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Section 7: Action Report

Important: Report any issue arising from previous sections. Describe further action item, MDT actions and outcomes for care.

Item for further action	Action taken	Outcome	
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Department of Health Western Australia WA Cancer and Palliative Care Network CARE PLAN FOR THE DYING PERSON – COMMUNITY	Family Name First Name	UMRN DOB	Gender
Hospital: Doctor:	Address		Postcode

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Section 7: Action Report

Important: Report any issue arising from previous sections. Describe further action item, MDT actions and outcomes for care.

Item for further action	Action taken	Outcome
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