Shared care Quality Assurance Tool for Palliative Care v15

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

Name:	**NHS no:**
Address:	**Date of birth:**
Postcode:	**Place where this document was initiated:**
GP and practice:	

Initial assessment

P (Patient) **S** (Staff) **R** (Relative)

Write comments overleaf	Yes or No	Signature	P S R
1. Do you know the registered nurse and senior doctor who will oversee your care here? Nurse: Doctor:			
2. Have the contact details of people important to you been documented? eg. partners, relatives, parents, friends			
3. Have you made any decision is in advance and are these available? Ring: advance statement ADRT DNACPR EHCP Lasting Power of Attorney			
4. Have you discussed your current wishes and preferences, beliefs and values and have these been documented?			
5. Do you and your parents, partner or relatives understand what is happening and do you all the information you need?			
6. Has your personal care plan been discussed with you?			
7. Have you been involved in decisions about current investigations and treatment?			
8. Has your need for fluids (drinks) and food been reviewed and agreed with you?			
9. Have you told anyone of your preferred place of care now and in the future?			
10. Do your GP, hospital and palliative teams care know of your present situation?			
11. Are you being included in decisions about your care?			
12. Has any medication or equipment that may be required been prescribed and is it available? (See local, regional or national formularies for drug advice)			
13. Are you willing to share information about you with others? If yes, who:			
14. If you rely on vital equipment have you discussed its continued use? Write type (eg. ICD, dialysis, ventilator):			
15. Can capacity be assumed?			**S**
16. Have senior doctors excluded reversible causes for this current condition?			**S**

List all those present at this initial assessment

Health care professional: Signature: Date & time:

Others:

Adapted from the original work by Ellershaw J (*Journal of Pain and Symptom Management.* 2001; **21**(1): 12 – 17.) This document has been produced for use at St. Oswald's Hospice and all elements have been developed in-house .

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Evaluation sheet

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

Continue on further evaluation sheets if necessary