

# Checklist for Diana End of Life On-Call Service

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To be completed by the Diana Team from Referral through to Discharge.

To ensure the child/young person and their family receive a high standard of care at this difficult time.

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Name of child:

Date of Birth:

NHS N°:

Address:

# Setting up the Diana 'End of Life On Call Service'

See 'Responsibilities Sheet' to guide you through the process of completing this form.

## Section 1 : Referral – Please sign and date as appropriate

1.1	<b>Referral received.</b>	From..... Contact details:..... ..... ..... Date & Time .....
1.2	<b>Referral fits 'End of Life' criteria.</b> (Two nurses need to accept Referral – only one signature necessary as other nurse may be only available via telephone contact)	Diana nurse sign (or print name) ..... Diana nurse sign & date Sign ..... Date .....
1.3	<b>Parents offered Home/Hospital Hospice and have accepted need for Diana On Call Service.</b>	Sign ..... Date .....
1.4	<b>Does the family have any issues related to communications i.e. level of understanding or interpretation needed.</b>	Sign ..... Date .....
1.5	<b>Consultant/Doctor supportive of request for End of Life On Call Service.</b>	Name..... Contact No.....
1.6	<b>GP informed.</b>	Name of GP..... Date..... Time of visit ..... Arrange visit (assurance that they will visit) every: <input type="checkbox"/> 14 days or less
1.7	<b>Ask family for consent to share information with Rainboww's Hospice.</b>	Sign ..... Date .....
1.8	<b>Inform and liaise with CAFSS and offer referral to family.</b>	Sign ..... Date .....
1.9	<b>Personal Resuscitation Plan signed by Consultant.</b>	Sign ..... Date .....

1.10	<b>Personal Resuscitation Plan given to and approved by parents.</b>	Sign ..... Date .....															
1.11	<b>Child/young person aware of and consented to Personal Resuscitation Plan (if applicable).</b>	Sign ..... Date ..... If no please give reason here ..... ..... .....															
1.12	<b>Ensure family always keeps the PRP with their child at all times.</b>	Sign ..... Date .....															
1.13	<b>Personal Resuscitation Plan completed and distributed.</b>	Sign ..... Date .....															
1.14	<b>Ensure admin team complete distribution list on shared drive.</b>	Sign ..... Date .....															
1.15	<b>Update &amp; Care plan completed (discussed with the child and their family and ensured it considers their religions and spiritual needs).</b>	Sign ..... Date ..... Copy sent to.....															
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1.16	<b>Oxygen ordered (if applicable).</b>	Sign ..... Date ..... When being delivered .....															
1.17	<b>Suction machine and training delivered to family.</b>	Sign ..... Date .....															
1.18	<b>Symptom Control Box (with step up medication) supplied in family home.</b>	Sign ..... Date .....															
1.19	<b>Drug chart completed (with step up medication) in family home.</b>	Sign ..... Date .....															
1.20	<b>Ensure the child's Consultant has arranged open access to Children's Admissions Unit if appropriate and send CAU an update.</b>	Sign ..... Date .....															
1.21	<b>First contact identified.</b>	Whom ..... Sign ..... Date .....															
1.22	<b>First contact have been sent update &amp; on call contact numbers.</b>	Sign ..... Date .....															
1.23	<b>Diana Team informed of Commencement Of On Call.</b>	Sign ..... Date .....															

## Section 2 : Equipment in family home

	Model/Make	Serial Number/ Expiry Date	Date & sign when taken to family home
2.1			
2.2			
2.3			
2.4			

## Section 3

### Activation/Deactivation of Diana On Call Service

Two Diana nurses need to set a date and time of commencement/deactivation of On Call Service. Ensuring everything is in place to ensure a high level of care for the family/child/young person. Only one signature needed but two nurses need to make the decision.

	Activation/ Deactivation specify	Date	Time	Ensure Diana Manager Informs Senior Manager On-Call	Diana Nurse	Diana Nurse
3.1						
3.2						
3.3						
3.4						

**Section 4 : Support** (This information relates to 'Your Child is Receiving the End of Life On-Call Service from the Diana Team' booklet).

4.1	<b>Family aware their child is receiving Diana Terminal On-Call Service.</b>	Sign .....	Date.....
4.2	<b>'Planned Visiting' explained.</b>	Sign .....	Date.....
4.3	<b>'Symptom Change Visits' explained.</b>	Sign .....	Date.....
4.4	<b>'Visiting When Your Child Dies' explained.</b>	Sign .....	Date.....
4.5	<b>How to contact the Diana On-Call Service.</b>	Sign .....	Date.....
4.6	<b>Activation and Deactivation of On-Call explained</b> (if condition stabilizes).	Sign .....	Date.....
4.7	<b>How to contact the Diana Service when On-Call Service not activated.</b>	Sign .....	Date.....
4.8	<b>Alternatives Support - Who to contact when not activated.</b> (General Practitioner, Ward or Ambulance Service).	Sign .....	Date.....
4.9	<b>Ambulance Form Explained.</b>	Sign .....	Date.....
4.10	<b>Personal Resuscitation Plan Explained</b> (If applicable).	Sign .....	Date.....

## Section 5 : Symptom Control Plan

(Ensure Update and Care Plan have been shown to family and explained as appropriate. Explain what medication has been prescribed, which medication parents can administer and which will be administered by the Diana Team).

