

Last Offices Checklist in Community

The member of staff carrying out the procedure should complete this checklist. Once completed it should be signed by a registered nurse.

Patient : **Number :**

Home/Inpatient.....

		Signature
1	All catheters, venflons etc spigoted, and wounds covered with occlusive dressings.	
2	Patients GP contacted	
3	All nursing records and charts filed correctly	

Signature of registered nurse : **Print Name**.....

Date: