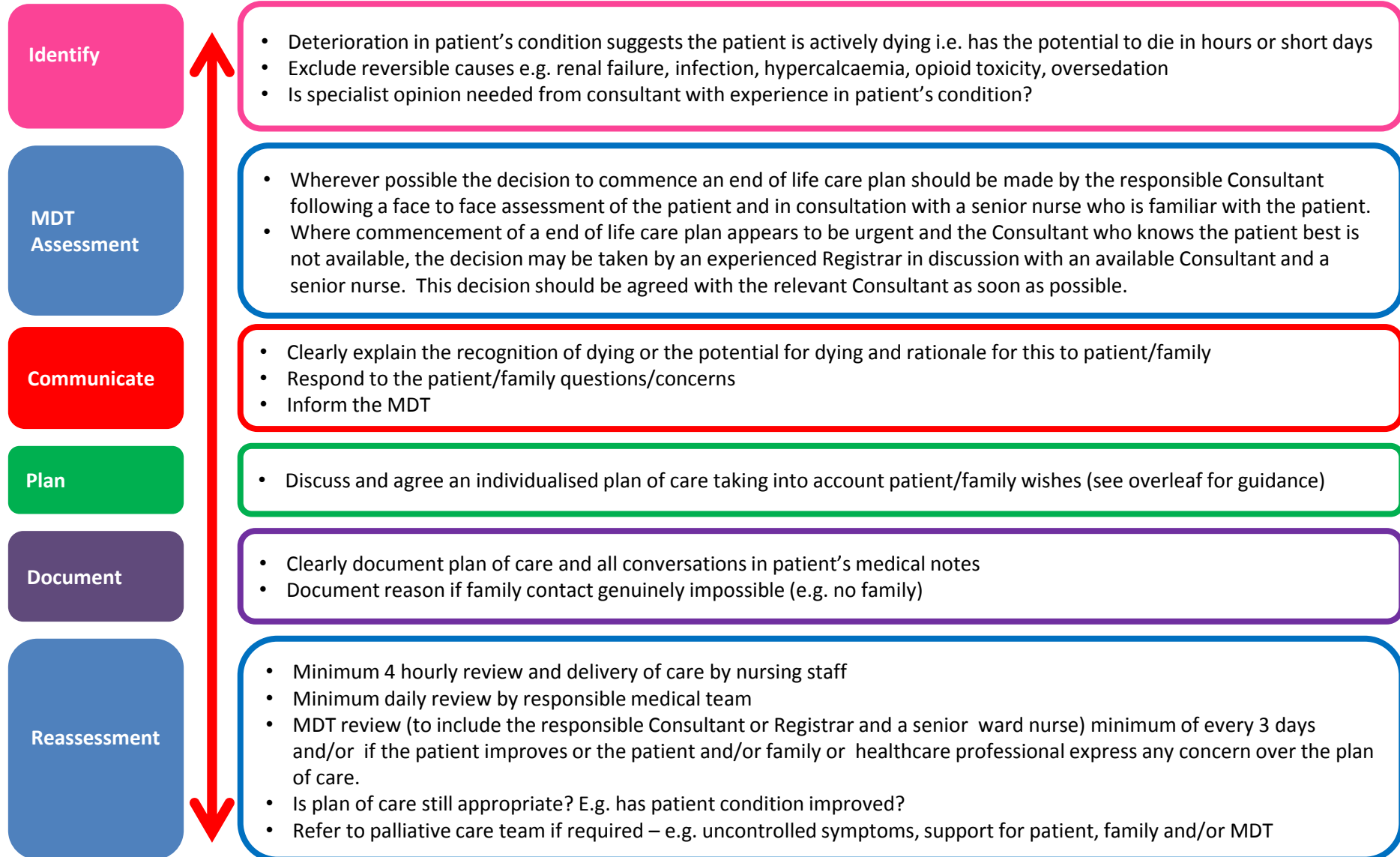


# QEH: Principles of Care for Dying Patients



**For further advice contact the Palliative Care Team:** Monday to Friday 9am-5pm – beeps 718, 747, 353 or ext. 5442. Outside these hours – contact the Greenwich and Bexley Community Hospice seven days a week 5pm-9am 020 8320 5794, Sat, Sun and Bank Holidays 9am – 5pm 07500 879404

# 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