

HOW TO PRINT CARE DECISIONS FOR THE LAST DAYS OF LIFE VIA INTRANET

Clinical Online Information Network (COIN)

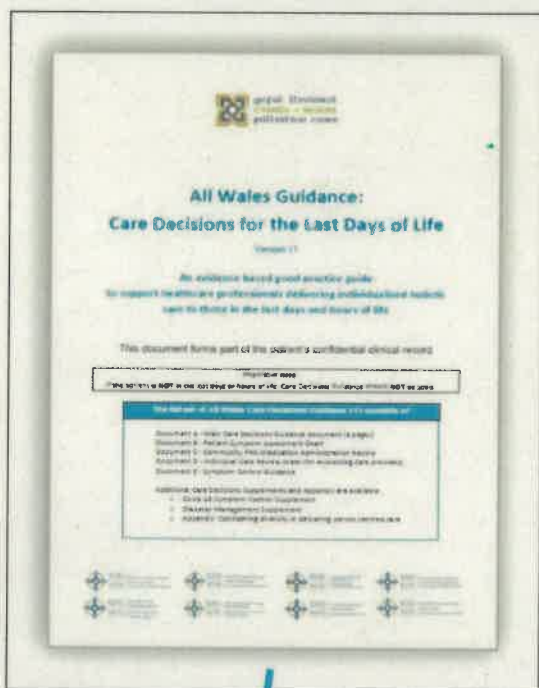
A-Z Directory

Palliative and End of Life Care

Care Decision Guidance

CID1876a SWANSEA BAY UNIVERSITY CARE DECISION V11 (Hospital Use)

PRINT CARE DECISION from Intranet- Please DO NOT photocopy these documents



This is for doctors and nurses to complete together-front sheet of full document – CID1876A

For nurses/HCSW to complete each time patients are reviewed. CID1880

Always complete and return this sheet for all deceased patients.

This sheet is used to evidence the quality of care provided at the end of life in Wales (with or without the use of Care Decisions guidance).

Last Days of Life Care in Wales: Individual Case Review Sheet

Health Board area: _____

Name of local palliative care team: _____

Patients' care planning: Out of hours Expired verbal Nursing home Community support Acute hospice Palliative care Other

About the deceased: Male Female Other

Age: _____

Primary diagnosis: Cancer Other

Non-cancer: Yes No

Priority 1: The possibility that a person may die within the coming days and hours is recognised and communicated clearly. Decisions about care are made in accordance with the patient's best and wishes, and these are reviewed/updated regularly.

Recognising the dying phase

- Was the patient seen by a senior clinician in their last days? Yes No
- Was it documented that the team agreed the patient's likely to die in the last days or hours of life? Yes No
- Was the patient's needs and wishes in their last days of life? Yes No
- Was it documented that the patient was asked about or had already indicated their needs and wishes? Yes No
- Was the patient where they preferred to be cared for in the last days of life? Yes No
- Was it documented that arrangements/plans were followed and revised as needs changed? Yes No

Priority 2: Sensitive communication takes place between staff and the person who is dying and those important to them.

- Was there evidence of sensitive discussions with the patient about their care? Yes No
- Was the patient asked to discuss: Carer support Social support Bereavement Other No
- Did the patient clearly indicate that they did not wish to discuss the issue? Yes No
- Was there evidence of discussion with those important to the patient regarding last days of life? Yes No
- Were there any sensitive issues identified or raised in patient care that were not discussed? Yes No

Priority 3: The dying person, and those identified as important to them, are involved in decisions about treatment and care.

- Was there evidence that opportunities were given to the patient and those important to them to be involved in decisions about treatment and care? Yes No

Priority 4: The people important to the dying person are offered to and their needs are supported.

- Was there evidence that those important to the patient were offered to and their needs supported? Yes No
- Were those important to the patient made aware of the practical support and information available to them before and after death, e.g. hospice notified, increased nursing care at home, bereavement support? Yes No

Priority 5: Care is tailored to the individual and delivered with compassion – with an individual care plan in place.

Was there documented evidence of:

- Individualised care planning being undertaken (this may include physical, emotional, spiritual, cultural, religious, social, bereavement and other planning)? Yes No
- Appropriate anticipatory medication, tailored to the needs of the patient, being given? Yes No
- At least daily monitoring of signs and symptoms, including need for paracetamol/fluids? Yes No

Other: Documentation: Were any of the following documents used?

- Care Decisions guidance in Welsh? Yes No
- Symptom Assessment Chart? Yes No
- Symptom Control Guidance Flow Diagram? Yes No

Any further comments on case or if the patient has further care? _____

Return completed sheets to your local palliative care team or:

- West: Cardiff Palliative Care Team
- North: East Wales Care Decisions Manager: Palliative Care, Borth, Llan-yn-Iddo, Carmarthen, SA31 2JL
- Mid: Mid Wales Palliative Care Team: 01497 274444

Document 8: Care Decisions System: Care Decisions in Welsh 2021. Review June 2022.

Please ENSURE the Individual Case Review sheet is sent back to Swansea Bay Audit Department. There are departments in Morriston, Singleton and Neath Hospital. CID1878

All Wales Guidance: Care Decisions for the Last Days of Life

Symptom Control Guidance

Introduction

The guideline is an aid to clinical decision-making in managing common symptoms which can occur in people in the last days of life.

- Regular assessment of symptoms requires input from:**
 - Access the patient for symptoms likely to occur in the last days of life (including pain, breathlessness, nausea and vomiting, anxiety, confusion, agitation, and other respiratory secretions).
 - Consider reversible causes of symptoms e.g. pain or agitation caused by urinary retention or constipation.
- Management requires an individualised approach to the patient:**
 - An individualised approach may suggest a different medication/strategy being indicated to those listed in the guideline.
 - There should also be consideration of non-pharmacological strategies in addition to medication to manage symptoms e.g. positioning, environmental reassurance.
- Medication considerations:**
 - Prescribe anticipatory (including injectable) medication with individualised indications for use, dosage and route of administration. Such injectable subcutaneous (SC) medication should be available for use in anticipation of end common symptoms in the last days of life even if these symptoms are not yet present.
 - Continuous subcutaneous infusion (SCI) using a syringe driver should be indicated if a patient requires regular symptom control medication but can no longer take this by mouth or if there are concerns about absorption from the oral route.
 - It is good practice to prescribe a maximum dose in 24 hours. This should be clinical review if further analgesia and/or sedation are needed. The maximum dose indicated should include both SC and injected and regular medication (e.g. morphine via SCI).
 - Where SCI is required the drug should be water for injection. Contact pharmacy for advice if drug compatibility is a problem.

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Symptom Control Guidance Information. Including the All Wales Supplementary Symptom Control Guidance for palliative management of patients with COVID-19 infection – CID1874

End of Life Care PARASOL Service- SBUHB- December 2022