

<b>Symptom Observation Chart for the Dying Patient In ICU</b>	Patient's Name														
	Date of birth											Gender (circle)	M / F		
	St George's Hospital No.														
	NHS number														
PLEASE affix a patient's sticker if available															

Record observations at least 4 hourly

Month	Date															
Year	Time															
<b>Pain (reported or observed)</b>	3															
	2															
	1															
	0															
<b>Agitation / distress</b>	3															
	2															
	1															
	0															
<b>Breathlessness</b>	3															
	2															
	1															
	0															
<b>Respiratory / Oral secretions</b>	3															
	2															
	1															
	0															
<b>Nausea</b>	3															
	2															
	1															
	0															
<b>Vomiting</b>	3															
	2															
	1															
	0															
<b>Dry mouth</b>	3															
	2															
	1															
	0															
<b>Other (state)</b> .....	3															
	2															
	1															
	0															
Observed by (initials)																
3 = Symptom present, does not resolve with PRN medication		Ask doctor to review														
2 = Symptom present, requires PRN medication to resolve		If PRN medication required more frequently than every 4 hours, ask doctor to review														
1 = Symptom present, resolves spontaneously		Consider non-pharmacological interventions														
0 = Symptom absent		Continue as per the care plan														

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