

Palliative and EOL discharge checklist

To be faxed to patients GP prior to discharge

Patients Name :
 NHS /Unit number :
 Home Address:
 Telephone number :
 NOK Name and Telephone :

Checklist	YES	No	Comment
DNAR completed and recorded in medical notes Red form given to patient/carer			
DNAR communication sheet faxed to GP			
Anticipatory palliative drugs prescribed			
District Nurse authorisation to administer drugs completed			
Patient recommended for GSF supportive care register			
Preferred place of care discussed : Please indicate patients PPC Home Hospital Community Hospital Hospice Other			
Does the patient have a Supportive Care Plan?			
Referral to District Nurse : D/N Name : contact number:			
Referral to palliative care community team/DMH Known to :			

Name:

Designation:

Signature:

Date: