



## Daily Record. Date:.....

Any concerns about symptom management?

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How are hydration and nutrition needs being met:

Note: End of Life patients should not be left nil by mouth. Please discuss with supportive and palliative care team if you have concerns.

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Bowels last open?

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Daily family contact - document discussion

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Is the patient improving? Or have the family expressed any concerns?

Y/N
Seek medical review. If 'Yes'

Date commenced on Individual Care Plan for the Last Days of Life

Date:
This is day ..... since the start of the care plan

This care plan is still appropriate for the patient

Y/N
Seek medical review if 'No'

Any other observations/comments?  
Please use continuation sheet if necessary

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