



Health



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____ / ____ / ____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

Document 1
**INITIATING LAST DAYS OF LIFE:
 PAEDIATRIC AND NEONATAL-
 MANAGEMENT PLAN**

This document forms part of the patient's health care record. To be completed by the most senior available doctor or nurse. For additional guidance refer to the *Last Days of Life: Paediatric & Neonatal (LDOL: P&N) Guidance Document*.

Section A. Commencement of the LDOL: P&N Management Plan

Mandatory Criteria for the use of the LDOL: P&N Toolkit Yes

The patient has been comprehensively assessed to be dying, with death anticipated within hours to days	
AND The patient's current condition and proposed management aimed at comfort care only has been discussed with and agreed to by the patient's Admitting Medical Officer (AMO)	
AND Reversible causes for deterioration have been considered and further treatment for these deemed inappropriate	
AND The patient (where appropriate) and the parent/carer/family have been informed that the patient is in their last days of life. These discussions have been documented accordingly	
AND The patient's (where appropriate) and parent/carer/family's current or previously expressed wishes regarding end of life care have been considered	
AND The NSW Health Resuscitation Plan-Paediatric (SMR020.055) or equivalent documentation has been completed, including a decision that escalation of a rapid response system and acute resuscitation measures (including CPR) is inappropriate. (Document completion date of current resuscitation plan ____)	

Please sign to confirm that the patient meets the above mandatory criteria.

Print Name / Designation _____ Signature _____ Date: ____ / ____ / ____

Communication

Interpreter required No Yes Language _____

Current condition and the expectation that the child/neonate is in the last days of their life and this has been communicated to appropriate clinicians/teams caring for the child/neonate N/A No Yes

Referral to Specialist Paediatric Palliative Care (SPPC) No Yes

Other important considerations which will guide care (discuss with AMO if unsure): Yes or No

<ul style="list-style-type: none"> Appropriate setting for end of life care: Is it appropriate to consider transfer to die at home/hospice/ community residential facility or move to more appropriate location within the hospital? (Consider family preference, clinical and practical possibilities) Need for single room assessed or other ways to promote privacy for family considered? Coroners Case? (refer to NSW Health Policy Directive) Post mortem autopsy required? Organ and/or tissue donor considered? 	
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Section B. Management Planning to be completed by Medical Officer/delegated senior nurse

It may be necessary to complete this section in stages (review daily, date accordingly and document in the patient's health care record rationale). When completing this section refer to other documents in the *LDOL: P&N Toolkit e.g., Anticipatory Prescribing Recommendation, COSA: P&N and Symptom Management* guides.

Area of Assessment

<p>Medication review</p> <ul style="list-style-type: none"> Essential medications should be continued as tolerated. These may include medications that provide comfort or prevent adverse symptoms (e.g. seizure medications) Discontinuing non beneficial/non-essential medication should be reviewed and rationalised in discussion with parent/carer Anticipate emerging needs e.g. route of medication delivery and symptom <p>Medications reviewed and rationalised.</p> <p>Consider the most appropriate route of medications i.e., enteral/intravenous/subcutaneous. e.g. Plan in place if enteral route is not an option, or intravenous line tissues</p> <p>PRN parenteral medication ordered. Refer to the <i>LDOL: P&N Anticipatory Prescribing Recommendations</i> or contact a Specialist Paediatric Palliative Care Service for advice</p>	Signature/Date Document change in health care record
<p>Food and fluids:</p> <p>Consider the comfort of the neonate/child when determining a need for food/fluids/hydration. It is a normal dying response for a patient to have reduced or no food/fluid intake. N.B · Initiation or continuation of medical fluids and nutrition can contribute to excess secretions. · When a mother is breastfeeding or expressing breast milk, provide support to prevent pain and mastitis (Refer to <i>LDOL: P&N Managing Lactation & Breastfeeding Information Sheet</i>).</p>	
Review oral food/fluids/breast/bottle feeding and explain aspiration risk to patient/parent/carer if continued	
Review the need for assisted artificial nutrition/hydration.	



SMR060320

Holes Punched as per AS2828.1: 2019

BINDING MARGIN - NO WRITING

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Section B. Management Planning to be completed by Medical Officer/delegated senior nurse (cont.)

Investigations/Interventions:	Signature/Date Document change in health care record
Non-essential interventions ceased (e.g. vascular access, imaging, pathology, IV fluids, BGL)	

Observations:
 The *Comfort Observation & Symptom Assessment: Paediatric & Neonate (COSA: P&N)* chart usually replaces the Standard Paediatric Observation Chart (SPOC)/Standard Neonatal Observation Chart (SNOC) or other flowchart. However, the *COSA: P&N* does not preclude their use if there is an agreement between the treating team and parent/carer to assess standard observations.

Standard Paediatric Observation Chart (SPOC) or Neonatal Flow chart ceased.

COSA: P&N chart initiated

De-escalation of monitoring
 (Turning off monitors or lowering/turning off of alarms to be negotiated with patient/parent/carer).
 N.B alarm noise may be distressing for the patient.

COMFORT ASSESSMENT PLANNING

Cultural/Spiritual/Religious considerations	Signature/Date
Any needs and/or rituals related to dying and time after death identified and documented in the patient's health care record.	
Religious/Pastoral Care/Aboriginal Health Liaison Officer contacted where indicated and documented in health care record.	

Environmental considerations	
Visiting hours reviewed. Parent/carer/child preference for visitors discussed.	
Overnight arrangements including after-hours access, meals and parking discussed with parent/carer.	
Neonate/child has their favourite items with them (if possible) e.g. toys/music/electronics/books/ photographs/blankets/pillow). Consider environmental ways to de-medicalise/personalise room (lighting/music/smell/noise).	
Neonate/child has a parent/care/family present (if possible) to provide comfort and reassurance. For neonates/infants, ensure opportunities for bathing and Kangaroo cuddles.	

Memory/Legacy Making	
Memory/legacy making and creating memories are an important consideration. Involve patient (where appropriate) and family. Suggestions may include hand and footprints, photography (consider Heartfelt https://www.heartfelt.org.au), locks of hair. Include siblings when appropriate.	

Name of Medical Officer/ delegated senior nurse completing this page:

Print name: _____ Signature: _____

Designation: _____ Date: ____/____/____

LDOL: P&N Information sheets may be used to support clinician's discussion or be given to parent/carer
 N.B. Careful consideration should be given to the relevance and timing of provision
 Document in patient's health care record conversation and what follow up is required.

	Date & Person given to		Date & Person given to
Asking questions can help		When a child dies at home	
What happens in the last days of life?		When a child dies in hospital	
Medicines in the last days of life		Understanding your grief	
Taking a child home to die		Arranging a funeral for your baby	
Supporting someone who is caring for a dying child		Arranging a funeral for a child or adolescent	
Siblings and the last days of life		Managing Lactation & Breastfeeding	

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