|  |  |
| --- | --- |
| **Date & Time** | **Gold Standards Framework Care Plan****Needs Based Coding Green** |
| * Patients have differing requirements at varying stages of their illness, the use of needs-based colour coding can be very helpful in prioritising need. This helps focus on giving the right care at the right time, with regular reviews to trigger actions at each stage
* Coding Green suggests unstable advanced disease significantly impacting on day to day living with potentially months prognosis
 |
| **Patient agreed goals/outcomes** |
| * To give proactive care, ensuring that appropriate care is being coordinated to meet the needs of the patient
* To give the patient the opportunity to discuss their wishes and preferences
* To ensure the effective communication and collaboration across care settings takes place aligned with patient’s needs
 |
| **Actions, Intervention and Care Instructions** | **Signature & Date** |
| * Identify patient and refer to GP for inclusion on the Palliative care register.
 |  |
| * Review coding at board round and update MDT team and GP practice as part of discharge plan.
 |  |
| * Communicate with & involve patient, family, and others important to them in planning their care
 |  |
| * Ongoing Clinical assessment using appropriate tools.
 |  |
| * Consider referral to other specialists for support, including CHC and SR1 to access financial benefits
 |  |
| * Advance / Best Interest Care Plan - provide written information to patient and family or others important to them.
 |  |
| * Offer or review ACP / best interest discussion. Identify if LPOA or proxy
 |  |
| * Review Resus status as appropriate.
 |  |
| * Establish if ADRT is appropriate
 |  |
| * Emergency Health Care Plan, TEP plan and/or ReSPECT form and upload patient information on to local EPaCCS or as part of discharge process.
 |  |
| * Review/audit/ reflect on hospital admissions
 |  |
| * Assess patient’s needs & offer support/ signpost family or others important to the patient.
 |  |
| Patient’s personalised goals / interventions: |  |