

# Staff Communication Sheet:

Organisation: \_\_\_\_\_

## Palliative Care Case Conference

A palliative care case conference has been organised for:

Name of resident/client: \_\_\_\_\_

Case conference date (dd/mm/yy): \_\_\_\_\_ Start time: \_\_\_\_\_

Location: \_\_\_\_\_

As valuable members of the care team your contribution to the case conference is important. Please list below any issues, concerns or suggestions you would like mentioned. Common issues include review of symptoms (e.g. pain, dyspnoea), concerns with nutrition or hydration, family issues, emotional concerns of the resident. If you are available and would like to attend the case conference, please contact the Case Conference Facilitator:

Name of Facilitator: \_\_\_\_\_

Issue, concern or suggestion. Please be as specific as possible.	Designation