care** to be provided according to individual needs. Involve relative / carer in care giving, if they wish. The registered nurse to supervise and support health and social care assistants / carers / relatives to provide personal hygiene.
5. The registered nurse will assess, monitor and, where appropriate, manage **bowel evacuations** to ensure comfort. If appropriate, medication and / or continence products to be provided to maintain dignity.
6. The registered nurse will assess, monitor and, where appropriate, manage the patient’s **urinary continence needs** by use of continence products, urethral catheter, commode, urinal and / or bed pan. The registered nurse will teach, monitor and supervise health and social care assistants / carers / relatives where appropriate.
7. The registered nurse to **liaise with medical practitioner and / or specialist palliative care team** if psychological or symptom management support needed.
8.
9.

Care plan completed by:

Name (*print*) Designation Signature

Care plan agreed and discussed with:(*circle*) patient / relative / carer Name

