

Name: NHS No: DOB:

Care Of The Dying Pathway (lcp)

(Community)

References:

Working Party on Clinical Guidelines In Palliative Care (1997) Changing Gear – Guidelines for Managing the Last Days of Life in Adults. National Council for Hospice and Specialist Palliative Care Services, London (revised and reprinted January 2005)

Ellershaw JE, Wilkinson S (2003) Care of the dying: A pathway to excellence. Oxford: Oxford University Press.

Instructions for use

1. All goals are in **heavy** typeface. Interventions, which act as prompts to support the goals, are in normal type.
2. The palliative care guidelines are printed on the pages at the end of the pathway. Please make reference as necessary.
3. If you have any problems regarding the pathway contact the Palliative Care Team.

Practitioners are free to exercise their own professional judgement, however, any alteration to the practice identified within this LCP must be noted as a variance on the sheet at the back of the pathway.

Criteria for use of the LCP

All possible reversible causes for current condition have been considered:

The multiprofessional team has agreed that the patient is dying, and two of the following may apply: -

- | | |
|---|---|
| The patient is bedbound <input type="checkbox"/> | Semi-comatose <input type="checkbox"/> |
| Only able to take sips of fluids <input type="checkbox"/> | No longer able to take tablets <input type="checkbox"/> |

GP: Named nurse: PCT:



Name: NHS no:.....Date/Time commenced:

Section 1		Initial assessment	
Diagnosis & Demographics	PRIMARY DIAGNOSIS: SECONDARY DIAGNOSIS: Date of referral for this episode care:.....Ethnicity:..... DOB:..... NHS no:..... Female <input type="checkbox"/> Male <input type="checkbox"/>		
	Physical condition	Unable to swallow Yes <input type="checkbox"/> No <input type="checkbox"/> Nausea Yes <input type="checkbox"/> No <input type="checkbox"/> Vomiting Yes <input type="checkbox"/> No <input type="checkbox"/> Constipated Yes <input type="checkbox"/> No <input type="checkbox"/> Confused Yes <input type="checkbox"/> No <input type="checkbox"/> Agitation Yes <input type="checkbox"/> No <input type="checkbox"/> Restless Yes <input type="checkbox"/> No <input type="checkbox"/> Distressed Yes <input type="checkbox"/> No <input type="checkbox"/>	Aware Yes <input type="checkbox"/> No <input type="checkbox"/> Conscious Yes <input type="checkbox"/> No <input type="checkbox"/> UTI problems Yes <input type="checkbox"/> No <input type="checkbox"/> Catheterised Yes <input type="checkbox"/> No <input type="checkbox"/> Respiratory tract secretions Yes <input type="checkbox"/> No <input type="checkbox"/> Dyspnoea Yes <input type="checkbox"/> No <input type="checkbox"/> Pain Yes <input type="checkbox"/> No <input type="checkbox"/> Other (e.g. oedema, itch) Yes <input type="checkbox"/> No <input type="checkbox"/>
Comfort measures	Goal 1: Current medication assessed and non essentials discontinued Yes <input type="checkbox"/> No <input type="checkbox"/> Appropriate oral drugs converted to subcutaneous route and syringe driver commenced if appropriate. Inappropriate medication discontinued.		
	Goal 2: PRN subcutaneous medication written up for list below as per protocol (See sheets at back of LCP for guidance)		
	Pain Yes <input type="checkbox"/> No <input type="checkbox"/> Agitation Yes <input type="checkbox"/> No <input type="checkbox"/> Respiratory tract secretions Yes <input type="checkbox"/> No <input type="checkbox"/> Nausea & vomiting Yes <input type="checkbox"/> No <input type="checkbox"/> Dyspnoea Yes <input type="checkbox"/> No <input type="checkbox"/>	Analgesia Yes <input type="checkbox"/> No <input type="checkbox"/> Sedative Yes <input type="checkbox"/> No <input type="checkbox"/> Anticholinergic Yes <input type="checkbox"/> No <input type="checkbox"/> Anti-emetic Yes <input type="checkbox"/> No <input type="checkbox"/> Anxiolytic / Muscle relaxant Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Goal 3: Discontinue inappropriate interventions		
	Blood test (including BM monitoring) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Antibiotics Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> I.V.'s (fluids/medications) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Not for cardiopulmonary resuscitation recorded Yes <input type="checkbox"/> No <input type="checkbox"/> (Please record below & complete appropriate associated documentation - policy/procedure) Deactivate cardiac defibrillators (ICD's) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Contact patient's Cardiologist Refer to local policy and procedures Information leaflet given to patient / carer if appropriate Doctor's signature: Date:		
Goal 3a: Decisions to discontinue inappropriate nursing interventions taken Yes <input type="checkbox"/> No <input type="checkbox"/> Routine turning regime – reposition for comfort only – consider pressure relieving mattress – & appropriate assessments re skin integrity - taking vital signs. If BM monitoring in place reduce frequency as appropriate e.g. once daily			
Goal 3b: Syringe driver set up within 4 hours of doctors order Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Nurse signature: Date: Time:			



