

Staff member's name:

Assessor's Name:

Date:



Guide for Completing Evidence Assessment

The purpose of this audit is for the staff member to demonstrate safe and competent practice when recognising and managing the physical and psychological symptoms in the end stage of life, whilst working within organisational guidelines, policies and procedures.

In order to complete this audit, resources in addition to the corresponding ACC course may be required to demonstrate this knowledge.

The audit should be conducted by an assessor who is familiar with end of life care, and is competent in performing the relevant skills.

The assessments may be conducted individually or at the same time.



Skills Audit

The purpose of this audit is for the staff member to demonstrate safe and competent practice when recognising and managing the physical and psychological symptoms in the end stage of life, whilst working within organisational guidelines, policies and procedures.

Symptom Management

This skills audit is designed to be utilised when a staff member is caring for a person in the end stage of life. The points below are assessed to ensure they are providing holistic care.

| Symptom Management | Action performed correctly (Y/N) | Comments |
|---|----------------------------------|----------|
| Pain: <ul style="list-style-type: none"> Has the person's pain been assessed regularly, using the appropriate pain assessment tool? Has the effectiveness of pain relief been assessed, to ensure the medication regime is sufficient? | | |
| Nausea & vomiting: <ul style="list-style-type: none"> Has the effectiveness of medication been assessed, to ensure it is sufficient? | | |
| Declining oral intake: <ul style="list-style-type: none"> Have additional fluids been offered, e.g. sips of water or ice chips? | | |
| Declining bladder function: <ul style="list-style-type: none"> Has comfort and dignity been maintained when managing incontinence? | | |
| Constipation: <ul style="list-style-type: none"> Is there a bowel management plan in place? Has the effectiveness of the bowel management plan been assessed, to ensure the medication regime is sufficient? | | |
| Dyspnoea: <ul style="list-style-type: none"> Has the person's breathlessness been treated, if appropriate? Has repositioning or use of pillows been used? | | |
| Terminal agitation/restlessness: <ul style="list-style-type: none"> Have non-pharmacological strategies e.g. aromatherapy, music, been trialed? If medication has been used, has the effectiveness been assessed? | | |
| Respiratory secretions: <ul style="list-style-type: none"> Has repositioning been used to facilitate drainage of secretions? Has the effectiveness of medication been assessed, to ensure it is sufficient? | | |
| Oral care: <ul style="list-style-type: none"> Has regular mouth care been conducted? | | |
| Skin care: | | |

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| <ul style="list-style-type: none"> • Has the person been repositioned every 2-4 hours? • Is a foam or pressure-relieving mattress being used? | | |
| Profound weakness/fatigue: <ul style="list-style-type: none"> • Have non-essential tasks been eliminated? • Has the physical environment been adjusted to promote rest and relaxation e.g. privacy, lighting, music? | | |
| Emotional needs: <ul style="list-style-type: none"> • Has the person, and their family, been provided with opportunities to express their concerns or fears? • Have additional emotional support workers been offered/organised? | | |
| Cultural/spiritual needs: <ul style="list-style-type: none"> • Has the care provided been culturally sensitive to the needs to the person? • Have traditions/customs been observed, as per the wishes of the person? • Have religious practices been conducted, as per the wishes of the person? • Have spiritual leaders/clergy been accessed to support the person? | | |

Skills assessment completed satisfactorily:

Yes

No

Comments/ action required:

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|---------------------------|--|
| Staff member's signature: | |
| Date: | |
| Assessor's signature: | |
| Date: | |

DISCLAIMER:

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