End of life care audit: dying in hospital

CLINICAL data collection tool:

Inclusions: All consecutive adult patients aged 18 years or above (at time of death) starting from 1st and continuing to 31st May 2015), who died in hospital and had been under the care of the hospital trust for 4 or more hours prior to their death.
Exclusions: Patients that died in less than 4 hours from admission, and patients that died in a community or other hospital not directly managed by the trust being audited

Demographics		
Age (at the time of death)	☐☐☐ years	
Gender	☐ Male	☐ Female
What is the primary diagnosis? This is to be taken from the death certificate. 1c, then 1b and if nothing in either record what is in 1a	☐ Cancer ☐ Chronic respiratory disease ☐ Heart failure ☐ Neurological conditions (such as motor neurone disease) ☐ Pneumonia ☐ Stroke ☐ Other	
If answered **cancer** , please specify the **primary area**	☐ Brain ☐ Breast ☐ Colorectal ☐ Lung ☐ Prostate ☐ Upper gastrointestinal ☐ Urological system ☐ Uterus/other gynaecological ☐ Other	
Did the patient have any existing co-morbidities documented?	☐ Yes ☐ No	
If yes, how many existing comorbidities were documented?	☐One ☐ Two ☐Three ☐ Four or more	
What comorbidities? This is what is on section 2 of the death certificate	☐ Cardiovascular ☐ Central nervous system ☐ Dementia ☐ Endocrine ☐ Genitourinary ☐ Malignancy ☐ Musculoskeletal ☐ Respiratory ☐ Other	
Ethnicity	☐ Not documented ☐ Asian other ☐ Bangladeshi ☐ Black Caribbean ☐ Black African ☐ Black other ☐ Indian ☐ Mixed white/black Caribbean ☐ Mixed white/black African ☐ Mixed white/Asian	

	☐ Mixed other ☐ Pakistani ☐ White British ☐ White Irish ☐ White other ☐ Other (no need to specify)
Religious affiliation Help notes: Use NHS data definitions Explain Christian CE and RC in help notes	☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐ Any other religion ☐ None ☐ Not documented
Hospital patient died in?	---

Case note Information			
No	**Question**		
A	What was the date of admission? Instruction to sites: Information services can produce a list that includes admission date and time taken from patient information system Time of admission?	Date (DD/MM/YYY) ……………../……………../………….. Time (HH:MM) Time not recorded ☐	
B **B** **Ba**	What was the date of death? Time of death? (NB this will not be seen by RCP) Length of stay (LOS)	Date (DD/MM/YYY) ……………../……………../………….. Day of death: (Automatic field once date entered) Time (HH:MM) Time not recorded☐ Once A and B completed the calculated length of stay will be displayed on the web tool in days and hours or just hours if under 24 hours. **Check the LOS calculation to ensure you have entered the correct dates and times.**	
C	In which hospital department did the patient's death take place? *One option*	☐ Medical ☐ Surgical ☐ Critical Care(includes high dependency, coronary care and intensive care) ☐ Acute assessment unit (medical or surgical) ☐ Specialist palliative care unit as part of acute medical assessment unit ☐ Specialist palliative care unit stand-alone but in Trust grounds ☐ Rehabilitation unit ☐ Accident and Emergency ☐ Other	
D	Is it clear from the notes that the patient died suddenly and unexpectedly?	☐ Yes ☐ No	
E	Is this a reliability case?	☐ Yes ☐ No	

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<table>
<tr><td colspan="3">1: RECOGNITION OF DYING</td></tr>
<tr><td colspan="3">PRIORITY 1: The possibility that a person may die within the next few days or hours is recognised and communicated clearly, decisions made and actions taken in accordance with the person’s needs and wishes, and these are regularly reviewed and decisions revised accordingly.</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td>No.</td><td>Question</td><td>Response</td></tr>
<tr><td>1.1</td><td>Is there documented evidence within the last episode of care that it was recognised that the patient would probably die in the coming hours or days?
If answered no, go to question 2.1</td><td>☐ Yes ☐ No</td></tr>
<tr><td>1.2</td><td colspan="2">If the answer is Yes to question 1.1: who took part in the discussion about this recognition? Please select all that apply.