Name: NHS no: Date:

Codes (please enter in columns) A= Achieved V=Variance (not a signature)							
<i>Section 2</i>	<i>Patient problem/focus</i> <i>Record time of visit</i>	Date Time	Date Time	Date Time	Date Time	Date Time	Date Time
Ongoing assessment Pain Goal: Patient is pain free <ul style="list-style-type: none"> Verbalised by patient if conscious Pain free on movement Appears peaceful Consider need for positional change 							
Agitation Goal: Patient is not agitated <ul style="list-style-type: none"> Patient does not display signs of delirium, terminal anguish, restlessness (thrashing, plucking, twitching) Exclude retention of urine as cause Consider need for positional change 							
Respiratory tract secretions Goal: Excessive secretions are not a problem <ul style="list-style-type: none"> Medication to be given as soon as symptoms arise Consider need for positional change Symptom discussed with family/other 							
Nausea & vomiting Goal: Patient does not feel nauseous or vomits <ul style="list-style-type: none"> Patient verbalises if conscious 							
Dyspnoea Goal: Breathlessness is not distressing for patient <ul style="list-style-type: none"> Patient verbalises if conscious. Consider need for positional change. 							
Other symptoms (e.g. oedema, itch)							
Treatment/procedures Mouth care Goal: Mouth is moist and clean <ul style="list-style-type: none"> See mouth care policy Mouth care assessment at least 4 hourly Frequency of mouth care depends on individual need Family/other involved in care given 							
Micturition difficulties Goal: Patient is comfortable <ul style="list-style-type: none"> Urinary catheter if in retention Urinary catheter or pads, if general weakness creates incontinence 							
Medication (If medication not required please record as N/A) Goal: All medication is given safely & accurately <ul style="list-style-type: none"> If syringe driver in progress check at least 4 hourly according to monitoring sheet 							
Signature							
If you have charted "V" against any goal so far, please complete variance sheet on the back page							



Name: NHS no: Date:

Codes (please enter in columns) A= Achieved V=Variance (not a signature)							
<i>Section 2 Continued</i>	<i>Patient problem/focus Record time of visit</i>	Date Time	Date Time	Date Time	Date Time	Date Time	Date Time
Mobility/Pressure area care Goal: Patient is comfortable and in safe environment <ul style="list-style-type: none"> Clinical assessment of: <ul style="list-style-type: none"> Skin integrity Need for positional change Need for special mattress Personal hygiene, bed bath, eye care needs 							
Bowel care Goal: Patient is not agitated or distressed due to constipation or diarrhoea							
Psychological/Insight support Patient Goal: Patient becomes aware of the situation as appropriate <ul style="list-style-type: none"> Patient is informed of procedures Touch, verbal communication is continued 							
Psychological/Insight support Family/other Goal: Family/other are prepared for the patient's imminent death with the aim of achieving peace of mind and acceptance <ul style="list-style-type: none"> Check understanding of nominated family/others / younger adults / children Check understanding of other family/others not present at initial assessment Ensure recognition that patient is dying & of the measures taken to maintain comfort Chaplaincy Team support offered 							
Religious/Spiritual support Goal: Appropriate religious/spiritual support has been given <ul style="list-style-type: none"> Patient/other may be anxious for self/others Support of Chaplaincy Team may be helpful Consider cultural needs 							
Care of the family /others Goal: The needs of those attending the patient are accommodated <ul style="list-style-type: none"> Consider health needs & social support. 							
Health Professional signature each visit							
If you have charted "V" against any goal so far, please complete variance sheet on the back page							



