

PATIENTS IN LAST DAYS OF LIFE: MEDICAL ASPECTS OF CARE TO CONSIDER

Caring for patients at the end of life requires experience and skill. Please seek senior review or local Specialist Palliative Care Team input for help and advice when needed.

RECOGNISING DYING / ACTIVELY DYING

- What is the rate of deterioration? What is the speed of change in functional status?
- Is the person changing in years, months, weeks, days or hours? (This can help to predict prognosis)
- Is the condition worsening despite treatment?
- Is the person "sick enough to die"?

When **NOT** to 'diagnose dying'

- You don't know (ask for senior medical and nursing input)
- Reasonable reversibility exists
- Uncertainty exists. It can be helpful to say to team/patient/family that you are concerned the patient is less well and worried they *might* be dying. This is safer than absolutes and often more realistic.

When **NOT** to have a Conversation with Patient/Family

- You don't know
 - "can I get my senior colleague to arrange a time to meet" or "I will find out more and get back to you"
- Avoid over the phone if possible
 - "this is an important conversation and you have lots of questions, can you come up to the hospital to discuss at ____ time"

REVIEW OF MEDICINE KARDEX AND CHARTS

- **DNACPR / Ceilings of Treatment / Hospital Anticipatory Care Plans**
- **Review Kardex**
 - Consider medications to stop
 - Consider 'critical medications' to continue
 - Previous symptom control medications e.g. regular opioids (including opioid patches)
 - High dose Furosemide (consider syringe pump)
 - Anti-epileptic medications (consider syringe pump)
 - Parkinson's Disease medications (consider Rotigotine patch)
 - Steroids (consider subcutaneous injection depending on dose)
 - Antipsychotic medications (consider syringe pump alternatives)
 - Insulin (consider reducing - see local guidance)
- **Prescribe Anticipatory Medications**
 - Review most recent renal function and liver function to guide choice of anticipatory medications
 - See "Guidance for the Management of Symptoms in Adults in the Last Days of Life Northern Ireland"
- **Review the burdens and benefits of**
 - IV fluids and enteral feed (good communication needed as sensitive topic)
 - Oxygen (based on patient comfort)
 - Blood investigations and blood glucose monitoring
 - Routine observations
- **Consider need for Nicotine replacement therapy**
- **Organise to turn off any implantable cardioverter-defibrillator (ICD). The use of a magnet to deactivate an ICD is a last resort and not best practice.**

DISCUSSION WITH PATIENT/FAMILY

- **Carefully document and include: names of who was spoken with, information given, issues/concerns discussed.**
- **“Now sick enough to die” or “now dying” (helpful to use clear language in a compassionate way)**
- **Prognosis**
 - “Time may be short”
 - Hours / days / short weeks
- **Ask the patient / family what is now important**
 - Place of death preferences
 - People to visit or not to visit
 - Spiritual care
 - Culturally appropriate care
 - If family want to be there for the moment of death, discuss staying
- **Establish what care we are providing**
 - Daily review and close monitoring
 - Prioritising patient’s comfort
- Syringe pump (if needed), what it is and how it works
- Personal hygiene / mouth care / skin care
- Sips of fluid / soft foods for comfort and pleasure balanced against risk of choking when swallow poor
- **What we are not doing**
 - E.g. routine observations / further tests
 - “Not going to prolong this time – nor do anything to hasten death”
- **What is likely to happen now**
 - Natural process of dying
 - Sleeping more, circulation changes, breathing changes, upper airway noises
 - What moment of death likely to look like
 - “Waiting for another breath that won’t come”

DAILY ASSESSMENT AND RECORDING

- **Focus on key symptoms**
 - Pain
 - Breathlessness
 - Nausea and vomiting
 - Anxiety, delirium and agitation
 - Noisy respiratory secretions
- **Look at PRN medications used on Kardex**
- **Ask nursing staff and family**
 - Symptoms and symptom response to PRN medications
 - Patient response to being moved and personal care
 - Ensure moisturising mouth care prescribed

How to Record Actively Dying

Nursing staff report: _____
Family report: _____
Patient states (if able): _____
OE: Facial expression: _____
Breathing/upper respiratory noises: _____
Examine mouth: _____
Check syringe driver site: _____
Check for draining catheter or palpable bladder: _____
If previously sore somewhere specifically assess that area: _____
PRNs 24 hours: _____
(medications and number of doses and response)
Spiritual care: _____
Impression: _____
Plan: _____

AFTER DEATH CARE

- **Death Certificates – prompt completion**
- **Cremation Forms – prompt completion**
- **Information on Role of Undertaker**
- **Information on Local Bereavement Services**
- **Consider if discussion with Coroner is needed**
- **Consider M&M/Patient Safety Meeting if an aspect of dying was difficult**