NHS END OF LIFE CARE

Peace Plan for End of Life Care

Patient Name: _____

NHS Number: _____

Date Completed: _____

Reviewed By: _____

1. What Matters Most to Me

■ Being comfortable and pain free

■ Being at home

■ Being with family/friends

■ Maintaining dignity and privacy

■ Spiritual or religious support

■ Other

2. Preferred Place of Care

■ Home

■ Care Home

■ Hospice

■ Hospital

■ No Preference

Comments: _____

3. Comfort Measures

■ Pain relief

■ Breathlessness

■ Anxiety

■ Nausea

■ Mouth care

■ Positioning

■ Sleep

4. Communication Preferences

■ Honest and open discussions

■ Family involved in decisions

■ Information shared with nominated representative

5. Advance Care Planning

■ ReSPECT form completed

■ DNACPR in place

■ Lasting Power of Attorney

■ Advance Decision to Refuse Treatment

Location of documents: _____

Patient/Representative Signature: _____

Staff Signature: _____