

ELCOS End of Life Care Operational System



Prompts to aid practitioners in the development of an individualised care plan.

Should / may be years A	Could be last year B	Possibly months or weeks C	Probably last few days or hours D	First Days after Death and Bereavement
Holistic Assessment <input type="checkbox"/> Medical & Nursing Care Plan completed <input type="checkbox"/> Key worker nominated <input type="checkbox"/> (see <i>Keyworker Guidance</i>)	Holistic Assessment <input type="checkbox"/> Medical & Nursing Care Plan completed <input type="checkbox"/> Key worker nominated <input type="checkbox"/> (see <i>Keyworker Guidance</i>)	Holistic Assessment <input type="checkbox"/> Medical & Nursing Care Plan completed <input type="checkbox"/> Symptom management <input type="checkbox"/> Key worker nominated <input type="checkbox"/> (see <i>Keyworker Guidance</i>)	Holistic Assessment <input type="checkbox"/> Medical & Nursing Care Plan completed <input type="checkbox"/> Symptom management <input type="checkbox"/> Key worker nominated <input type="checkbox"/> (see <i>Keyworker Guidance</i>)	Verification of death <input type="checkbox"/> Care of the Dying Plan completed <input type="checkbox"/> Certification of death <input type="checkbox"/> Key worker nominated <input type="checkbox"/> (see <i>Keyworker Guidance</i>)
Advance Care Planning: Offered <input type="checkbox"/> Completed <input type="checkbox"/> Declined <input type="checkbox"/>	Advance Care Planning: Offered <input type="checkbox"/> Completed <input type="checkbox"/> Reviewed <input type="checkbox"/> Declined <input type="checkbox"/>	Advance Care Planning: Offered <input type="checkbox"/> Completed <input type="checkbox"/> Reviewed <input type="checkbox"/> Declined <input type="checkbox"/>	Advance Care Planning: Offered <input type="checkbox"/> Completed <input type="checkbox"/> Reviewed <input type="checkbox"/> Declined <input type="checkbox"/>	Bereavement support offered to Relatives <input type="checkbox"/> Staff <input type="checkbox"/> Other residents <input type="checkbox"/>
Prognostic indicators suggest possibly entering last year <input type="checkbox"/> (see <i>Prognostic Indicator Guidance</i>)	Patient identified and added to GP Register <input type="checkbox"/> Care Homes Register <input type="checkbox"/>	GP register updated <input type="checkbox"/> Care Home updated <input type="checkbox"/>	Multidisciplinary Team, patient and family agree decision to commence Care of the Dying Plan. <input type="checkbox"/>	Signpost relative to bereavement counselling services if necessary <input type="checkbox"/>
Decisions agreed and communicated to patient and relatives/carers. Needs reviewed <input type="checkbox"/> Needs addressed <input type="checkbox"/>	Decisions agreed and communicated to patient and relatives/carers. Needs reviewed <input type="checkbox"/> Needs addressed <input type="checkbox"/>	Decisions agreed and communicated to patient and relatives/carers. Needs reviewed <input type="checkbox"/> Needs addressed <input type="checkbox"/>	Decisions agreed and communicated to patient and relatives/carers. Needs reviewed <input type="checkbox"/> Needs addressed <input type="checkbox"/>	Decisions agreed and communicated to relatives/carers. Needs reviewed <input type="checkbox"/> Needs addressed <input type="checkbox"/>
Appropriate leaflets given to patients & family <input type="checkbox"/>	Appropriate leaflets given to patients & family <input type="checkbox"/>	Appropriate leaflets given to patients & family <input type="checkbox"/>	Appropriate leaflets given to patients & family <input type="checkbox"/>	Offer bereavement leaflet <input type="checkbox"/>

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Equipment assessment Needs reviewed <input type="checkbox"/> Needs addressed <input type="checkbox"/>	Equipment assessment Needs reviewed <input type="checkbox"/> Needs addressed <input type="checkbox"/>	Equipment assessment Needs reviewed <input type="checkbox"/> Needs addressed <input type="checkbox"/>	Equipment assessment Needs reviewed <input type="checkbox"/> Needs addressed <input type="checkbox"/>	Ensure all equipment is collected <input type="checkbox"/> Advise family on safe disposal/ return of medication <input type="checkbox"/>
		Request assessment: GP <input type="checkbox"/> DN <input type="checkbox"/> Other <input type="checkbox"/>	GP assessment requested <input type="checkbox"/>	Notify all health and social care professionals involved in the care of the patient <input type="checkbox"/> Ambulance Service updated <input type="checkbox"/>
		DNAR-CPR status considered, documented and communicated. <input type="checkbox"/> Ambulance service updated <input type="checkbox"/>	Symptoms addressed and actioned as per Care of the Dying Plan/ local medication guidelines <input type="checkbox"/>	Significant Event Analysis. Complete post death information audit form <input type="checkbox"/>
		Update: GP OOH service <input type="checkbox"/> District Nurses <input type="checkbox"/>	Update: GP OOH service <input type="checkbox"/> District Nurses <input type="checkbox"/>	
		Review targets, medication and therapies discontinue non-essential medications when appropriate <input type="checkbox"/>	Review targets, medication and therapies discontinue non-essential medications when appropriate <input type="checkbox"/>	
		Anticipatory prescribing considered. <input type="checkbox"/> Actioned <input type="checkbox"/> Obtain/ source Syringe Driver <input type="checkbox"/>	Anticipatory prescribing considered. <input type="checkbox"/> Actioned <input type="checkbox"/>	