

Discharge Summary End of Life Patients

Patient Details:	GP Details:
-------------------------	--------------------

This patient has been discharged from: _____

Patient is suitable for Gold Standards Framework Register Yes No

Please see below a discharge summary to inform the advance care planning of this patient following discharge

Advance Care Planning	Yes	No	Comments
Diagnosis and prognosis discussed with patient			
Diagnosis and prognosis discussed with family/carer			
Eligible for DS1500 (financial benefit)			
Hospital DNAR in place			
Home Oxygen in place			
Advance Care Plan:			
<ul style="list-style-type: none"> • Preferred Priorities of Care (PPC) document in place (please specify preferred place of care i.e. home) • Advance Decision to Refuse Treatment (ADRT) • Lasting Power of Attorney for Health & Welfare (LPA) 			
Social Care Input			
District Nurse Input			
Crossroads Palliative Service			
Clinical Nurse Specialist			
Specialist Palliative Care			
Blue community prescription completed and drugs supplied			
Discharged home on LCP			
Rapid Discharge Home			

Discharge Summary Completed on *(insert date)* _____ / _____ / _____

By: Name _____ Contact _____ Role _____

IMPORTANT MESSAGE:

This fax is confidential and may also be privileged. If you are not the intended recipient, please notify us immediately. You should not disclose the contents to any other person, nor should you copy it without appropriate authority.