

# Symptom Observation Chart for the Dying Patient

Patient name:

Hospital No:

NHS No.

D.O.B:

or affix patient ID sticker here

Date patient was recognised as dying: \_\_\_/\_\_\_/\_\_\_

Record observations at least 4 hourly

Month	Date													Date
Year	Time													Time
<b>Pain</b> <small>(reported or observed)</small>	3													3
	2													2
	1													1
	0													0
<b>Nausea</b>	3													3
	2													2
	1													1
	0													0
<b>Vomiting</b>	3													3
	2													2
	1													1
	0													0
<b>Breathless-ness</b>	3													3
	2													2
	1													1
	0													0
<b>Respiratory Secretions</b>	3													3
	2													2
	1													1
	0													0
<b>Agitation/ Distress</b>	3													3
	2													2
	1													1
	0													0
<b>Other, if present</b> <small>(state)</small> _____	3													3
	2													2
	1													1
	0													0
<b>Mouthcare - confirm given</b>														
HCA signature														HCA
Registered nurse signature														Reg Nurse
Doctor signature														Doctor

<b>3 = Symptom present, does not resolve with PRN medication</b>	<b>Urgent doctor review of patient and care plan is required for any single symptom score of 3</b>
<b>2 = Symptom present, requires PRN medication to resolve</b>	<b>Care plan continues. If 3 consecutive symptom scores of 2 are present (for any symptom), urgent doctor review of patient and care plan is required</b>
<b>1 = Symptom present, resolved without PRN medication</b>	<b>Care plan continues, consider if adaptations may be required</b>
<b>0 = Symptom absent</b>	<b>Care plan continues</b>

## Purpose of the “Symptom Observation Chart for the Dying Patient”

- This chart assists healthcare professionals in assessing and managing physical symptoms in dying patients
- It aims to support the provision of consistently high quality care tailored to dying patient’s individual needs in the last few days or hours of their life

## Guidance on use

- All sections must be completed accurately and initialled
- The patient’s name and hospital number must be documented at the top of each chart
- Minimum frequency of observations is 4 hours, assessed and completed by ward nurses (more frequently in patients where symptoms persist despite changes to care plan). If Health Care Assistants complete observations, they must be reviewed and countersigned by the registered nurse within 30 minutes. Doctors may also record observations
- All symptoms should be scored 0-3, and appropriate action taken according to the guidance chart overleaf
- For patients unable to communicate, consider non verbal signs of pain and additional tools, e.g. Abbey Pain Scale
- For any symptoms scoring 2 or 3, the symptom, action and evaluation of effect should be charted on the Action and Evaluation of Symptoms Sheet
- Any patient with a symptom rated 3, meaning that the symptom(s) have persisted despite PRN medication, requires a doctor review urgently
- **The symptom observation chart is not a replacement for documentation in the health records.** Comprehensive multidisciplinary documentation or assessment, interactions, care and communication must continue (as per the individualised care plan and including attention to nutrition and hydration, spirituality, and psychological wellbeing, and communication with patient and family)

## Useful Resources

- For further detailed information and resources regarding the care of dying patients, please consult the BSUH Specialist Palliative Care Team webpage

	<b>RSCH</b>	<b>PRH</b>	<b>Additional Information</b>
<b>Specialist Palliative Care Team</b>	For urgent advice x 3021 or bleep 8420. Out-of-hours advice via Marlets Hospice 01273 964164	For urgent advice x 3021 or bleep 8420. Out-of-hours advice via St Peter & St James Hospice 01444 471598	Routine referrals made online via palliative care team page on intranet
<b>Pharmacy</b>	Bleep ward pharmacist or x 8153	Bleep ward pharmacist or x 8153	Out of hours, contact on call pharmacist via switchboard
<b>Chaplaincy and Spiritual Care</b>	x 4122	x 8232	Out of hours, contact on call Chaplain via switchboard
<b>Bereavement Office</b>	x 4611	x 8101	Messages can be left out of hours

**ACTION AND  
 EVALUATION OF  
 SYMPTOMS**

Patient name:  
 Hospital No:  
 NHS No.  
 D.O.B:  
 or affix patient ID sticker here

**SYMPTOM**  
 (What symptom?)

**ACTION**  
 (What did you do?)

**EVALUATION**  
 (Did your action help? If not, what other  
 action have you taken?)

Signature: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_

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