Table4(2) for elderly	Stable period ①Help the client to live the remaining life as fully and comfortably as possible ②Response to an acute condition change		
Care Categories	The goal of support	Concrete care contents	Evaluation of goal attainment
Client and family care Provision of care	Caregiver cared for patient with stable physical.	collect information To devise of care instrument	Caregiver and family understood for disease
	It provide that care is suited patient and caregiver needs.	It provide care by patient conditions.It keeps patient and family's demand,needs.	Care needs solved by care provider.
	It provide that care be suited patient and caregiver expectation..	Nurse confirmed patient and family exceptation.It provide care with exceptation.It adjust co-medical with exceptation.	Client and family's request aim solved by care provider.
ADL/IADL	It keep a patient physical function.	It keep a patient physical function.	Family understand patient's physical, mental ,and social condition. It was prevented complication from bedridden.
Pain and symptom management	Symptom control relief as possible as it .	◇observed content ◇assisted content:Put into effect of rutine care ◇confirmed content	Patient can lived comfortably everyday by symptom control.
	Patient and family satisfyed patient total pain relief.		
Psychological, social and spiritual support	Able to other person communicated [meaning a live] [a live in pain].	Nurse decided continuously at home.	Nurse communicated about spiritual.
	Patient make contact Nursing agency everytime. Able to interchange of other person	A 24-hour system…… Mobile phone. It has visit informal support.	Care provider able to visit patient home.
Loss,grief and bereavement support	accept oun death, support to live lively	To training Death of education.	Patient and Family, relatives liked tovisit patient' home..
Synthesis/ Self-image	Patient will make good use of final stage.	It confirmed patinet's hobby by nurse side.	Patient express one's wish how to die.
Continuation of care/ Surrender	To take Team care system	Co-medical collaborated patient and family.Care problem doen't raise during co-medical.	Other care provider shared care plan.
	Family can appropriate care for patient.	Family cared for patient.	regulartly conference Good human relations
Self- determination	Patient will make good use of final stage.		living at home Patient hope dying at home
Right of choice	Patient and family hope at home care.	Patient talk to family about death.	
	Patient and family give informed choice.		

Table4(3) for elderly	Clinical death period Education and assistance to family for peaceful dying		
Care Categories	The goal of support	Concrete care contents	Evaluation of goal attainment
Client and family care — Provision of care	Caregiver cared for patient with physical stability .	◇observe of current condition	Family and caregiver think death and they cared for patient.
	Provide care is suited patient and caregiver needs.	◇observe of symptom ◇cleanliness ◇sore ◇medication◇nutrition ◇excretion◇Living will	Care provider comfirmed patient and family needs and it solved.
	Provided care is suited patient and caregiver expectation..	◇symptom check ◇caregiver education	Care provider provided patient and family exceptation.
ADL/IADL	Keep a patient physical function not to fall down.	◇To explain physical ,social , mental function. ◇Caregiver understand current condition ◇To prevent complication from bedriden	Care response for patient condition provided.
Pain and symptom management	Symptom control relief as possible as it .	◇observed content ◇assisted content ◇confirmed content	Patient wasn't pain by symptom control.Patient receive death
	Patient and family satisfyed patient total pain.		
Psychological, social and spiritual support	Able to other person communicated [meaning a live] [a live in pain].	◇Nurse confirmed following : Does patient understand what degree about disease. ◇Patient confirmed for prediction	Family cared for patient on satisfactory place.
	Patient makes contact Nursing agency everytime. Able to interchange of other person	◇Collaboration with doctor and district nurse ◇Care provider ◇How to call of emegency	
Loss,grief and bereavement support		◇Nurse confirme that caregiver and relatives hope die at home. ◇Do you have key person.	
Synthesis/ Self-image	Patient will make good use of final stage.	◇Patient concreat image how to process final stage.	
Continuation of care/ Surrender	To take Team care system	◇Care insurance concentrate caremanager,patient & caregiver and care provider share to care plan.	Continuous care provided patient.
	Family can appropriate care for patient.	◇Family have confidence about care.	When patient condition took a sudden turn for the worse,Family call to doctor.
Self- determination	Patient will make good use of final stage.	◇Patient hope at home	
Right of choice	Patient and family hope at home care.	◇Family would like to care for final stage at home.	Family consented treatment plan after this.
	Patient and family give informed choice.	◇Patient and family decided at home for final stage.	

Table4(4) *for elderly*	Bereaving period ①Confirm the death with dignity and comfort ②Support overcoming grief ③Comfort family and care for their mental and physical health		
Care Categories	The goal of support	Concrete care contents	Evaluation of goal attainment
Client and family care: Provision of care			
Client and family care: ADL/IADL			
Client and family care: Pain and symptom management			
Client and family care: Psychological, social and spiritual support			
Client and family care: Loss,grief and bereavement support	Nurse assist that family overcame loss,grief.	Nurse visit to family home	
Client and family care: Synthesis/ Self-image			
Client and family care: Continuation of care/ Surrender			
Client and family care: Self- determination			
Client and family care: Right of choice			