☐ Senior doctor (such as a Consultant or GP)
☐ Other doctors
☐ Member of the specialist palliative care team ☐
☐ Ward sister
☐ Clinical nurse specialist
☐ Staff nurse
☐ Healthcare assistant
☐ Speech and language therapist
☐ Dietician
☐ Physiotherapist
☐ Occupational therapist
☐ Chaplain
☐ Social worker
☐ Pharmacist
☐ Those important to the patient (family, close friends, carers and others important to the patient)
☐ Patient
☐ Other</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td>1.3</td><td>What was the date and time of the first documented evidence of the recognition that the patient would probably die in the coming hours or days?</td><td>Date (DD/MM/YYYY) Not known☐
Day: : (Automatic field once date entered)
Time (HH:MM) Time not known☐</td></tr>
<tr><td>1.3a</td><td>The time of the first documented evidence of the recognition that the patient would probably die to recorded death.
Once B and 1.3 are completed the calculated time from recognition to time of death will be displayed on the web tool in hours in under 24 hours and days if 24 hours and over.</td><td>Calculated time from recognition to time of death will be displayed on web tool

____

Check the calculation to ensure you have entered the correct dates and times.</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td>1.4</td><td>Is there documented evidence that the recognition (1.4) that the patient who was dying was regularly reviewed? (see help notes for what is meant by regularly)
If no, go to question 2.1</td><td>☐ Yes ☐ No</td></tr>
<tr><td>1.4</td><td>If yes to 1.4, did this review include:
i) The recognition that the patient was dying
ii) That the patient was recovering</td><td>☐ Yes ☐ No
☐ Yes ☐ No</td></tr>
</table>

2: COMMUNICATION		
PRIORITY 2: Sensitive communication takes place between staff and the dying person, and those identified as important to them		
No	**Question**	
2.1	Is there documented evidence within the last episode of care that health professional recognition that the patient would probably die in the coming hours or days (imminent death) had been discussed with **the patient**? **If yes go to question 2.2**	☐ Yes ☐ No

2.1i.	**If no to 2.1**, were any of the following reasons documented as to why discussion did not take place? (select one option only)	☐ The patient had cognitive impairment and did not have the capacity to understand ☐ The patient's mental state could be 'harmed' by the knowledge of that they were dying ☐ The patient was semi-conscious or unconscious ☐ The notes indicate that the patient died suddenly and unexpectedly ☐ There is evidence to confirm the patient's request not to receive bad news ☐ No reasons recorded ☐ Other (**if other specify in 2.1ia)**
2.1ia	If 'Other', please specify	

2.2	Is there documented evidence within the last episode of care that health professional recognition that the patient would probably die in the coming hours or days (imminent death) had been discussed with **a nominated person(s) important to the patient**? **If yes go to question 3.1**	☐ Yes ☐ No

2.2i	**If no to 2.2**, were any of the following reasons documented as to why the discussion did not take place? (select one option only)	☐ There was no nominated person important to the patient ☐ Attempts were made to contact the nominated person important to the patient but they were unsuccessful ☐ Independent Mental Capacity Adviser (IMCA) unavailable ☐ Patient had not consented / had withdrawn consent for these discussions to take place with the nominated person important to them ☐ No reasons recorded ☐ Other (**if other specify in 2.2ia**)
2.2ia	If 'Other', please specify	

3: DYING PERSON AND THOSE IMPORTANT TO THEM INVOLVED IN DECISION MAKING		
PRIORITY 3: The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.		
ADVANCE CARE PLAN (Definition see help notes)		
No.	**Question**	**Response**
3.1	Is there documented evidence that the patient had made an advance care plan prior to admission? **If no go to question 3.3**	☐ Yes ☐ No
3.2	**If yes**, is there documented evidence that the team took into account the contents of the advance care plan when making decisions?	☐ Yes ☐ No
3.2i	**If yes to 3.2** was the advance care plan reviewed?	☐ Yes ☐ No
3.2ii	**If no to 3.2**, was the reason it was not taken into account recorded?	☐ Yes ☐ No
3.2iia	**If yes to 3.2ii**, please state the **main reason** why the advance plan of care was not followed	

