

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 |