

Palliative Home Visit Form

Background Information

A local GP has developed a form to support home visits with patients approaching end of life.

This form is intended to support end of life conversations with patients (and their families/carers) and it corresponds with some of the most important information (and associated codes) embedded within the EPaCCS template.

Relevant sections of the form would be completed, as part of any normal sensitive and timely conversations around Advance Care Planning. The form would then be returned to practice and handed to a member of the administration team, who also has access to the EPaCCS template and can help code information accordingly.

This process not only ensures that important information captured outside the practice is accurately reflected on the practice's EMIS system, it also allows two key things to happen:

1. Information is pulled through to the End of Life Care Summary View in EMIS.

This pre-configured clinical view allows you to see on one screen all relevant end of life information that has been recorded about a patient, not only within the practice, but also by all other professionals using EMIS and the same set of EPaCCS codes (i.e. community nursing teams, specialist palliative care teams, heart failure teams and St Luke's Hospice)

2. Information will be pulled through to an end of life tab in the Cheshire Care Record (due to go live in the summer of 2019).

This will allow hospital staff, mental health staff and social care staff, caring for these patients, to see this important information so they can use it to help inform decisions about patient care. There are plans to allow the North West Ambulance Service (NWAS) to access the Cheshire Care Record, so they too will be able to access this crucial information when visiting these patients in an emergency.

Palliative Care Home Visit Form

Name of Patient:	DOB:
Consent to share information: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Reason for notification (Please tick ✓ all that apply)		
<input type="checkbox"/> Advanced care plan in place	<input type="checkbox"/> DS1500	<input type="checkbox"/> DNAR
<input type="checkbox"/> Terminal Diagnosis	<input type="checkbox"/> Palliative Care Pathway	<input type="checkbox"/> Death expected within 7 Days
<input type="checkbox"/> Dementia/Cognitive Problem	<input type="checkbox"/> Drug Abuse/Misuse	<input type="checkbox"/> Domestic abuse risk
<input type="checkbox"/> Potentially Violent/Abusive	<input type="checkbox"/> Safeguarding Concern	<input type="checkbox"/> Other (please specify)

Next of Kin / Carer contact details (if applicable and appropriate to contact)					
Name		Relationship		Contact No	

Is patient aware of diagnosis	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Preferred Place of Care	Home <input type="checkbox"/> Hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Other <input type="checkbox"/>
Is patient aware of Prognosis	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Preferred Place of Death	Home <input type="checkbox"/> Hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Other <input type="checkbox"/>

End of Life			
Syringe Driver in Place	Yes <input type="checkbox"/> No <input type="checkbox"/>	Palliative drugs supplied	Yes <input type="checkbox"/> No <input type="checkbox"/>
If death is expected, do you undertake to sign the death certificate?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Is on GSF Palliative Care	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES please choose option below
GSF indicator – NB this can change	Please tick
GSF prognostic indicator stage A (blue) – year plus prognosis	
GSF prognostic indicator stage B (green) – months prognosis	
GSF prognostic indicator stage C (yellow) – weeks prognosis	
GSF prognostic indicator stage D (red) – days prognosis	
(GSF surprise question)	
Healthcare professional would not be surprised	Yes <input type="checkbox"/> No <input type="checkbox"/>

Form completed by Clinician		
Name		Date
For completion by Secretary/Admin		
	Please tick	Date
EPaCCS template added to records		
ERISS (uploaded to www.eriss.nhs.uk)		
GPOOH (local Out of Hours service informed)		
DN (attached DN team informed)		