<b>5.1</b>	<b>Pain Control</b> (including how parents/carers can assess pain using appropriate scoring tool) <b>All children with end of life care needs will have a pain assessment tool.</b>	Sign ..... Date.....
<b>5.2</b>	<b>Breathing difficulties</b> (include how to assess for respiratory distress).	Sign ..... Date.....
<b>5.3</b>	<b>Feeding</b> (include choking, aspiration, intolerance and mouth care).	Sign ..... Date.....
<b>5.4</b>	<b>Constipation / obstruction / diarrhoea.</b>	Sign ..... Date.....
<b>5.5</b>	<b>Reduced urine output / urinary retention.</b>	Sign ..... Date.....
<b>5.6</b>	<b>Nausea and Vomiting.</b>	Sign ..... Date.....

## Section 6 : After Your Child has died (information in booklet)

It may be beneficial to read through this booklet before the child dies in order to make plans. Relatives may do this for the parents if they don't feel able to, in order to support them when the child dies.

<b>6.1</b>	<b>Parents are aware of booklet and would like to read through it in their own time.</b>	Sign ..... Date.....
<b>6.2</b>	<b>Parents would like to go through the booklet with a member of the Diana Team.</b>	Sign ..... Date.....
<b>6.3</b>	<b>Who to Call.</b>	Sign ..... Date.....
<b>6.4</b>	<b>Can we keep our child at home?</b>	Sign ..... Date.....
<b>6.5</b>	<b>Certifying the Death.</b>	Sign ..... Date.....
<b>6.6</b>	<b>Choosing a Funeral Director.</b>	Sign ..... Date.....
<b>6.7</b>	<b>Registering the Death.</b>	Sign ..... Date.....
<b>6.8</b>	<b>What should be taken to the Registry Office?</b>	Sign ..... Date.....
<b>6.9</b>	<b>Financial Assistance.</b>	Sign ..... Date.....
<b>6.10</b>	<b>Coroner.</b>	Sign ..... Date.....
<b>6.11</b>	<b>Cremation / Burial.</b>	Sign ..... Date.....
<b>6.12</b>	<b>People to Inform.</b>	Sign ..... Date.....
<b>6.13</b>	<b>Removal of Equipment.</b>	Sign ..... Date.....
<b>6.14</b>	<b>Your Feelings / Child's feelings.</b>	Sign ..... Date.....
<b>6.15</b>	<b>Advice and Support - Useful Contacts.</b>	Sign ..... Date.....

## Section 7 : Following the Child's Death at Home

Who to inform - Ensure family have consented to professionals being informed. Family may wish to contact people themselves, please specify if this is the case.

	General Practitioner	Time Contacted	By whom	Death certificate completed	Part A (if cremated)	Part B (If Cremation)
7.1						

	Consultant	Contact details	By whom	Date & Time
7.2				

	Hospital/Hospice	Contact details	By whom	Date & Time
7.3				
7.4				
7.5				

	Funeral Directors	Contact details	By whom	Date & Time
7.6				

	Organ Donation Team (if applicable)	Contact details	By whom	Date & Time
7.7				

		Phone Number	By whom	Date & Time
7.8	Child Death Review Panel.			
7.9	CAFFS.			
7.10	Diana Team.			
7.11	NRS			
7.12	Oxygen Supplier.			
7.13	Entral Feeding Team.			
7.14	Childs School.			
7.15	Siblings School.			
7.16	Service Co-ordinator.			
7.17	County Hall (family to register death).			
7.18	Local Social Security Office.			

7.21	Collected Diana equipment from home.	Sign .....	Date.....
7.22	Collected notes & returned to office.	Sign .....	Date.....
7.23	Advised family of how to discard of any equipment/medication.	Sign .....	Date.....
7.24	Advised parents that family members need to take Controlled Drugs to a pharmacy.	Sign .....	Date.....
7.25	Ensure a family member signs Controlled Drugs form.	Sign .....	Date.....
7.26	Information provided.		
7.27	Laura Centre.	Sign .....	Date.....
7.28	CAFFS.	Sign .....	Date.....
7.29	Rainbows.	Sign .....	Date.....
7.30	Cancel Personal Resuscitation Plan by contacting professionals on Distribution List.	Sign .....	Date.....
7.31		Sign .....	Date.....
7.32		Sign .....	Date.....
7.33	Bereavement/Support visits organised with family.	Sign .....	Date.....
7.34	Discharged from Diana Services.	Sign .....	Date.....

## For general enquiries please contact us by:

- ✉ **Writing:** Diana Children's Community Service, Bridge Park Plaza,  
Bridge Park Road, Thurmaston, Leicester, LE4 8PQ
- ☎ **Telephone:** 0116 295 5080
- 📠 **Fax:** 0116 295 5081
- @ **Email:** feedback@leicspart.nhs.uk
- 🌐 **Website:** www.dianaserviceleicester.nhs.uk

Contact us if you would like this document in large print size 18 or 24 point font, in spoken word, printed or as a computer file.

**If you require help understanding this leaflet because it is in written English please telephone 0116 295 4743.**

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Hadii aad u baahantahay in lagaa caawiyo fahmida qoraalka ku qoran documintigaan fadlan nagala soo xiriir telefoonkaan 01162954743.

Jeśli potrzebujesz pomocy w zrozumieniu treści tego dokumentu prosimy o telefon pod numer 0116 2954743.

اگر اس تحریر کے سمجھنے میں آپ کو مدد کی ضرورت ہو تو مہربانی کر کے **0116 2954743** پر ٹیلی فون کریں۔

## Acknowledgments

Many thanks to the University of Leicester NHS Trust, Ashford and St Peter's Hospitals NHS Trust and all who gave information to support this publication.

This booklet was compiled by: Julie Potts Community Children's Nurse on behalf of the Diana Service.