**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
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