

# PEPSI COLA Aide Memoir – Palliative Care monthly checklist

**SCR4**

Patients Name \_\_\_\_\_ Completed by \_\_\_\_\_ Date started \_\_\_\_\_ Lead GP \_\_\_\_\_

	Date	Date	Date	Date	Date	Date
<b>P -Physical</b> Symptom control Medication - regular & PRN Compliance / stopping non-essentials Complementary therapies						
<b>E -Emotional</b> Understanding expectations Depression and adjustment Fears /Security Relationships						
<b>P -Personal</b> Spiritual / religious needs Inner journey Quality of life Pt/carer's agenda						
<b>S -Social Support</b> Benefits/Financial Care for carers Practical support						
<b>I -Information/ Communication</b> Within PHCT Between professionals To and from patient To and from carers						
<b>C -Control</b> Choice, dignity Treatment options/ Management Plan Advanced directive Place of death						
<b>O -Out of Hours/ Emergency</b> Continuity Communication to out of hours/pts/carers Carer support Medical support Drugs and equipment						
<b>L -Late</b> End of life/Terminal care Stopped non-urgent Rx Patient and family aware Comfort measure Spiritual care Rattle, agitation						
<b>A -Afterwards</b> Bereavement Follow-up/others informed Family support Assessment/Audit Support team						