

## Triggers to discuss resident at needs rounds

### One or more of:

1. You would not be surprised if the resident died in the next six months
2. Physical or cognitive decline or exacerbation of symptoms in the last month
3. No plans in place for last six months of life/no advance care plan
4. Conflict within the family around treatment and care options
5. Transferred to our facility for end of life care

### 1. Reviews

- Have all actions been implemented?
- Have any new symptoms or concerns emerged?
- Give positive feedback on actions that the staff managed well
- Decide if the resident should be kept on the specialist palliative care list, for on-going review

### 2. New Referrals

- What are the resident's diagnoses and co-morbidities?
- What are their palliative care needs (including physical, psychosocial and spiritual symptoms)?
- What are staff current concerns around treatment or goals of care?
- Who supports the resident outside the facility (e.g. family/friends)?
- Provide case-based education (e.g. recognising deterioration and dying, bowel management, pain assessment, talking to GPs)

### Actions

- Change medication?
- Organise current or anticipatory medications?
- Organise surrogate decision maker?
- Develop an advance care plan?
- Organise a case conference?
- External referrals (e.g. pastoral care, dementia support services, wound care)?
- Refer to specialist palliative care?