RESUSCITATION AND FINAL CARE DECISIONS		
3.3	Is there documented evidence that a discussion regarding Cardiopulmonary Resuscitation (CPR) was undertaken by a senior doctor with **the patient** that was relevant to the last episode of care?	☐ Yes ☐ No
3.3i	If no, were any of the following reasons documented as to why discussion did not take place?	☐ The patient displayed a longstanding lack of mental capacity (e.g. dementia) for the issue of CPR ☐ The patient displayed an acute lack of mental capacity (e.g. delirium) for the issue of CPR ☐ Patient semi-conscious or unconscious ☐ Patient had asked not be involved in this discussion ☐ No reason recorded ☐ Other
3.3ia	If 'Other', please specify	
3.4	Is there documented evidence that the Cardiopulmonary Resuscitation (CPR) decision by a senior doctor was discussed with the **nominated person(s) important to the patient** during the last episode of care?	☐ Yes ☐ No ☐ No but
3.4i	**If no but** during the last episode of care it was recorded that:	☐ There was no nominated person important to the patient ☐ Attempts were made to contact the nominated person important to the patient but were unsuccessful
3.5	At the time of the patient's death was there a Cardiopulmonary Resuscitation decision in place?	☐ Yes ☐ No
3.6	In the last 24 hours, was deactivation of an implanted defibrillator recorded?	☐ Yes ☐ No ☐ No defibrillator in place

RESUSCITATION AND FINAL CARE DECISIONS (continued)		
3.7a	In the last 24 hours, was the patient having assisted ventilation? **If no to 3.7a go to 3.7b.**	☐ Yes ☐ No
Assisted ventilation		
i	**If yes to 3.7.a**, is there documented evidence within the last episode of care of a discussion undertaken by a senior doctor regarding whether to continue or stop assisted **ventilation** with **the patient**?	☐ Yes ☐ No
a	**If 'No' to 3.7.a.i**, were any of the following reasons documented as to why discussion did not take place?	☐ The patient displayed a longstanding lack of mental capacity (e.g. dementia) for this issue ☐ The patient displayed an acute lack of mental capacity (e.g. delirium) for this issue ☐ Patient semi-conscious or unconscious ☐ Patient had asked not be involved in this discussion ☐ No reason recorded ☐ Other
3.7i	If 'Other', please specify	
ii)	**If yes to 3.7a**, is there documented evidence that the continuation or withdrawal of **assisted ventilation** was discussed by a senior doctor with **the nominated person(s) important to the patient** during the last episode of care?	☐ Yes ☐ No ☐ No but
a)	If **No but** to 3.7a.ii during the last episode of care it was recorded that:	☐ There was no nominated person important to the patient ☐ Attempts were made to contact the nominated relative or friend but were unsuccessful
Dialysis		
3.7b	In the last 24 hours, was the patient having dialysis?	☐ Yes ☐ No
i	**If yes to 3.7b**, is there documented evidence within the last episode of care of a discussion undertaken by a senior doctor regarding whether to continue or stop **dialysis** with **the patient**?	☐ Yes ☐ No
a	**If no to 3.7bi**, were any of the following reasons documented as to why discussion did not take place?	☐ The patient displayed a longstanding lack of mental capacity (e.g. dementia) for this issue ☐ The patient displayed an acute lack of mental capacity (e.g. delirium) for this issue ☐ Patient semi-conscious or unconscious ☐ Patient had asked not be involved in this discussion ☐ No reason recorded ☐ Other
i	If 'Other', please specify	
ii)	**If yes to 3.7b**, is there documented evidence that the continuation or withdrawal of **dialysis** was discussed by a senior doctor with **the nominated person(s)** important to the patient during the last episode of care?	☐ Yes ☐ No ☐ No but
a	**No but to 3.7b.ii** during the last episode of care it was recorded that:	☐ There was no nominated person important to the patient ☐ Attempts were made to contact the nominated relative or friend but were unsuccessful

RESUSCITATION AND FINAL CARE DECISIONS (continued)		
3.8	Is there documented evidence that the patient was given an opportunity to have: **(3.8a) Concerns listened to?**	☐ Yes ☐ No ☐ No but
ai)		☐ The patient displayed a longstanding lack of mental capacity (e.g. dementia) to raise concerns ☐ The patient displayed an acute lack of mental capacity (e.g. delirium) for this issue ☐ Patient semi-conscious or unconscious
3.8b	**(3.8b) Questions answered about concerns?**	☐ Yes ☐ No ☐ No but
bi)	**If No but** during the last episode of care it was recorded that:	☐ The patient displayed a longstanding lack of mental capacity (e.g. dementia) for this issue ☐ The patient displayed an acute lack of mental capacity (e.g. delirium) for this issue ☐ Patient semi-conscious or unconscious
3.9	Is there documented evidence that the **nominated person (s) important to the patient** during the last episode of care was given regular opportunities to discuss the patient's condition with a senior healthcare professional?	☐ Yes ☐ No ☐ No but
3.9a	**If No but** during the last episode of care it was recorded that:	☐ There was no nominated person important to the patient ☐ Attempts were made to contact the nominated relative or friend but were unsuccessful ☐ Discussion was declined by nominated person (s) important to the patient
3.9b	**If yes to 3.9**, how often were there recorded discussions with the **nominated person (s) important to the patient** and a senior healthcare professional during the last 24 hours of care?	Number ☐ ☐

4: NEEDS OF FAMILIES AND OTHERS			
PRIORITY 4: The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.			
4.1	Is there documented evidence that the needs of the **person(s) important to the patient** were asked about? **(If no, or no but, go to 4.2)**	☐ Yes ☐ No ☐ **No but** there was no person(s) important to the patient	
4.1i	**If 'Yes' to 4.1**, were any needs identified?	☐ Yes ☐ No **(If no, go to 4.4)**	
4.1ia	**If 'Yes' to 4.1i,** what was the outcome of identifying these needs?	☐ Attempts were made to address these needs, without success ☐ Needs were partially met ☐ Needs were addressed successfully ☐ No record	
4.2	Of which of the following needs of the **person(s) important to the patient** is there documented evidence within the last episode of care that they were **assessed**?	i. Psychological ii. Spiritual / religious iii. Cultural iv. Practical	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
4.3	Of which of the following needs of the **person(s) important to the patient** is there documented evidence within the last episode of care that they were **addressed**?	i. Psychological ii. Spiritual / religious iii. Cultural iv. Practical	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
4.4	Is there documented evidence within the last episode of care of discussion regarding the **patient's** spiritual/religious/cultural /practical needs with the **nominated person(s) important to the patient**?	☐ Yes ☐ No ☐ **No but** it is recorded that the attempts made to contact the nominated person(s) important to the patient were unsuccessful ☐ **No but** there was no nominated person(s) important to the patient	
COMMUNICATION AT THE TIME OF DYING WITH THOSE IMPORTANT TO THE DYING PERSON			
4.5	Were those important to the patient notified of the patient's imminent death? **If no but, go to 4.4ii**	☐ Yes ☐ No ☐ **No but** there was no person(s) important to the patient ☐ **No but** the notes indicate the patient died suddenly and unexpectedly	
4.5i	Were those important to the patient present at the time of the patient's death?	☐ Yes ☐ No ☐ **No but** requested not to be present	
4.5ii	Was anyone else recorded as being with the patient at the time of death?	☐ Yes ☐ No	
4.6	Is there documented evidence of care and support of the patient's family and those important to them at the time of and immediately after death?	☐Yes ☐ No ☐ **No but**, there was no family or person(s) important to the patient. **If no but go to Q5.1**	
	If Yes or No to 4.6:		
4.6i	Is there documented evidence that the family and those people that are important to the deceased were given any culturally appropriate **verbal** information following the death of the patient?	☐ Yes ☐ No	
4.6ii	Is there documented evidence that the family and those people that are important to the deceased were given any culturally appropriate **written** information, in the appropriate language, following the death of the patient?	☐ Yes ☐ No	

