

RURAL MID NORTH COAST PALLIATIVE CARE PROJECT

Modified "Liverpool End-of-Life Care Base Audit Tool"

Patient Identifier

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Chart review date: ___/___/___

Reviewer: _____

Centre Name: _____

Hospital Home RACF

DOB:

AGE:

GENDER: Male Female

Admission Date: ___/___/___

Death Date: ___/___/___

1. DIAGNOSIS

Primary Diagnosis	YES	NO	ICD - Code			
Cancer						
Cognitive impairment						
Cardiac						
Respiratory						
Neurological						
Musculoskeletal						
Respiratory						
Other						

Secondary Diagnosis	YES	NO	ICD - Code			
Cancer						
Cognitive impairment						
Cardiac						
Respiratory						
Neurological						
Musculoskeletal						
Respiratory						
Other						

2. DO NOT FOR RESUSCITATE (DNR) ORDERS

- 2.1 Documented DNR orders? Yes No No data
- 2.2 Scope of the DNR order defined and documented? Yes No No data
- 2.3 Documentation of discussion DNR order with patient Yes No No data
- 2.3 Documentation of discussion DNR order with family Yes No No data
- 2.4 If DNR not discussed, reason documented? Yes No No data
- 2.5 Documented advance care plan Yes No No data

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3. PHYSICAL CARE

3.1 Classes of medication use 72 hours prior to death

- Alimentary system
 - Cardiovascular system
 - Central Nervous System
 - Analgesics
 - Musculoskeletal system
 - Endocrine
 - Genitourinary
 - Infections
 - Neoplastic disorders
 - Respiratory system
 - Other
- Hyperacidity, reflux & ulcers
 - Anti-spasmodic
 - Laxatives
 - Antihypertensive
 - Beta blockers
 - Diuretics
 - Anti-coagulants
 - Anti-angina
 - Anti-arrhythmic
 - Inotropic
 - Vassopresser
 - Other
 - Sedatives
 - Anti-anxiety agents
 - Antipsychotic agents
 - Antidepressants
 - Anticonvulsant
 - Anti-emetic
 - Narcotics
 - Simple
 - Combination
 - Adjuvant analgesics
 - NSAID
 - Gout
 - Muscle relaxants
 - Insulin
 - Adrenal Steroid hormones
 - Pituitary hormones
 - Alkalinizes
 - Antibiotics
 - Antifungal
 - Antiviral
 - Chemotherapy
 - Non-cytotoxic and supportive therapy
 - Expectorants
 - Bronco spasm
 - Aerosols & inhalations
 - Hyoscine
 - Other
 - Immunology
 - Allergic
 - Antihistamines
 - Eye
 - Ear, nose & throat
 - Skin
 - Nutrition

3.1.1

Total number of medications in use at 72 hours

3.2 Classes of medication use 24 hours prior to death

- Alimentary system
 - Cardiovascular system
 - Central Nervous System
 - Analgesics
 - Musculoskeletal system
 - Endocrine
 - Genitourinary
 - Infections
 - Neoplastic disorders
 - Respiratory system
 - Other
- Hyperacidity, reflux & ulcers
 - Anti-spasmodic
 - Laxatives
 - Antihypertensive
 - Beta blockers
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 - Anti-coagulants
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 - Aerosols & inhalations
 - Hyoscine
 - Other
 - Immunology
 - Allergic
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 - Ear, nose & throat
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 - Nutrition

3.2.1

Total number of medications in use at 24 hours

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- 3.3 Was the person still able to swallow at 72 hours? Yes No Not Appropriate No data
- 3.4 Was the person still able to swallow at 24 hours? Yes No Not Appropriate No data
- 3.5 Non-essentials medications discontinued at 72 hours? Yes No Not Appropriate No data

3.6 The classes of drug ordered **regular s/c** during last 72 hours:

Key: Midazolam & Clonazepam = sedative,

Lorazepam = anti-anxiety

- Analgesics Narcotics Central Nervous System Anti-anxiety Anti-psychotic
- Sedatives Anti-emetic Endocrine Adrenal steroid hormones Anti-muscarinics Other

3.7 The classes of drug ordered **prn s/c** during last 72 hours:

- Analgesics Narcotics Central Nervous System Anti-anxiety Anti-psychotic
- Sedatives Anti-emetic Endocrine Adrenal steroid hormones Anti-muscarinics Other

3.8 Were the following interventions discontinued?

- 3.8.1 Blood Tests Yes & date:/...../..... No Not Applicable No data
- 3.8.2 Antibiotics Yes & date:/...../..... No Not Applicable No data
- 3.8.3 Intravenous Fluids Yes & date:/...../..... No Not Applicable No data
- 3.8.4 Monitoring BSL Yes & date:/...../..... No Not Applicable No data
- 4.8.5 Taking vital signs Yes & date:/...../..... No Not Applicable No data

4 CARE PREFERENCE

- 4.1 Were instructions re: do not transfer to hospital documented? Yes No No data
- 4.2 Was the patient's care reviewed by the palliative care team? Yes No No data
- 4.3 Was the patient's care reviewed at a multidisciplinary team meeting? Yes No No data

5 PSYCHOSOCIAL NEEDS

- 5.1 Patient aware of diagnosis? Yes No Not Applicable No data
- 5.2 Patient aware s/he is dying? Yes No Not Applicable No data
- 5.3 NOK aware patient is dying? Yes No Not Applicable No data
- 5.4. Patients GP aware that patient is dying Yes No Not Applicable No data
- 5.5. Patients plan of care discussed with family/others Yes No Not Applicable No data
- 5.6. Identified how family/others were to be contacted? Yes No Not Applicable No data
- 5.7 Patients spiritual needs assessed Yes No Not Applicable No data
- 5.8 Patients spiritual goals identified Yes No Not Applicable No data

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SECTION 2: ONGOING ASSESSMENTS

6 Symptom assessment and management

6.1 PAIN

- 6.1.1 Did the patient have episodes of pain? Yes No N/A, go to Q 9.2
- 6.1.2 Was a pain assessment tool used? Yes No No data
- 6.1.3 Was pain assessed every 4 hours/visit? Yes No No data
- 6.1.4 Was the patient given regular analgesics? Yes No No data
- 6.1.5 Were there episodes of uncontrolled pain? Yes No No data
- 6.1.6 Was break through analgesia given at this time? Yes No No data

6.2 NAUSEA AND/OR VOMITING

- 6.2.1 Did the patient have episodes of nausea/vomiting? Yes No N/A, go to Q 9.3
- 6.2.2 Was nausea & vomiting assessed each shift/visit? Yes No No data
- 6.2.3 Were there episodes of nausea/vomiting? Yes No No data
- 6.2.4 Was prn anti-emetic given at this time? Yes No No data

6.3 CONFUSION/DELIRIUM

- 6.3.1 Did the patient have episodes of confusion/delirium? Yes No N/A, go to Q 9.4
- 6.3.2 Was confusion/delirium assessed each shift/visit? Yes No No data
- 6.3.2 Were there episodes of confusion/delirium? Yes No No data
- 6.3.3 Was prn anti-psychotic given at this time? Yes No No data

6.4 RESTLESSNESS/AGITATION

- 6.4.1 Did the patient have episodes of restlessness/agitation? Yes No N/A go to Q 9.5
- 6.4.2 Assessment of restlessness/agitation each shift/visit? Yes No No data
- 6.4.3 Were there episodes of restlessness/agitation? Yes No No data
- 6.4.4 Other possible causes considered? Yes No No data
- 6.4.5 Was prn sedation given at this time? Yes No Not data

6.5 RESPIRATORY TRACT SECRETIONS

- 6.5.1 Did the patient have episodes of excessive secretions? Yes No N/A, go to Q 9.6
- 6.5.2 Assessment of secretions each shift? Yes No No data
- 6.5.2 Were there episodes of excessive secretions? Yes No No data
- 6.5.3 Was prn anti-cholinergic given at this time? Yes No No data

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9 NOTES