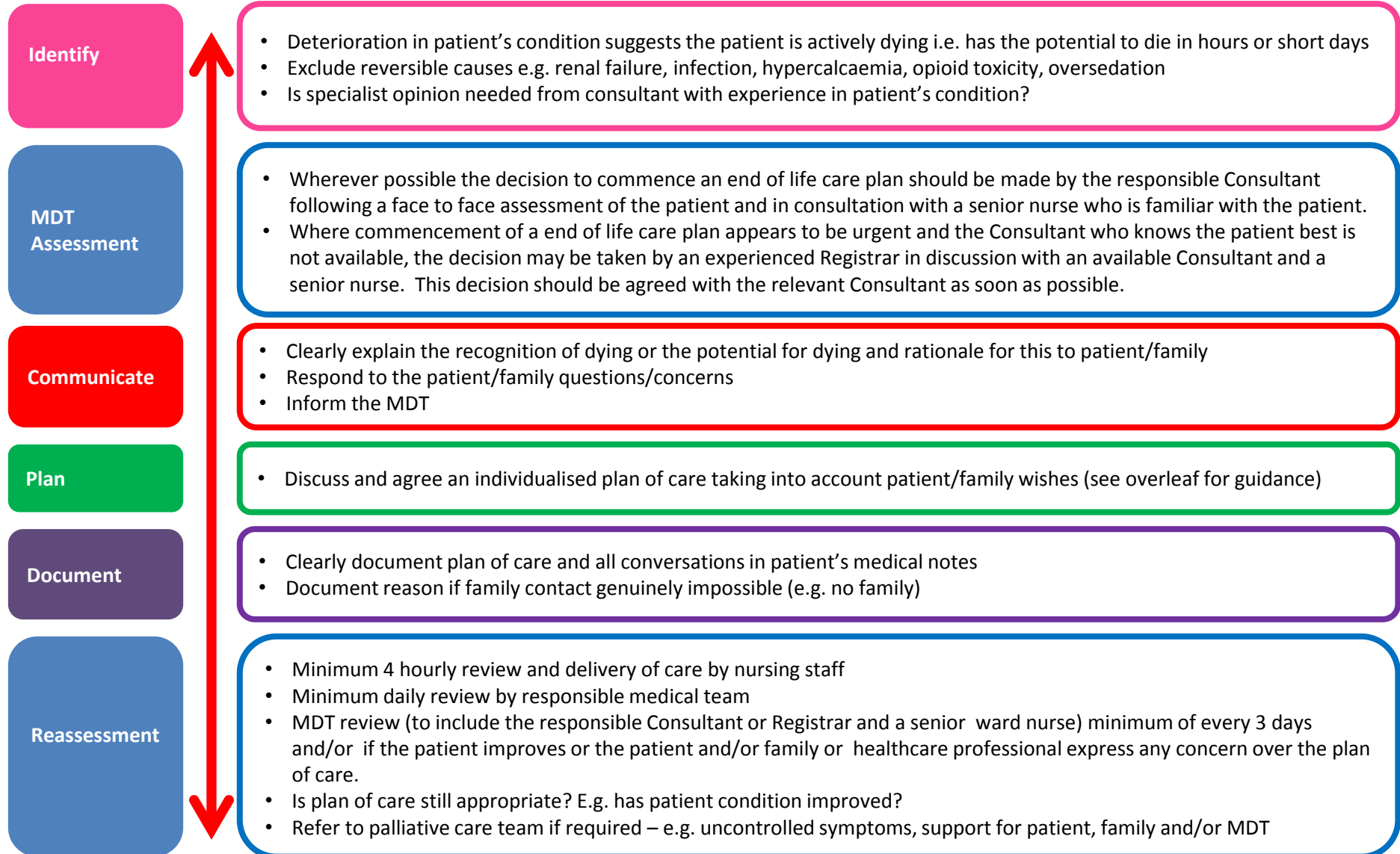


UHL: Principles of Care for Dying Patients



For further advice contact the Palliative Care Team: Monday to Friday 9am-5pm - bleeps 1930, 1934, 1935 or ext. 3017. Outside these hours – contact the Macmillan Nurse (9am-5pm, Saturday, Sunday and Bank holidays) or on call Palliative Medicine Consultant (24 hours) via the hospital switchboard

Daily Care Plan Review

Review

REVIEW BOTH MEDICAL & NURSING CARE BEING GIVEN TO THE PATIENT - ensure all comfort measures are in place

- Stop any investigations, treatments or medications that are of no benefit to the patient
- Review hydration and nutrition needs
- Ensure a DNA-CPR order is in place
- Is plan of care still appropriate? E.g. has patient condition improved?

Communicate and Document

COMMUNICATE with patient /family to update on a regular basis and following any change in management

DOCUMENT significant conversations in the notes and record contact numbers for key family members

- This may include preferences around place of care, support needs, and specific issues such as tissue donation

Care

MAINTAIN EXCELLENT BASIC CARE - frequent assessment, action and review

- Regular mouth care and 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 REGULARLY - 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 medications
- Advice available from the Palliative Care Team, see also '*Clinical Guidelines for Symptom Control in the Adult Dying Patient*' on the intranet

Family

IDENTIFY SUPPORT NEEDS OF FAMILY

- Ensure contact numbers and contact preferences updated for key family members
- Explain facilities available e.g. restaurant, 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

Care After Death

CARE AFTER DEATH

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