



**Paediatric End of Life managed Care Network (PELiCaN)**

Reorientation of care out with the Ward or Critical Care Unit Checklist

**Planning end-of-life care outside the Critical Care environment: discharge planning MDT template**

The following patient was discussed at the joint MDT on .

# Patient Information

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Surname:** |  |
| **DOB:** |  | **CHI:** |  |
| **Parents/Carers:** |  | **Relationship status:** |  |
| **Siblings:** |  | **GP:** |  |
| **Critical Care Consultant:** |  | **Disease-specific Consultant:** |  |
| **Referral made to Palliative Care?**  |  | **Palliative Care Consultant:** |  |
| **Palliative Care Team CNS:** |  |  |  |
| **Referral made to CHAS?** |  | **CHAS Charge Nurse:** |  |
| **Community Children’s Nurse/ District Nurse:** |  | **Lead Clinician following transfer:** |  |

# Clinical Summary

|  |  |  |  |
| --- | --- | --- | --- |
| **Diagnoses:** |  | **Current place of care:** | Hospital: |
| Ward: |
| **Weight:** |  | **Feeding:** |  |
| **Medication List:** |  | **Feed:** |  |

# Decision Making (Consensus)

|  |  |  |  |
| --- | --- | --- | --- |
| **Reorientation of care:** |  | **Family aware and in agreement?** |  |
| **Families preferred place of end-of-life care known?**  |  | **Family understands the level of support available at preferred place of care?**  |  |
| **Is this achievable?** |  | **If no why not?** |  |
| **Alternative place of end of life care:** |  |
| **Has organ and tissue donation been discussed with parents?**  | *Record outcome within ACP* | **Has post-mortem been discussed with parents?** | *Record outcome within ACP* |

# Clinical Planning checklist to inform development of ACP

|  |
| --- |
| **Respiratory support:** |
|  |
| **Feeds, fluids and nutrition:** |
|  |
| **Medications:** |
| Will sub cut infusions commence pre transfer? |
| **Rationalisation of monitoring/medications:** |
|  |
| **Sustainable route for medication:** |
|  |
| **Resuscitation status CYPADM:** |
|  |
| **Other:** |
|  |

# Transport Planning

|  |  |  |  |
| --- | --- | --- | --- |
| **Transport arranged by?** |  | **Staff identified for transfer:** |  |
| **Date of transfer:** |  | **Estimated time of transfer:** |  |
| **Home access risk assessment completed?** |  | **Family travelling with team:** |  |
| **Deterioration on transfer discussed with family** |  | **Plan for deterioration on transfer:** |  |

# Care Plans

|  |  |  |  |
| --- | --- | --- | --- |
| **CYPADM:** |  | **Symptom Management (SMP):** |  |
| **ACP:** |  | **Syringe driver plan (SDP):** |  |
| **Disseminated by:** |  |

# 24/7 Community Support

|  |  |  |  |
| --- | --- | --- | --- |
| **Lead team following discharge:** |  | **Lead clinician following discharge:** |  |
| **Support: M-F 9-5pm** |  | **OOH:** |  |
| **Nursing rota agreed:** |  | **Facilitated and coordinated by who?** |  |
| **Daily communication pathway established:** |  |
| **Plan for death verification?** |  | **Plans for death certification?** |  |

# Palliative Care and Discharge Medications/Supplies

|  |  |
| --- | --- |
| **Discharge medications (routine and symptom mx) 7 day supply:** |  |
| **Lock box/Just in case box arranged for control drugs:** |  |
| **Feeds / NG tube / pH strips / syringes / pump/ongoing community supply arranged/ training needs:** |  | **Details:** |  |
| **Suction machine / tubing / catheters/ ongoing community supply arranged/ training needs:** |  | **Details:** |  |
| **Oxygen / mask / tubing / humidification:** |  | **Details:** |  |
| **Other supplies:** |  | **Details:** |  |
| **CME T34 Syringe Pump / batteries / lockable case:**  |  | **Details:** |  |
| **Dry stock for syringe driver and S/C boluses:** |  | **Ongoing community supply arranged by:** |  |
| **Community compatible Kardex for symptom management medications +/- syringe driver medications:**  |  |

# Family Wishes

|  |  |  |  |
| --- | --- | --- | --- |
| **Cultural/Religious or Spiritual:** |  | **Memory making:** |  |
| **Sibling support:** |  | **Pre-bereavement family support:** |  |

# Post-Death Care (if known)

|  |  |  |  |
| --- | --- | --- | --- |
| **Options for post-death care discussed:** |  | **Preferred place:** |  |
| **Cuddle cot or Flexmort system (if req):** |  |
| **Who will coordinate immediate and ongoing bereavement support?** |  |

# Plan, Discussion and Outcomes: Recommendations

|  |
| --- |
| **Follow up and parallel planning if child’s condition does not deteriorate:**  |
| **Checked at MDT by:** |  | **Date:** |  |