

# Palliative Care Case Conference Summary - Residential Care

Insert name of your organisation

Full name of resident: \_\_\_\_\_

DOB (DD/MM/YY): \_\_\_\_\_

Purpose of Case Conference: \_\_\_\_\_

## Resident consent/substitute decision-maker (SDM) consent

My care provider has explained the purpose of a case conference and I give permission for my care provider to prepare a case conference. I give permission to the providers listed below to participate in the case conference and discuss my/my family member's medical history, diagnosis, and current needs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dial-in telephone number: \_\_\_\_\_ Code: \_\_\_\_\_

Resident in attendance? Yes  No  If no, give reason: \_\_\_\_\_

### Family Members

Name	Relationship	Attending in person (P) or teleconference (T)
		<input type="checkbox"/> P <input type="checkbox"/> T
		<input type="checkbox"/> P <input type="checkbox"/> T
		<input type="checkbox"/> P <input type="checkbox"/> T
		<input type="checkbox"/> P <input type="checkbox"/> T
		<input type="checkbox"/> P <input type="checkbox"/> T

### Health and Care Professionals

Name	Discipline/Position	Attending in person (P) or teleconference (T)
		<input type="checkbox"/> P <input type="checkbox"/> T
		<input type="checkbox"/> P <input type="checkbox"/> T
		<input type="checkbox"/> P <input type="checkbox"/> T
		<input type="checkbox"/> P <input type="checkbox"/> T
		<input type="checkbox"/> P <input type="checkbox"/> T

# Palliative Care Case Conference

## Summary - Residential Care (continued)

Start time: \_\_\_\_\_

Need (as appropriate)

Key Issues	Description
<p><b>Advance care plan</b></p> <p>Does this need to be reviewed? Does the person understand their diagnosis/prognosis?</p>	
<p><b>Symptoms</b></p> <p>For example: fatigue, anorexia, pain, nausea, dyspnoea, dysphagia</p>	
<p><b>Social/psychological needs</b></p> <p>For example: isolation, anxiety, depression What supports are being provided? What supports are needed?</p>	
<p><b>Assessments/investigations</b></p> <p>Can the resident manage ADL's (Activities of Daily Living)? Do they need additional support?</p>	
<p><b>Carer/Family issues or needs</b></p>	
<p><b>Other</b></p> <p>For example: general issues, housing issues, financial issues</p>	

# Palliative Care Case Conference

## Summary - Residential Care (continued)

### Agreed Action Plan

Goal	Actions	Key Person(s) Responsible	Description

# Palliative Care Case Conference Summary - Residential Care (continued)

Time completed: \_\_\_\_\_

General Practitioner: \_\_\_\_\_

Tick appropriate box

- Original placed in the resident's clinical notes
- Copy provided to all participants
- Copy sent to GP
- Resident's care plan and assessment reviewed and updated

## Palliative Care Case Conference Facilitator

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (DD/MM/YY): \_\_\_\_\_