**Palliative Care MDTs**

**Generate patient list for discussion**

(see Guide for how to do this)

**Care-Coordinator / Palliative Coordinator to review list**

**and highlight those without appropriate stage action** (refer to EoLC model / poster)

* To complete grid prior to MDT
* Coordinate with professionals for any concern patients or those not there to complete proforma for patients they need discussing

**Patients to discuss**

**Amber Category Patients**

* Any issues? needing referral to DN (have they been fasttracked)
* DNACPR status
* ACP sections completed
* Anticipatory drugs prescribed? Indicated
* Symptoms and management

**Deaths**

* Any issues
* Complete place of death and where achieved preferred if not why not?
* ? bereavement support offered / needed

**Other**

Any other patients in blue or green that are of concern, or patients changing colour categories

**New Patients to the List**

* Have they had palliative review?
* Category – review what needed based on this
* Any concerns / people needing to be involved

**Red Category Patients**

* Any urgent issues
* ? seen within 28 days
* Will this patient require the coroner?

to discuss

**MDT Proforma**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Name:** |  | | | | | | |
| **Primary Diagnosis:** |  | | | | | | |
| ***Category*** | | | | | | | |
| **Red** | **Amber** | | **Green** | | **Blue** | | |
|  | | | | | | | |
| **Please tick** | | | | ***Yes*** | | ***No*** | |
| **DNACPR in place** | | | |  | |  | |
| **Does DNACPR need to be reviewed** | | | |  | |  | |
| **ACP / Emergency care plan (transfer from EPaCCs)** | | | | | | | |
|  | | | | | | | |
| **Please tick** | | | | ***Yes*** | | | ***No*** |
| **Anticipatory medications in place?**  (if not ensure done after MDT if indicated) | | | |  | | |  |
| **Will this patient require referral to coroner?** | | | |  | | |  |
| **Date last seen GP:**  (within 28 days? If Red / Amber) | |  | | | | | |
| **Any recent changes / reason for discussion:** | | | | | | | |
|  | | | | | | | |

**EPaCCs**

|  |
| --- |
| **EPaCCs - GP Sections to fill in if not already completed by EOLC team** |
| * ACP |
| * Escalation |
| * Medication |
| **EPaCCs - MDT section** |
| * Mirror the MDT Proforma? to be auto populated from EPaCCs / Care coordinators to complete |
| **Medications** |
| * A photo / copy of an example drug card |