PALLIATIVE / COMFORT CARE CHECKLIST

## This checklist can be used for any infant who is:

## Acutely unwell and at high risk of dying OR

## In the process of dying OR

## Has an unsurvivable illness AND/OR

## Has a gradually deteriorating clinical status

All areas should be regularly reviewed with the family and responsible Consultant and documentation in the medical and nursing notes. This checklist is to be used in conjunction with the All Wales PAC-Plan.

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| Key Area | Considerations | Date  Signature |
| Discussion with parents | Document discussion between senior clinician and family  Offer referral to Childrens hospice and local palliative care team – this can be solely for bereavement support and sibling support if all other needs are being met locally or for wider support.  Discuss and document key priorities for parents including religious requirements, rituals and/or blessings  Explore wishes for extended family to visit  Consider Organ Donation (see guidance and consult with SNOD) |  |
| Pain relief | Use pain score and explore options for analgesia  Ensure environment is suitable and explore non-pharmacological interventions which may ease symptoms eg. Positioning, swaddling, parental hold, sucrose, buccal breast milk etc. |  |
| Other symptom control | See APPM formulary for specific pharmacological agents  Consider treatment of excessive secretions, seizures, vomiting, muscle spasms  Consider specialist advice from Paediatric Palliative Medicine Consultant |  |
| Monitoring | Consider *Removal* of invasive or electrical monitoring  *Replacement* of continuous monitoring with intermittent assessments  *Rescinding* unnecessary tests |  |
| Fluids and nutrition | Discuss and document feeding decisions with COMFORT as key aim  Consider method of delivery and balance NEED with INVASIVENESS |  |
| Ventilation and Oxygen | Discuss and document continued support.  If planned extubation/cessation of respiratory support consider parental wishes in terms of time and place.  Ensure a parallel plan is in place (using PAC-plan) |  |
| Further investigations | Consider need for further diagnostic investigations – e.g. need for perimortem samples, post-mortem examination or imaging |  |
| Escalation of treatment | Discuss appropriate treatment ceilings and document using PAC-Plan. Detail which treatments are deemed inappropriate including reasons and date. |  |
| Resuscitation status | If appropriate, especially if infant to be transferred, consider documenting “to allow natural death” once discussed with family.  Consider location of care –could hospice/home be an option? See transfer pathway. |  |
| Support for parents | Priorities for before and after death (such as bathing, clothes, blessings, making memories, sibling visiting)  Preferred place after death, consider use of cold cot  Plan for long term bereavement support  Breastfeeding cessation advice  Sibling support  Financial support  Support from charities |  |