

## What is the purpose of the End of Life Care Plan?

The [NDIS LWB 5571 End of Life Care Plan](#), is designed to meet LWB's responsibility to support a person to make preparations for the support they would like to experience during the final stages of their life and arrangements for care of their body after their death.

The End of Life Care Plan is a person centred support plan that documents the person's preferences and wishes in areas such as social, physical, emotional, spiritual, family, funeral arrangements, burial or cremation arrangements and how the person would like to be remembered.

## When does the End of Life Care Plan get completed?

An End of Life Care Plan can be developed at any time – a person does not need to have a terminal diagnosis to develop an End of Life Care Plan. However, once a person does receive a terminal diagnosis, it is good practice to develop an End of Life Care Plan with them to ensure they get a chance to experience the things they would still like to do and see people and places while they are still able to.

## What are the resources associated with the End of Life Care Plan?

The End of Life Care Plan is also associated with the person's [NDIS LWB 5574 Palliative Care Plan](#) (if they have one). The End of Life Care Plan should be completed with an understanding of [LWB's Person Centred Practice Approach](#).

## Who is involved in completing an End of Life Care Plan?

The End of Life Care Plan is to be completed in consultation with the person, their family, friends, spiritual advisor and other important people and LWB staff who know them well.

## What do I do with the completed End of Life Care Plan?

Once the End of Life Care Plan has been completed, a copy is to be provided to the person we support (if they desire). Further, a copy of the End of Life Care Plan is to be made available for support workers to ensure they understand the person's wishes and preferences for care during the final stages of their life and after their life ends. A copy of the End of Life Care Plan can be provided to family members / key decision maker with the person's consent.

LWB seeks to apply ethical principles and best practice standards for substitute decision making. Accordingly, no LWB staff member will act as an authorised decision-maker for any person they support. LWB staff will support decision making by focusing on resources and support that enables a flexible approach to enhance the person's choice and control by strengthening opportunities for a person to be part of a collaborative network of relationships that influence how and what decisions will be made.

## **Where are completed forms and documents saved in CIRTS?**

The End of Life Care Plan must be saved in the person's CIRTS record as follows: <Plans and Assessments><Add New Plan><Service Type><Plan Name – End of Life Care Plan>

## **When should the End of Life Care Plan be reviewed?**

The End of Life Care Plan should be reviewed quarterly while the person is well and more regularly as their health changes.

## How to complete the End of Life Care Plan

My details	
Name:	CIRTS Number:
I also like to be known as:	Date of Birth:
Address:	Phone:
email:	Plan creation date:
Key Decision Maker:	Name:
	Address:
	email:
Relationship:	<input type="checkbox"/> Person Responsible <input type="checkbox"/> Appointed Guardian <input type="checkbox"/> Other: (describe) _____

Communicating with me about my life ending	
How do I need to be given information? (e.g. conversation / pictures / sign language / other)	
How do I communicate my feelings or concerns? (e.g. things I will say / signs I will make / things I will do)	
Who do I prefer to talk with about my health changing?	
Do I have any fears or things I don't want to talk about?	
Who else do I want to know about my health changing? (e.g. family / friends)	
Is there someone I don't want information provided to? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒ Provide details:	
Other communication needs:	

### My Details -

**Purpose:** Identify the person's personal details and their Key Decision maker.

### Communicating with me about my life ending -

**Purpose:** To identify the best way of communicating with the person about their health changing and life ending including the use of specific methods to ensure the person receives information well, and is able to be understood.

**Consultation:** Consult with the person and family/carers/people who are important to them and know them well.

My Wish List	
What things do I wish to do?	
What events do I wish to attend?	
What places do I wish to see?	
What activities do I no longer wish to do?	
What people do I wish to see / catch up with?	
Is there anyone I no longer wish to spend time with?	
Is there anyone I wish to mend my relationship with?	
What pets do I wish to see?	
Other wishes:	

My culture and family traditions	
My culture is:	
I have important cultural traditions? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒ Provide details:	
I have important family traditions? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒ Provide details:	
I am an Aboriginal and / or Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ go to next section	
My people are:	
My country is:	
I want to visit country before I die?	
I want to be on country when I die?	
I want to be buried or cremated on country?	
Other important information about my cultural needs:	

Religion / Customs	
I have a religion? <input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ go to next section	
My religion is:	
Religious customs / practices I would like to have before death?	
Religious customs / practices I would like to have after death?	
My place of worship is:	
My Priest / Minister / Rabbi / Imam / Bhikku / Holy man's details:	
Other information:	

**My Wish List -**

**Purpose:** to give the person a chance to identify their wishes for the things they would like to do, people they want to see including pets and places if possible before their life ends.

