

Patient name:

Patient UR:

Patient DOB:

GOALS OF PATIENT CARE: WISHES FOR AFTER DEATH

Preferred place of care of child / young person's body:

Funeral preferences:

Spiritual & cultural wishes:

Other child / young person & family wishes:

Consideration for organ & tissue donation (including for research purposes):

Checklist:

- Memory making: Jewellery (eg. Precious Touch, Ph _____)
- Memory making: Photography (eg. Heartfelt Photography email _____)
- Appropriate alerts set (eg. HAS, IBA, EMR, scanned into essential particulars in Powerchart)
- Funeral funding offered (eg. RCH funeral fund, Red Kite for Oncology patients)
- Is this death reportable to the Coroner – please contact the coroner for advice / see RCH Clinical Practice Guideline “Death of a Child: Reporting a death to the Coroner”

This page discussed by:

Child / Parent / Carer:

Professional [Full name & job title]:

Date: