Department of Health Western Australia WA Cancer and Palliative Care Network	Family Name	UMRN		
CARE PLAN FOR THE DYING PERSON – INPATIENT	First Name	DOB	Gender	
Hospital:	Address		Postcode	
Doctor:				

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Section 7: Action Report Important: Report any issue arist actions and outcomes for care. Important: Report any issue arising from previous sections. Describe further action item, MDT

Item for further action	Action taken	Outcome	
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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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