

Home comfort and contact plan

Name / initials:

1 / 3 Who will help and where will we go?

Complete these details with the treating or palliative-care team before relying on home care. Availability and response times vary. An appointment or WhatsApp number must not be assumed to provide emergency or round-the-clock support.

Type in a form-capable PDF reader, save a copy, then close and reopen it to check. Completed files are not encrypted; keep them securely. Text boxes can scroll: for long answers, keep the full text in your own document labelled with this worksheet and question, and enter "See attached notes" here. Print your completed copy from the reader and check print preview. If your language does not display correctly, use a document that supports it, or print and write by hand.

Plan date / coordinating clinician / patient's preferred place of care

Daytime team: telephone, hours, what to say and expected callback route

Out-of-hours team: telephone, hours and what to do if there is no response

Urgent assessment location / agreed transport or ambulance route / documents to carry

Main caregiver / backup / who can reach the home and who has current instructions

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

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2 / 3 Comfort care that the team has actually arranged

Keep the current prescription separately. Do not start, stop, combine or increase medicines from this worksheet. Ask a professional to demonstrate unfamiliar nursing tasks and watch you practise.

Main symptoms / current clinician instructions / when to call if not controlled

Prescription location, medicine supply, safe storage and who checks remaining stock

If swallowing or medicine administration becomes difficult: whom to call for a revised plan

Equipment, pressure care, mouth care, toileting or mobility help; who provides training

Food and drink comfort advice from the team; coughing or choking when swallowing to report

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3 / 3 Make a backup plan before it is needed

Home care should not depend on one exhausted person. Say if care feels unsafe or unmanageable. New severe symptoms or an unexpected deterioration need assessment. If death is expected at home, complete the separate after-death contact plan with the team before discharge.

Daily roles, respite and overnight support; what the family cannot safely provide

How the team will review symptoms and supplies; next planned contact

Symptoms or changes needing an urgent call; what to do if serious and help is not reachable

If home care cannot continue: receiving service, transfer plan and who coordinates it

Any existing verified clinical plan or advance directive: location for the team to check

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.