CARE 24/7
HEALTHCARE

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End-of-Life Care Strategy - Maintenance of Service User Health & Assessment of Needs

SERVICE USER		
Surname:	**First Name(s):**	**Title:**
Wishes to be known as:		**Service User Ref. No:**

A: D.O.L. AVOIDANCE - *PRELIMINARY ASSESSMENT FOR CARE PLAN*

			✓	Observation / Need
1	PAIN RELIEF & MEDICATION:			
	1.1	ACTIONS CAUSING PAIN:		
		Body Movement	☐	
		Eating and drinking	☐	
		Elimination (urine / faeces)	☐	
		Taking a deep breath	☐	
		Cyclic pain (regularly comes and goes)	☐	
		When at rest or comfortable	☐	
	1.2	MEDICATION FOR PAIN RELIEF:	☐	
	1.3	METHOD OF ADMINISTRATION:	☐	
		Orally - Tablets	☐	
		Orally - Liquids / syrups	☐	
		Skin contact - ointments	☐	
		Skin contact - Transdermal patches	☐	
		Injections when required	☐	
		Injections over 24-hours (syringe pump)	☐	
		Other (specify)	☐	
	1.4	POSSIBLE SIDE-EFFECTS:	☐	

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2		COMMON SYMPTOMS AT END-OF-LIFE:	✓	Observation / Need
	2.1	BREATHLESSNESS:		
		Assess environment	☐	
		Drug therapy, and if so, which?	☐	
		Relaxation therapies?	☐	
		Posture & ergonomics	☐	
	2.2	TIREDNESS, LETHARGY, LACK OF ENERGY:	☐	
		Organisation of lifestyle	☐	
		Frequent rests	☐	
	2.3	CONSTIPATION	☐	
		Symptoms	☐	
		Laxatives, and if so, which?	☐	
		Diet	☐	
	2.4	POSSIBLE SIDE-EFFECTS:	☐	
	Measures taken to boost appetite:			
	2.5	NAUSEA & VOMITING:		
		Medication side-effects		
		Other medical problems		
	2.6	MOUTH PROBLEMS:		
		Oral hygiene / Ability to clean teeth		
		Denture fitting		
		Infections		

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3	EATING & DRINKING:		✓	Observation / Need
	3.1	PHYSIOLOGICAL:		
		Mouth problems	☐	
		Constipation	☐	
		Infections	☐	
		Depressed / frightened / tired	☐	
		Medication depressing appetite	☐	
		Pain depressing appetite	☐	
		Problems sudden or gradual?	☐	
	3.2	DIFFICULTIES IN EATING OR DRINKING:	☐	
		Takes a long time to finish a meal	☐	
		Lack of oral control (food dribbles etc)	☐	
		Stores food in the mouth	☐	
		Coughing / spluttering during or after meal	☐	
	3.3	ENVIRONMENT:	☐	
		Noisy	☐	
		Crowded / lack of privacy	☐	
		Comfortable sitting position	☐	
		Right amount of physical support	☐	
		Reliance upon special cutlery / crockery	☐	
	3.4	FOOD QUALITY & QUANTITY:	☐	
		Portions too large or too small	☐	
		Food looks / smells appetising	☐	
		Food consistency (puree, cut up small etc)	☐	

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4	MOBILITY:		✓	Observation / Need
	4.1	RELUCTANCE TO MOVE ABOUT:		
		Sensory problems	☐	
		Recent trauma	☐	
		Physical disabilities (arthritis, etc)	☐	
		Infection	☐	
		Medication affecting balance / movement	☐	
		Depressed / frightened / confused	☐	
		Breathlessness when moving	☐	
	4.2	DIFFICULTIES IN MOVING:	☐	
		Long time to walk a short distance	☐	
		Limps or other mannerisms when walking	☐	
		Staggering / losing balance	☐	
		Walks around unseen objects on floor	☐	
		Hesitates at changes in floor surfaces	☐	
		Bumps into doors or walls	☐	
	4.3	ENVIRONMENT:	☐	
		Noisy	☐	
		Crowded / lack of privacy	☐	
		Chair at right height to get out of	☐	
		Wearing suitable footwear	☐	
		Flooring surfaces	☐	
		Walking aids	☐	
		Ambient temperature too hot or too cold	☐	

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5		COMPLEMENTARY THERAPIES:	✓	Observation / Need
	5.1	TYPES OF THERAPY:		
		Reflexology	☐	
		Acupuncture	☐	
		Aromatherapy	☐	
		Hypnotherapy	☐	
		Relaxation techniques	☐	
		Homeopathy	☐	
		Meditation	☐	
		Visualisation	☐	
	5.2	POSSIBLE EFFECTS:	☐	
		Relaxation of muscles?	☐	
		Relief of constipation or other symptoms?	☐	
		Anxiety reduction?	☐	
		Circulation improved?	☐	
		Promotion of a felling of well-being?	☐	
		Reduction in stress?	☐	

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