

Observational Quality Assurance Tool for Palliative Care v15

This document is to be used for individuals unable to contribute to their care assessment

Fixed time review

Ongoing assessment of the personal care plan

Individual' name:

NHS no:

DoB:

Today's date:

During day and night care <u>Write comments overleaf</u> Period of assessment	Write Yes or No and indicate whether S (Staff) R (Relative)					
	Early		Late		Night	
	8 - 12	12 - 2	2 - 6	6 - 9.15	9.15 - 3	3 - 8
1) Is the individual free of pain? Sign						
2) Is the individual free of distress? Sign						
3) Is the individual's breathing clear and comfortable? Sign						
4) Is the individual free of nausea or vomiting? Sign						
5) Is the individual free of urine or bowel problems? Sign						
6) Is the individual free of other symptoms? (if present, document overleaf or in the notes) Sign						
7) Is the individual 's mouth moist, clean and Comfortable? Sign						
8) Is the individual's skin healthy <u>and</u> without ulcers or damage? Sign						
9) Is the individual being kept clean and tidy to everyone's satisfaction? Sign						

Daily	Yes or No	Sign and indicate S (Staff) or R (Relative)
10) Can everything be seen or reached by the individual?		
11) Is it appropriate to continue with present drugs, treatment and investigations?		
12) Are care decisions being made and shared with parents, relatives or partners?		
13) Have parents, partners or relatives been asked about drink and food <u>and</u> this is being provided ?		
14) Are the individual's emotional and spiritual needs being met?		
15) Have the team checked the needs and concerns of the parent, partner or relatives?		
16) Has the personal care plan been reviewed today?		
17) Can capacity be assumed?		S
18) Have senior doctors excluded reversible causes for this current condition?		S

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Evaluation sheet

Date	Notes <u>Use this to document all 'No' responses overleaf and any other additional information</u>	Signature

Continue on further evaluation sheets if necessary