5: AN INDIVIDUAL PLAN OF CARE			
PRIORITY 5: An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion			
ASSESSMENT			
5.1	Is there documented evidence in the last 24 hours of life of a holistic assessment of the patient's needs regarding an individual plan of care? **If no go to 5.3**	☐ Yes	☐ No
5.1i	**If yes to 5.1**, does this include an assessment of the following (in the last 24 hours)?	Yes	No
	a) Agitation / delirium	☐	☐
	b) Dyspnoea / breathing difficulty	☐	☐
	c) Nausea / Vomiting	☐	☐
	d) Pain	☐	☐
	e) Noisy breathing / death rattle	☐	☐
	f) Anxiety /distress	☐	☐
	g) Bladder function	☐	☐
	h) Bowel function	☐	☐
	i) Pressure areas	☐	☐
	j) Hygiene requirements	☐	☐
	k) Mouth care	☐	☐

5.1ii	**If yes to g to k**, in the last 24 hours was care delivered to meet the individual patient requirements for:	Yes	No and no reason given	No but an appropriate reason documented
	g) Bladder/ urinary needs	☐	☐	☐
	h) Bowel needs	☐	☐	☐
	i) Pressure area care/relief needs	☐	☐	☐
	j) Hygiene needs	☐	☐	☐
	k) Mouth care	☐	☐	☐

SYMPTOM CONTROL				
5.2	In the last 24 hours, was there evidence documented that the symptoms the patient had were controlled? (Tick only one option per symptom)	Yes	No	Symptom not present
	(i) Agitation / delirium	☐	☐	☐
	(ii) Dyspnoea / breathing difficulty	☐	☐	☐
	(iii) Nausea / Vomiting	☐	☐	☐
	(iv) Pain	☐	☐	☐
	(v) Noisy breathing / death rattle	☐	☐	☐
	(vi) Other (if other specify what in 5.3via and if not controlled why)	☐	☐	☐
5.2a	If 'Other', specify what was the symptom, and if not controlled the reason why?			

5.3	Was the patient reviewed by a member of a specialist palliative care team:		
	i) In this last admission?	☐ Yes	☐ No
	ii) In the last 24 hours of the patient's life?	☐ Yes	☐ No

5.4	Is there documented evidence (in case-notes or in prescription chart) that anticipatory medication 'prn' was prescribed for the 5 key symptoms that could occur in the last hours or days of life?			
		• Agitation / delirium	☐ Yes	☐ No
		• Dyspnoea / breathing difficulty	☐ Yes	☐ No
		• Nausea / Vomiting	☐ Yes	☐ No
		• Pain	☐ Yes	☐ No
		• Noisy breathing / death rattle	☐ Yes	☐ No

SYMPTOM CONTROL (continued)				
5.4	**If yes to any symptom in 5.4**, specify the medication and the **prescribed prn dosage** and the **total administered prn dosage** in the **last 24 hours prior to the patient's death**:			
	Medication name		Specify the **prescribed prn dosage in the last 24 hours** (mgs/mcg):	Specify the **total administered prn dosage in the last 24 hours** (mgs/mcg):
i.	Alfentanil (mcg)	☐ Yes ☐ No		
ii.	Apomorphine (mcg)	☐ Yes ☐ No		
iii.	Clonazepam (mcg)	☐ Yes ☐ No		
iv.	Cyclizine (mgs)	☐ Yes ☐ No		
v.	Diamorphine (mgs)	☐ Yes ☐ No		
vi.	Glycopyrronium (mgs)	☐ Yes ☐ No		
vii	Haloperidol (mgs)	☐ Yes ☐ No		
viii.	Hyoscine butylbromide (mgs)	☐ Yes ☐ No		
ix.	Hyoscine hydrobromide (mgs)	☐ Yes ☐ No		
x.	Ketamine (mgs)	☐ Yes ☐ No		
xi.	Levomepromazine (mgs)	☐ Yes ☐ No		
xii.	Methadone (mgs)	☐ Yes ☐ No		
xiii.	Metoclopromide (mgs)	☐ Yes ☐ No		
xiv.	Midazolam (mgs)	☐ Yes ☐ No		
xv.	Morphine (mgs)	☐ Yes ☐ No		
xvi.	Octreotide (mcg)	☐ Yes ☐ No		
xvii.	Oxycodone (mgs)	☐ Yes ☐ No		
xviii.	Remifentanil (mcg)	☐ Yes ☐ No		

