

DNACPR in place? Yes / No

If yes attach the DNACPR sheet.

Attach the medication administration record sheet.

Have next of kin/advocate been informed? Yes / No

Has the person centred advanced care statement been offered? Yes / No

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Insert here

**FOR OLDER ADULTS DAY SERVICES ONLY**

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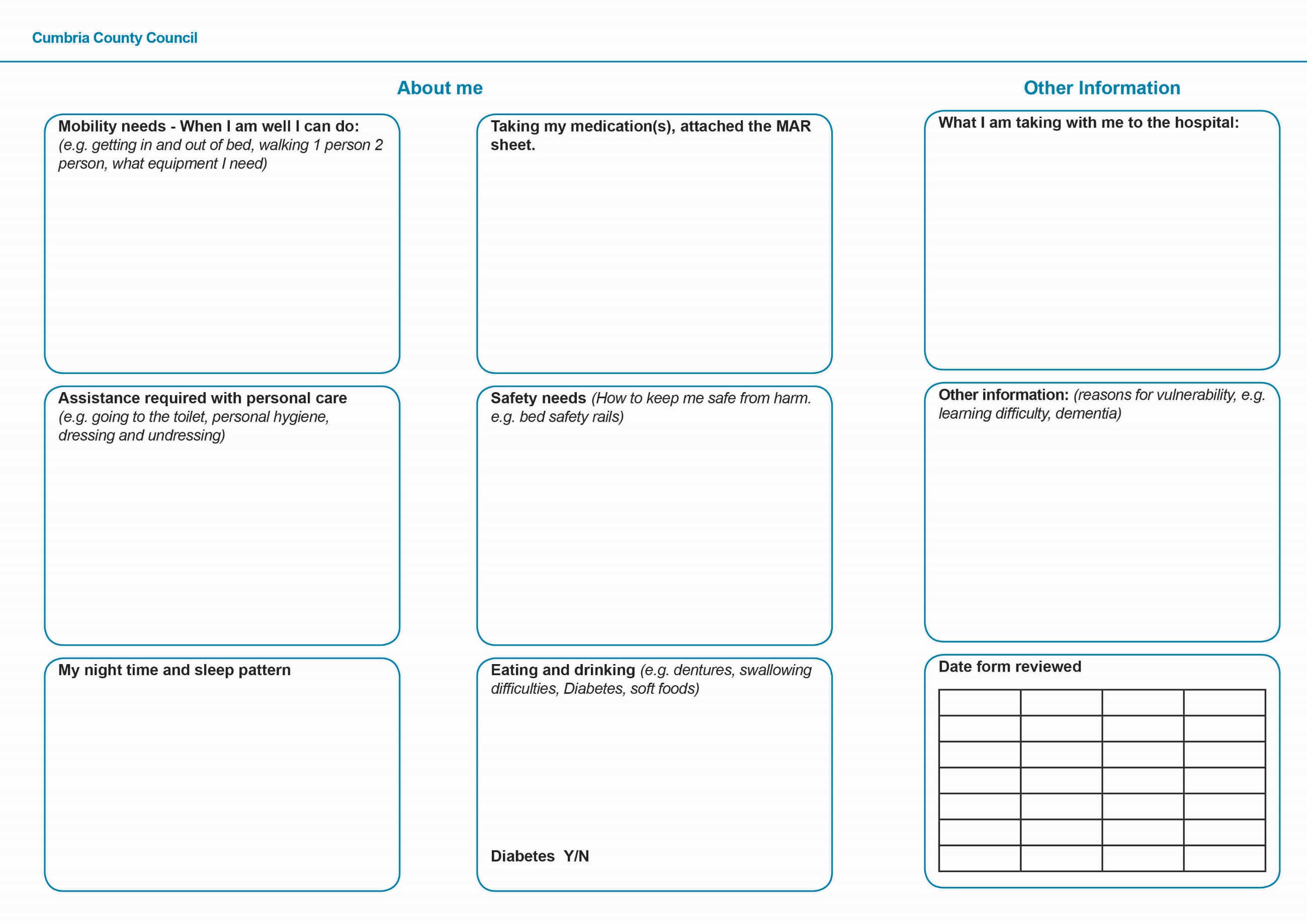
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Yes / No

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