End of Care Plan

Patient information	
Name: Mary Cooper	**Date of birth:** February 14, 1946
Medical record number:	**Contact information:**
78562034	(555) 123-4567 mary.cooper@email.com
Emergency contact person and information:	**Primary care physician:**
George Cooper Jr. (Son), (555) 987-6543	Dr. Laura Jenkins
Medical history	
Primary diagnosis (include any terminal or life-limiting conditions):	**Significant secondary diagnoses:**
Stage IV Pancreatic Cancer (terminal, life-limiting condition)	Chronic Kidney Disease (Stage 3)
Allergies:	**Current medications:**
Penicillin	Morphine, Zofran, Gabapentin
Previous surgeries/procedures:	**Relevant chronic health conditions:**
Cholecystectomy (2015)	Hypertension, Type 2 Diabetes
Advance directives:	
Do Not Resuscitate (DNR), Healthcare Power of Attorney (George Cooper Jr.)	

Patient's wishes and preferences	
Preferred place of care:	**Spiritual/cultural needs:**
◉ Home ○ Hospice ○ Nursing home ○ Others please specify:	Regular visits from a spiritual advisor (Father Michael)
Desired level of medical intervention:	**Pain management preferences:**
Comfort care only; focus on symptom relief and quality of life	Morphine as prescribed; additional doses as needed for breakthrough pain
Emotional and psychological support:	**Social support network:**
Weekly visits with a counselor, daily meditation sessions	Son (George Cooper Jr.) Daughter (Melissa Thompson), Close Friend (Helen Smith)
Funeral arrangements (if already discussed/planned):	
Funeral arrangements have been pre-planned at Sunset Memorial Funeral Home	
Symptom management	
Current symptoms:	**Symptom monitoring:**
Abdominal pain, fatigue, shortness of breath	◉ Managing pain ○ Breathing difficulties ○ Nausea ○ Others please specify:
Management plan:	**Comfort measures/non-medical preferences:**
Increase morphine dose as needed, provide supplemental oxygen for breathlessness, and use a heating pad for abdominal pain	Soft music, aromatherapy (lavender), and evening family gatherings

Care team information	
Primary caregiver's name: George Cooper Jr.	
Hospice/nursing home caregiver (if applicable): N/A	
Interdisciplinary team members (e.g. social workers, nurses, spiritual advisors):	
Name	***Role***
Sarah Williams	Social Worker
Nancy Lee	Palliative Care Nurse
Father Michael	Spiritual Advisor
Family and loved ones	
Key family members involved in care:	**Family preferences for communication/updates:**
Son (George Cooper Jr.) Daughter (Melissa Thompson)	Daily updates from the nurse, weekly care team meetings
Additional family or caregiver education/support needs:	
Training on safe medication administration, emotional support for children	
Patient's goals for end of life	
What does the patient want to achieve during their final months or days?	**Activities or interactions that would improve the patient's quality of life:**
Spend as much time as possible with family, stay at home, and experience minimal pain.	Sharing family meals, listening to classical music, and daily walks in the garden.
How would the patient like to spend their final moments?	
Surrounded by family, with soft music playing, in a calm and peaceful environment.	
Review and signatures	
Patient name and signature:	**Primary caregiver name and signature:**
Healthcare provider name and signature:	**Date:**
	October 16, 2024