5.5	In the last 24 hours of life, was the patient taking prescribed oral medications?	☐ Yes	☐ No
5.6	In the last 24 hours of life, was the patient prescribed any transdermal medications (skin patches)? **If no go to 5.7**	☐ Yes	☐ No

	If yes to 5.6, what transdermal medications were administered and what was the dosage in last 24 hours:			
i.	Buprenorphine?	☐ Yes	☐ No	**If 'Yes', specify dosage (mgs/mcg):**
ii.	Fentanyl?	☐ Yes	☐ No	
iii.	Granisetron?	☐ Yes	☐ No	
iv.	Hyoscine?	☐ Yes	☐ No	
v.	Lidocaine?	☐ Yes	☐ No	
vi.	Rigotidine?	☐ Yes	☐ No	
5.7	In the last 24 hours of life is there documented evidence that a continuous subcutaneous infusion (CSCI) of medication was in place? **If no go to 5.8**	☐ Yes ☐ No		

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SYMPTOM CONTROL (continued)					
If yes to 5.7, specify the medication and the dosage prescribed (5.9i) and the dosage administered (5.9ii) in the CSCI in the last 24 hours prior to the patient's death:					
	CSCI medication name			Specify the **prescribed dosage in the last 24 hours** (mgs/mcg):	Specify the **total administered dosage in the last 24 hours** (mgs/mcg):
i.	Alfentanil (mcg)	☐ Yes	☐ No		
ii.	Apomorphine(mcg)	☐ Yes	☐ No		
iii.	Clonazepam (mcg)	☐ Yes	☐ No		
iv.	Cyclizine (mgs)	☐ Yes	☐ No		
v.	Diamorphine (mgs)	☐ Yes	☐ No		
vi.	Glycopyrronium (mgs)	☐ Yes	☐ No		
vii	Haloperidol (mgs)	☐ Yes	☐ No		
viii.	Hyoscine butylbromide (mgs)	☐ Yes	☐ No		
ix.	Hyoscine hydrobromide (mgs)	☐ Yes	☐ No		
x.	Ketamine (mgs)	☐ Yes	☐ No		
xi.	Levomepromazine (mgs)	☐ Yes	☐ No		
xii.	Methadone (mgs)	☐ Yes	☐ No		
xiii.	Metoclopromide (mgs)	☐ Yes	☐ No		
xiv.	Midazolam (mgs)	☐ Yes	☐ No		
xv.	Morphine (mgs)	☐ Yes	☐ No		
xvi.	Octreotide (mcg)	☐ Yes	☐ No		
xvii.	Oxycodone (mgs)	☐ Yes	☐ No		
xviii.	Remifentanil (mcg)	☐ Yes	☐ No		

5.8	In the last 24 hours of life is there documented evidence that a continuous intravenous infusion of medication was in place (includes patient controlled analgesia (PCA))? ☐ Yes ☐ No **If no go to 5.9**				
If yes to 5.8, specify **the medication** and the **dosage prescr**ibed and the **dosage administered** in the **IV/PCA** in the last 24 hours prior to the patient's death::					
	IV/PCA medication name			Specify the **prescribed dosage in the last 24 hours** (mgs/mcg):	Specify the **total administered dosage in the last 24 hours** (mgs/mcg):
i.	Alfentanil (mcg)	☐ Yes	☐ No		
ii.	Clonazepam (mcg)	☐ Yes	☐ No		
iii.	Cyclizine (mgs)	☐ Yes	☐ No		
iv.	Diamorphine (mgs)	☐ Yes	☐ No		
v.	Granisetron (mgs)	☐ Yes	☐ No		
vi.	Glycopyrronium (mgs)	☐ Yes	☐ No		
vii	Haloperidol (mgs)	☐ Yes	☐ No		
viii.	Hyoscine butylbromide (mgs)	☐ Yes	☐ No		
ix.	Hyoscine hydrobromide (mgs)	☐ Yes	☐ No		
x.	Ketamine (mgs)	☐ Yes	☐ No		
xi.	Levomepromazine (mgs)	☐ Yes	☐ No		
xii.	Methadone (mgs)	☐ Yes	☐ No		
xiii.	Metoclopromide (mgs)	☐ Yes	☐ No		
xiv.	Morphine (mgs)	☐ Yes	☐ No		
xv.	Midazolam (mgs)	☐ Yes	☐ No		
xvi.	Ondansetron (mgs)	☐ Yes	☐ No		
xvii.	Oxycodone (mgs)	☐ Yes	☐ No		
xviii.	Propofol (mgs)	☐ Yes	☐ No		
xix.	Remifentanil (mcg)	☐ Yes	☐ No		

