

Care of the dying person in the last days of life

Please refer to the NICE guidelines for care of dying adults in the last days of life, available on the palliative and end of life care index on the intranet.

RECOGNISING DYING

Deterioration in patient's condition suggests the patient is actively dying i.e. has the potential to die in hours or short days

REVIEW TEP AND ACP DECISIONS AND CONSIDER WHETHER ESCALATION/ACTIVE TREATMENT APPROPRIATE

1. Gather and document information on the patient's medical history, current clinical signs and symptoms and clinical context including underlying diagnosis.
2. Exclude reversible causes
3. Is specialist opinion needed from consultant with experience in patient's condition?
4. Is there a TEP / advance care plan and/or advance decision to refuse treatment?

MULTIDISCIPLINARY TEAM ASSESSMENT: where possible this assessment should be done during working hours by the MDT caring for the patient under the guidance of the senior clinician responsible. Where it is unavoidable, urgent, and clearly in the patient's best interests such decisions should be made by a clearly identified senior responsible clinician accountable for their care during the 'out of hours' period

COMMUNICATE

COMMUNICATION

Where the senior responsible clinician has identified that a patient under their care is actively dying or has the potential to be dying soon, they must discuss & agree the plan of care with the patient/patient's family to clarify and explain:

1. The recognition of dying or the potential for dying
2. The rationale for this, and
3. Respond to the patient/family's questions/concerns

Document reason(s) if family contact genuinely impossible (e.g. no family)

Consider the patient's current mental capacity to communicate and actively participate in the plan of care

SHARED DECISION-MAKING

DOCUMENT AN INDIVIDUALISED CARE OF THE DYING PERSON PLAN

In agreement with the patient and (where possible and the patient wishes) family, the senior responsible clinician must ensure that an individualised care of the dying person plan and all conversations are documented clearly in the patient's EPR.

- Refer patient to the RHN palliative care CNS on ext 5100 or at kelliott@rhn.org.uk
- Ensure DNACPR form is completed, and TEP and ACP considered
- The care plan should review and consider the patient's hydration / feed needs
- The care plan should review and consider what pharmacological interventions are required

Please refer to the NICE guidelines for care of dying adults in the last days of life available at <https://www.nice.org.uk/guidance/ng31>

Out of hours advice is available via the on-call CNS / SpR at Royal Trinity Hospice: 020 787 1000

ONGOING CARE

REVIEW AND REEVALUATION OF CARE AND CLINICAL DECISIONS

- At minimum, 4-hourly review and giving of nursing care – please use 'nursing observation sheet' available on the palliative and end of life care page on the intranet
- At minimum, daily review and reevaluation by the responsible medical team
- Update the family after a review

If unsure that the care plan is appropriate or if the patient / family raise concerns, all staff must ask the senior responsible clinician

