|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Local logo |  | Patient name: |  |
| NHI: |  |
| DoB: |  |

# Home care in the last days of life

Complete at least once a day with the help of your nurse or doctor if needed.  
Use the ACE codes in the boxes. Health professionals initial entries at the end of this care plan.

|  |  |  |  |
| --- | --- | --- | --- |
| **A C E codes:** | **A = All good** Issue is being managed well or is not a problem | **C = Change of care made** Have needed to make a change to care but everything is under control | **E = Extra help requested** Treatment is not working and is causing concern |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Domains and goals** | **Date** | / / | / / | / / | / / |
| **Time** |  |  |  |  |
| **Te taha tinana – *Physical health*** | | | | | |
| **Pain**  The person is comfortable when resting and during any movement. They have told you if they can that they are not sore, achy or in pain. | |  |  |  |  |
| **Restless, muddled or agitated**  You think the person is settled and not confused or distressed. | |  |  |  |  |
| **Noisy breathing**  The person is breathing comfortably and is not making noises that they or you find upsetting. | |  |  |  |  |
| **Nausea and vomiting**  The person tells you that they are not feeling queasy or want to be sick.  They have not vomited. | |  |  |  |  |
| **Breathlessness**  The person tells you (and it appears) that their breathing is comfortable.  *Note: It is normal for breathing to change a little at this time.* | |  |  |  |  |
| **Other symptoms**  There any no other symptoms causing distress or concern. | |  |  |  |  |
| **Mouth care**  The person tells you that their mouth is comfortable and it looks moist and clean. | |  |  |  |  |
| **Going to the toilet**  Opening bowels and passing urine are not difficult or painful.  Constipation, faecal impaction, diarrhoea, urinary retention, etc, may be managed with pads, catheters, stoma bags, bottles or bed pans. | |  |  |  |  |

| **Home care in the last days of life** | Person’s name: |  |
| --- | --- | --- |
| DoB: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **A C E codes:** | **A = All good** Issue is being managed well or is not a problem | **C = Change of care made** Have needed to make a change to care but everything is under control | **E = Extra help requested** Treatment is not working and is causing concern |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Domains and goals** | **Date** | / / | / / | / / | / / |
| **Time** |  |  |  |  |
| **Te taha tinana – *Physical health*** | | | | | |
| **Mobility/pressure injury prevention**  Turning in bed is being managed without distress.  The person’s skin is not broken or red and any dressings are in place. | |  |  |  |  |
| **Hygiene/skin care**  The person is kept clean and comfortable, with the help of carers if needed. | |  |  |  |  |
| **Food/fluids**  You and the person are happy with the plan for managing their food or fluid intake.  *Note: This may be the occasional sip of drink or teaspoon of food, or for many people, this may mean no intake at all.* | |  |  |  |  |
| **Te taha hinengaro – *Psychological / mental health*** | | | | | |
| **Emotional support**  Any emotional concerns, such as anxiety, are being attended to. | |  |  |  |  |
| **Cultural**  Any cultural preferences are being respected. | |  |  |  |  |
| **Te taha wairua – *Spiritual health*** | | | | | |
| **Addressing spiritual needs**  The person feels confident that their spiritual or religious needs are being met adequately and they have contact with any spiritual advisors as required. | |  |  |  |  |
| **Te taha whānau – *Extended family health*** | | | | | |
| **Emotional support**  The person’s family/whānau is receiving enough support and guidance to continue caring. | |  |  |  |  |
| **Practical support**  The family/whānau is receiving enough help and has contact numbers to refer to if needed. | |  |  |  |  |
| **Cultural support**  This is available if needed and visitors are respectful of the cultural preferences of the family/whānau. | |  |  |  |  |
| **Communication**  Conversations about to what to expect occur whenever the family/whānau require them. | |  |  |  |  |
| **Nurse initials (covers all entries)** | |  |  |  |  |