SYMPTOM CONTROL (continued)			
5.9	In the last 24 hours of life is there documented evidence that any rectal medication was prescribed?	☐ Yes	☐ No
5.10	Is there documented evidence (from case-notes or prescription charts including electronic systems) that any of the medications the patient received were reviewed in the last 24 hours of life?	☐ Yes	☐ No
DRINKING AND ASSISTED HYDRATION			
No.	**Question**		
5.11	Was there a documented assessment of the patient's ability to drink in the last 24 hrs of life?	☐ Yes	☐ No
5.12	Is there evidence that the patient was supported to drink in the last 24 hours of life?	☐ Yes	☐ No
5.13	Was the patient drinking in the last 24 hours of life?	☐ Yes	☐ No
5.14	Was there a 'Nil By Mouth' order in place in the last 24 hours of life? **If no go to 5.15**	☐ Yes	☐ No

5.14i	**If yes to 5.14**, who made the decision for Nil By Mouth decision?		
	☐ Yes	☐ No	Consultant – palliative medicine
	☐ Yes	☐ No	Consultant – other specialty
	☐ Yes	☐ No	Non-consultant career grade doctor
	☐ Yes	☐ No	Palliative medicine doctor – Other
	☐ Yes	☐ No	Specialist registrar
	☐ Yes	☐ No	Junior (trainee) doctor
	☐ Yes	☐ No	CNS - palliative care nurse
	☐ Yes	☐ No	CNS – other specialty
	☐ Yes	☐ No	Ward sister
	☐ Yes	☐ No	Staff nurse
	☐ Yes	☐ No	Healthcare assistant
	☐ Yes	☐ No	Speech and language therapist
	☐ Yes	☐ No	Dietician
	☐ Yes	☐ No	Pharmacist
	☐ Yes	☐ No	Patient
	☐ Yes	☐ No	Other

5.14ii	Was there a documented reason for the nil by mouth decision?	☐ Yes ☐ No
5.14iia	**If yes to 5.14ii**, what was the reason for the nil by mouth decision: ☐ Patient too drowsy/ill ☐ Patient unable to swallow ☐ Patient did not want to ☐ Other	
5.14ii	**If yes to 5.14**, was the patient informed about the 'Nil by Mouth' decision?	☐ Yes ☐ No
5.14iv	**If yes to 5.14**, were people important to the patient informed about the 'Nil by Mouth' decision?	☐ Yes ☐ No
5.15	Is there documented evidence that an assessment regarding the patient's need for Clinically Assisted (artificial) Hydration (CAH) was made at any time between the time of the final admission and death?	☐ Yes ☐ No
5.16	Is there documented evidence that a discussion regarding drinking and need for assisted forms of hydration was undertaken **with the patient** in the time between the final date of admission and of death?	☐ Yes ☐ No

