

# Clinical Pathway - PICD

ENTER C (COMPLIANCE) OR V (VARIANCE).  
DOCUMENT VARIANCES IN PROGRESS  
NOTES

Unit Record Number .....

Surname .....

Given Name.....

D.O.B. .... Age..... Sex .....

*Affix Patient Identification Label*

Ongoing Assessment	COMPLETE & INITIAL AT LEAST ONCE PER SHIFT				AM AM AM AM				PM PM PM PM				ND ND ND ND						
	Date:	Time:																	
USE A NEW PICD PATHWAY EACH DAY																			
<b>Pain</b> ... Verbalised by patient if conscious ... Pain free on movement ... Appears peaceful ... Consider need for positional change	Goal: Patient is pain free																		
<b>Agitation, Restlessness and Delirium</b> ... Patient does not display signs of delirium, terminal anguish, restlessness (thrashing, plucking, twitching) ... Exclude retention of urine as cause ... Consider need for positional change	Goal: Patient is not agitated or restless																		
<b>Respiratory Tract Secretions</b> ... Medication to be given as soon as symptoms arise ... Consider need for positional change ... Symptom discussed with family/other	Goal: Excessive secretions are managed appropriately																		
<b>Nausea and Vomiting</b> ... Patient verbalises ... No vomiting	Goal: Patient does not feel nauseous nor vomits																		
<b>Dyspnoea</b> ... Reassuring presence, fan, open window/door ... Patient verbalises if conscious ... Consider need for positional change ... O <sub>2</sub> in situ if appropriate ... Consider medication	Goal: Breathlessness is not distressing for patient																		
<b>Oral Care</b> ... Mouth care assessment 1-2 hourly ... 1-2 hourly water soaked swabs ... Moisturiser eg. Lanolin to lips ... Family members encouraged to participate	Goal: Patient's mouth is clean and moist																		
<b>Mobility/Pressure Area Care</b> ... Clinical assessment of: ... Skin integrity ... Need for positional change ... Need for special mattress ... Personal hygiene, bed bath, eye care needs ... Encourage family to assist	Goal: Patient is comfortable and in a safe environment																		
<b>Urinary Continence</b> ... Continence aids (including condom drainage) are regularly checked and changed ... IDC may be used for urinary retention or comfort in consultation with a medical officer	Goal: Patient's continence is managed																		
<b>Bowel Care</b>	Goal: Patient is not agitated or distressed due to constipation or diarrhoea																		
<b>Psychological Support – Patient</b> ... Patient is informed of nursing procedures ... Touch, verbal communication is continued	Goal for Patient: becomes aware of the situation as appropriate																		



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Daily Clinical Pathway for Improving the Care of the Dying (PICD) UR TBA