**Consultation:** Consult with the person and family/carers/ people who are important to them and know them well.

Also refer to goals in their SSL ISP or LS ISP.

**My culture and family traditions**

**Purpose:** To identify the person's culture and any related important traditions they would like to observe leading up to their death.

**Consultation:** Consult with the person and family/carers/ people who are important to them and know them well.

**Religion / Customs -**

**Purpose:** To identify whether the person follows a religion and whether there are any related customs or practices the person would like to participate in before or after their death.

**Consultation:** Consult with the person and family/carers/ people who are important to them and know them well and the appropriate religious practitioner.

As my life ends	
Where would I like to be when I die if possible?	
Would I like essential oils to be diffused? What scents?	
What kind of environment do I want around me? (e.g. quiet / lively / people talking / music playing / television on)	
What is my favourite music?	
What are my favourite television shows / movies / video clips?	
Who would I like to be with me if possible?	
When I am close to death, I would like you to contact:	
After my death, please contact:	
<b>My death is reportable</b>	Please call management and call the Police immediately when I die.

My Funeral Service	
I have a funeral plan? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒ Provide details:	
Service to take place at:	
Service to be formal or informal?	
I would like the following people to take part in my funeral:	
I would following to be read at my funeral:	
I would like the following things to be placed in my coffin with me:	
I would like the following flowers at my service:	
Instead of flowers, I would prefer people donate money to the following charity/cause:	
I would like to be buried or cremated?	
I would like to be buried at:	
I already have a cemetery plot? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒ Provide details:	
I would like my ashes to be stored / scattered at:	
I would like the place where my ashes or body is buried to be marked by a headstone or plaque? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒ Provide details:	
I would like a tree planted in memory of me? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒ Type of tree:	
Other details important to me:	

My Estate	
I have made a Will? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒ Provide details of who to contact:	
I would like my belongings to go to:	
I would like particular items to go to: (include details of item and person who should receive it)	
Other:	

### **As my life ends -**

**Purpose:** To identify the person’s preferences for their immediate environment as their life ends. It includes music, noise levels, atmosphere and who to contact at different stages.

**Consultation:** Consult with the person and family/carers/ people who are important to them and know them well.

### **My Funeral Service -**

**Purpose:** To identify the person’s preferences (if they have any) for the different details of their funeral service and burial or cremation.

**Consultation:** Consult with the person and family/carers/ people who are important to them and know them well.

### **My Estate -**

**Purpose:** To record whether the person has a Will, who to contact if they do and whether they would like particular belongings to go to certain people.

**Consultation:** Consult with the person and anyone that assists with financial decision making (if they have one).

Reflecting on my life with me	
The things I value most in my life:	
The things that brought me great joy and happiness:	
Some of the best times of my life were:	
Some of the most difficult times of my life were:	
Things I would like to be remembered for:	
Other things I like to talk about:	

**Reflecting on my life with me**

**Purpose:** To identify things to talk to the person about that might make

**Consultation:** Consult with the person and family/carers/ people who are important to them and know them and their history well.

People who helped me create my End of Life Care Plan			
Connection with me:	Name:	Signature	Date:
Me (if able to sign)			
Family / Person Responsible			
Guardian			
Friend			
Clinician			
LWB Staff member			
LWB Line Manager			

**People who helped me create my End of Life Care Plan -**

**Purpose:** to identify the people who provided support to the person to create the End of Life Care Plan. Staff should refer to these people as well as the person if they require clarification.

LWB Staff Declaration (All staff who work with this person to sign)							
I have read and understood this End of Life Care Plan and agree to implement it accordingly and as directed by my Line Manager.							
Name		Signature & Date		Name		Signature & Date	
Name		Signature & Date		Name		Signature & Date	
Name		Signature & Date		Name		Signature & Date	
Name		Signature & Date		Name		Signature & Date	
Name		Signature & Date		Name		Signature & Date	
Name		Signature & Date		Name		Signature & Date	
Name		Signature & Date		Name		Signature & Date	

**LWB Staff Declaration -**

**Purpose:** All staff who work with the person must read the End of Life Care Plan and sign the LWB Staff Declaration to indicate they have read the plan, understand it and agree to implement it accordingly.

**CIRTS**

Once all staff have signed, the plan must be uploaded into the person’s CIRTS Record.