DRINKING AND ASSISTED HYDRATION (continued)			
If no to 5.16, were any of the following reasons documented as to why discussion regarding drinking and need for assisted forms of hydration did not take place? **Tick one option**			
5.16i	☐ The patient displayed a longstanding lack of mental capacity (e.g. dementia) for the issue of drinking and hydration ☐ The patient displayed an acute lack of mental capacity (e.g. delirium) for the issue of drinking and hydration ☐ Patient semi-conscious or unconscious ☐ Patient had asked not be involved in this discussion ☐ The patient was taking oral fluids up until death ☐ No reason recorded ☐ Other		
5.16ia	If 'Other', please specify		
5.17	Is there documented evidence that a discussion regarding hydration needs was undertaken with the nominated relative or friend or the nominated Independent Mental Capacity Advocate (IMCA), or LPA personal welfare at any time between the time of the final admission and death?		☐ Yes ☐ No
5.17i	If **no**, were any of the following reasons documented as to why discussion did not take place?	☐ Attempts to contact them were unsuccessful ☐ IMCA unavailable ☐ LPA personal welfare ☐ Nothing recorded ☐ Other	
5.17ia	If 'Other', please specify		
5.18	In the last 24 hours before the patient's death, was clinically assisted (artificial) Hydration (CAH) in place?		☐ Yes ☐ No
5.18i	If **yes**, what was the route?	☐ SC ☐ NG ☐ PEG ☐ IV	
EATING AND ASSISTED NUTRITION			
5.19	Was there a documented assessment of the patient's ability to eat in the last 24 hours of life?		☐ Yes ☐ No
5.20	Is there evidence that the patient was supported to eat in the last 24 hours of life?		☐ Yes ☐ No
5.21	Was the patient eating in the last 24 hours of life?		☐ Yes ☐ No
5.22	Is there documented evidence that an **assessment** regarding the patient's need for Clinically Assisted (artificial) Nutrition (CAN) was made at any time between the time of the final admission and death?		☐ Yes ☐ No
5.23	Is there documented evidence that a discussion regarding eating and need for assisted forms of nutrition was undertaken **with the patient** in the time between the final date of admission and of death?		☐ Yes ☐ No

EATING AND ASSISTED NUTRITION (continued)		
If no to 5.23, were any of the following reasons documented as to why discussion regarding eating and need for assisted forms of nutrition did not take place? **Tick one option**		
5.23i	☐ The patient displayed a longstanding lack of mental capacity (e.g. dementia) for the issue of eating and nutrition ☐ The patient displayed an acute lack of mental capacity (e.g. delirium) for the issue of eating and nutrition ☐ Patient semi-conscious or unconscious ☐ Patient had asked not be involved in this discussion ☐ Patient was eating up until death ☐ No reason recorded ☐Other	
5.23ii	If 'Other', please specify	
5.24	Is there documented evidence that a discussion regarding nutrition needs was undertaken with the nominated relative or friend or the nominated Independent Mental Capacity Advocate (IMCA), or LPA personal welfare at any time between the time of the final admission and death?	☐ Yes ☐ No
5.24	**If no to 5.26**, were any of the following reasons documented as to why discussion did not take place?	i) ☐ Attempts to contact them were unsuccessful ii) ☐ IMCA unavailable iii) ☐ LPA personal welfare iv) ☐ Nothing recorded v) ☐Other
5.24a	If 'Other', please specify	
5.25	At the time of the patient's death was clinically assisted (artificial) Nutrition (CAN) in place?	☐ Yes ☐ No
5.25i	If yes, what was the route?	☐ NG ☐ PEG ☐ IV

SPRITUAL, CULTURAL, RELGIOUS AND PRACTICAL NEEDS		
5.26	Is there documented evidence within the last episode of care of discussion regarding the patient's spiritual / cultural / religious / practical needs with patients who were capable of participating in such discussions?	☐ Yes, to the patient ☐ Yes, to the nominated person important to the patient as a proxy for the patient ☐ No to the patient or the nominated person important to the patient as a proxy for the patient ☐ There was no nominated person important to the patient ☐ Attempts were made to contact the nominated person important to the patient but were unsuccessful
5.26i	Were the spiritual/cultural/religious/practical needs of the patient, as identified from the discussion in question 5.26, met?	☐ Yes ☐ No

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INDIVIDUAL PLAN OF CARE		
5.27	Is there documented evidence that the team were aware of an individual plan of care for the person that is dying?	☐ Yes ☐ No
5.27i	If yes to 5.29, was this followed?	☐ Yes ☐ No
5.27ia	If no to5.29i, please state the main reason why the individual plan of care was not followed?	
5.27ii	If yes to 5.27, was this reviewed?	☐ Yes ☐ No
5.28	During the last 24 hours of the patient's life, how many times was it documented that the patient's condition was reviewed by a doctor or nurse?	Number ______________
CARE IMMEDIATELY PRIOR TO AND AFTER DEATH		
5.29	Is there documented evidence of care of the patient immediately prior to or at the time of death?	☐ Yes ☐ No
5.30	Is there documented evidence of care of the patient immediately after death	☐ Yes ☐ No