

Shared care Quality Assurance Tool for Palliative Care v15

To be used for individuals who wish to share in their care assessment

Flexible review Ongoing assessment of the personal care plan

Name: _____ NHS no: _____ DoB: _____

At each review	Write Yes or No Indicate whether P (Patient), S (Staff) or R (Relative)			
<u>Write comments overleaf</u>	Date / time:			
1) Are you free of pain? Sign				
2) Are you free of distress? Sign				
3) Is your breathing clear and comfortable? Sign				
4) Are you free of nausea or vomiting? Sign				
5) Are you free of urine or bowel problems? Sign				
6) Are you free of other symptoms? (if present, document these overleaf or in the notes) Sign				
7) Is your mouth moist, clean and comfortable? Sign				
8) Is your skin healthy <u>and</u> without ulcers or damage? Sign				
9) Are you being kept clean and tidy to your satisfaction? Sign				
10) Can you see and reach everything you need? Sign				
11) Do you wish to continue with the present drugs, treatment and investigations? Sign				
12) Are you being included in your care decisions ? Sign				
13) Have you been asked about what you want to drink or eat <u>and</u> is this being provided? Sign				
14) Are your emotional and spiritual needs being met? Sign				
15) Have the team checked the needs and concerns of your parent, partner or relatives? Sign				
16) Has your personal care plan been reviewed today? Sign				
17) Can capacity be assumed? Sign	S	S	S	S
18) Have senior doctors excluded reversible causes for this current condition? Sign	S	S	S	S

Quality Assurance Tool for Palliative Care v14

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