

Principles of care for the dying patient

Clinical Review

Deterioration in patient's condition suggests the patient has the potential to die in hours/days or is imminently dying

1. Exclude reversible causes e.g. opioid toxicity, renal failure, infection, hypercalcaemia.
2. Is specialist opinion needed from consultant with experience in patient's condition and /or palliative care team?
3. Is there an advance care plan or advance decision to refuse treatment?

Multidisciplinary team assessment agrees

Patient is potentially imminently dying and no likely reversible causes identified

Discuss and Agree Care Plan

Where the senior responsible clinician (ST3 or above) has identified that a patient under their care is dying or has the potential to die, they must discuss and agree a care plan with the patient/ patient's family/carer clarifying;

- Recognition of dying or potential for dying and the rationale for this
- The patient's understanding and wishes for treatment and care
- Proposed plan of care including discussion about
 - Ceiling of care/CPR status
 - Risks and benefits of nutrition and hydration
 - Discontinuation of routine observations
 - Symptom control and medications prescribed for pain, nausea and vomiting, dyspnoea, agitation and chest secretions – including the need to commence a syringe pump if required
 - Spiritual needs
- Respond to family/carer questions/concerns

Communicate

The senior clinician must ENSURE that the care plan and all conversations are clearly communicated to the patient, patient's family/carer and all staff involved in the patient's care.

Document

The senior clinician must ENSURE that the care plan and all conversations are clearly documented in the patient's clinical notes.

Care

Care for the Patient and Support for the Family Using the Key Actions Below/Overleaf

Re-evaluate daily

No improvement in patient's condition

Patient is assessed to still be imminently dying and no reversible causes identified or patient opts for comfort care
For advice and support contact the Palliative Care Team

Patient's condition has improved

- Patient is assessed as no longer dying
- Explore patient's understanding and wishes for treatment and care
 - Treatment trial and timescale for review if appropriate
 - Re-define ceiling of care if appropriate

Communicate Document

Communicate with patient/family to clarify aims of care and update family on a regular basis and following any change in management. In particular, consider and explain resuscitation, hydration, sedation, and use of medications.

Document significant conversations in the notes and ensure contact numbers for key family members. This may include preferences around place of care, support needs and specific issues such as tissue donation.

Rationalise

Review interventions and medications - focus on comfort and dignity

- Consider and explain interventions based on a balance of benefits and burdens, including prescription of fluids
- Communicate decisions with patient (where possible) and family

Care

Maintain excellent basic care - frequent assessment, action and review

- Regular mouth care. Turning for comfort as appropriate
- Encourage and support oral food/hydration as patient is able
- Check bladder and bowel function
- Ensure dignity and compassion in all care

Symptoms

Assess symptoms regulary - frequent assessment, action and review

- Prescribe medications as required for anticipated symptoms e.g. pain, nausea, agitation, respiratory secretions
- Medications may be required via subcutaneous syringe pump if symptomatic/no longer tolerating oral meds
- Advice available from the Palliative Care Team, see also Palliative Care Prescribing guidelines on intranet

Family

Identify support needs of family

- Ensure contact numbers and contact preferences updated for key family members
- Explain facilities available e.g. accommodation, parking permits, folding beds if available
- Consider single room for patient if available

Spirituality

Identify spiritual needs - for both patient and family

- Document specific actions required
- Refer to chaplaincy as appropriate

After care

Care after death

- Timely certification of death (often important for bereaved families)
- Family bereavement booklet
- Inform GP and other involved clinicians