

Supplementary 1 – Medical EOL Care Plan Template

BACKGROUND	
Rationale for EOL Care	
Approving Consultant	
Diagnosis / Problem List	
Cause of death (in event of demise)	
Preferred Place of Death	
ICD Deactivated? (Yes/No/NA)	
CARE Form Completed?	

VITALS
(Chart vitals here)

SYMPTOM ASSESSMENT	
Alertness	(alert/drowsy/lethargic but rousable)
Delirium	(behaviour chart, sleep)
Pain	(grimace, pain score, character, pain behaviour, infusion rate, usage of breakthrough medications)
Dyspnoea	(RR, usage of accessory muscles, secretions/rattle, infusion rate, use of breakthrough medications)
Constipation	(BO x ____ Type ____)
Others	(e.g. nausea)

PLANS	
Medication rationalisation	- (Consider stopping unnecessary medications and treatments) - (Consider stopping antibiotics if more likely to prolong dying rather than offer any meaningful chance of recovery)
Symptom management	- (Consider appropriate symptomatic medications for comfort)
Rationalisation of Monitoring & Interventions (CARE form, NGT, IDC, Blood-taking, Vitals monitoring and trigger)	- (Consider decreasing the frequency of parameters monitoring if unlikely to change management) - (Consider reducing blood-taking, BSL monitoring, documenting not for trigger)
Others	- (Consider discussing terminal discharge if preferred place of death is at home, and medically suitable)

COMMUNICATION	
Main spokesperson	
Details of communication	Date, Time