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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:			

Section 8: Integrated progress notes

Important: Report the following: changes in condition, **minimum daily MDT review** including appropriateness of Care Plan, and ongoing care, significant events/conversations/visits, or other.

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