

Renal End of Life Working Group
Retrospective Chart Review
March 2007
Modified Sept 2008

Name: _____

Diagnosis at admission: _____

Date of death: _____

Length of admission _____

Location of death: home ___ hospital ___ hospice residence ___ other _____

Cause of Death: _____

Resuscitation attempted? Yes ___ No: _____

Palliative consult present? Yes ___ No _____

Known to Home Health? Yes ___ No _____

ACP notes present? Yes _____ No _____ If yes, were wishes followed?