

Case Review Sheet

The Case Review Sheet is designed to aid local review and evaluation. The local coordinator is responsible for completion of the Case Review Sheet after the patient's death.

Patient information:			
Name			
Date of birth			
Diagnosis			
Unscheduled hospital/hospice admissions in the last days of life?	Y	N	
If Yes, how many times and what were the reason(s)?			
Date of death			
Place of death			
Discrepancy between preferred and actual place of death?	Y	N	
If yes, please explain:			

Carer information:			
How many carers were trained?	1	2	
Any concerns related to medication administration/medication management?	Y	N	
If yes, please summarise:			
Any general concerns or difficulties?	Y	N	
If yes, please summarise:			

Was the following CARIAD documentation received, and filed, at the local coordinator's office?			
Risk Assessment (RA) form		Y	N
Competency Checklist(s)		Y	N
Process Checklist	Not used	Y	N
Carer Diaries (even if carer[s] did not administer SC medication)		Y	N

Completed by	HCP name
	Date