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Codes (please enter in columns) A= Achieved V=Variance (not a signature)							
<i>Section 2</i>	<i>Patient problem/focus</i> <i>Record time of visit</i>	Date Time	Date Time	Date Time	Date Time	Date Time	Date Time
Ongoing assessment							
Pain							
Goal: Patient is pain free							
<ul style="list-style-type: none"> • Verbalised by patient if conscious • Pain free on movement • Appears peaceful • Consider need for positional change 							
Agitation							
Goal: Patient is not agitated							
<ul style="list-style-type: none"> • Patient does not display signs of delirium, terminal anguish, restlessness (thrashing, plucking, twitching) • Exclude retention of urine as cause • Consider need for positional change 							
Respiratory tract secretions							
Goal: Excessive secretions are not a problem							
<ul style="list-style-type: none"> • Medication to be given as soon as symptoms arise • Consider need for positional change • Symptom discussed with family/other 							
Nausea & vomiting							
Goal: Patient does not feel nauseous or vomits							
<ul style="list-style-type: none"> • Patient verbalises if conscious 							
Dyspnoea							
Goal: Breathlessness is not distressing for patient							
<ul style="list-style-type: none"> • Patient verbalises if conscious. • Consider need for positional change. 							
Other symptoms (e.g. oedema, itch)							
.....							
Treatment/procedures							
Mouth care							
Goal: Mouth is moist and clean							
<ul style="list-style-type: none"> • See mouth care policy • Mouth care assessment at least 4 hourly • Frequency of mouth care depends on individual need • Family/other involved in care given 							
Micturition difficulties							
Goal: Patient is comfortable							
<ul style="list-style-type: none"> • Urinary catheter if in retention • Urinary catheter or pads, if general weakness creates incontinence 							
Medication (If medication not required please record as N/A)							
Goal: All medication is given safely & accurately							
<ul style="list-style-type: none"> • If syringe driver in progress check at least 4 hourly according to monitoring sheet 							
Signature							
If you have charted "V" against any goal so far, please complete variance sheet on the back page							



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Religious/Spiritual support Goal: Appropriate religious/spiritual support has been given <ul style="list-style-type: none"> Patient/other may be anxious for self/others Support of Chaplaincy Team may be helpful Consider cultural needs 							
Care of the family /others Goal: The needs of those attending the patient are accommodated <ul style="list-style-type: none"> Consider health needs & social support. 							
Health Professional signature each visit							
If you have charted "V" against any goal so far, please complete variance sheet on the back page							



Name: NHS no: Date:

SECTION 3 Verification of death

Date of death: Time of death:

Persons present:

Notes:

.....

Signature: Time verified:

Care after death	Goal 12: GP Practice contacted re patient's death Date ___/___/___ Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> • If out of hours contact on next working day Message can be left with receptionist
	Goal 13: Procedures for laying out followed according to community policy Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> • Carry out specific religious / spiritual / cultural needs - requests
	Goal 14: Procedure following death discussed or carried out Yes <input type="checkbox"/> No <input type="checkbox"/> Check for the following: <ul style="list-style-type: none"> • Explain mortuary viewing by contacting Funeral Director • Family aware cardiac devices (ICD's) or pacemaker must be removed prior to cremation • Post mortem discussed as appropriate. • Input patients death on community computer system
	Goal 15: Family/other given information on community procedures Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> • information booklet given to family/other about necessary legal tasks • Relatives/other informed to ring Registrars Office to make an appointment
	Goal 16: Not applicable to the Community setting
	Goal 17: Necessary documentation & advice is given to the appropriate person Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> • 'What to do after death' booklet given (DHSS)
	Goal 18: Bereavement leaflet given Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> • Information leaflet on grieving and local support given
	<p>If you have charted "No" against any goal so far, please complete variance sheet at the back of the pathway before signing below</p> <p>Health Professional signature: Date:</p>
Have you completed the last observation	



Name: NHS no:

Variance analysis

What Variance occurred & why?	Action Taken	Outcome
Signature..... Date/Time.....	Signature..... Date/Time.....	Signature..... Date/Time.....
Signature..... Date/Time.....	Signature..... Date/Time.....	Signature..... Date/Time.....
Signature..... Date/Time.....	Signature..... Date/Time.....	Signature..... Date/Time.....
Signature..... Date/Time.....	Signature..... Date/Time.....	Signature..... Date/Time.....
Signature..... Date/Time.....	Signature..... Date/Time.....	Signature..... Date/Time.....

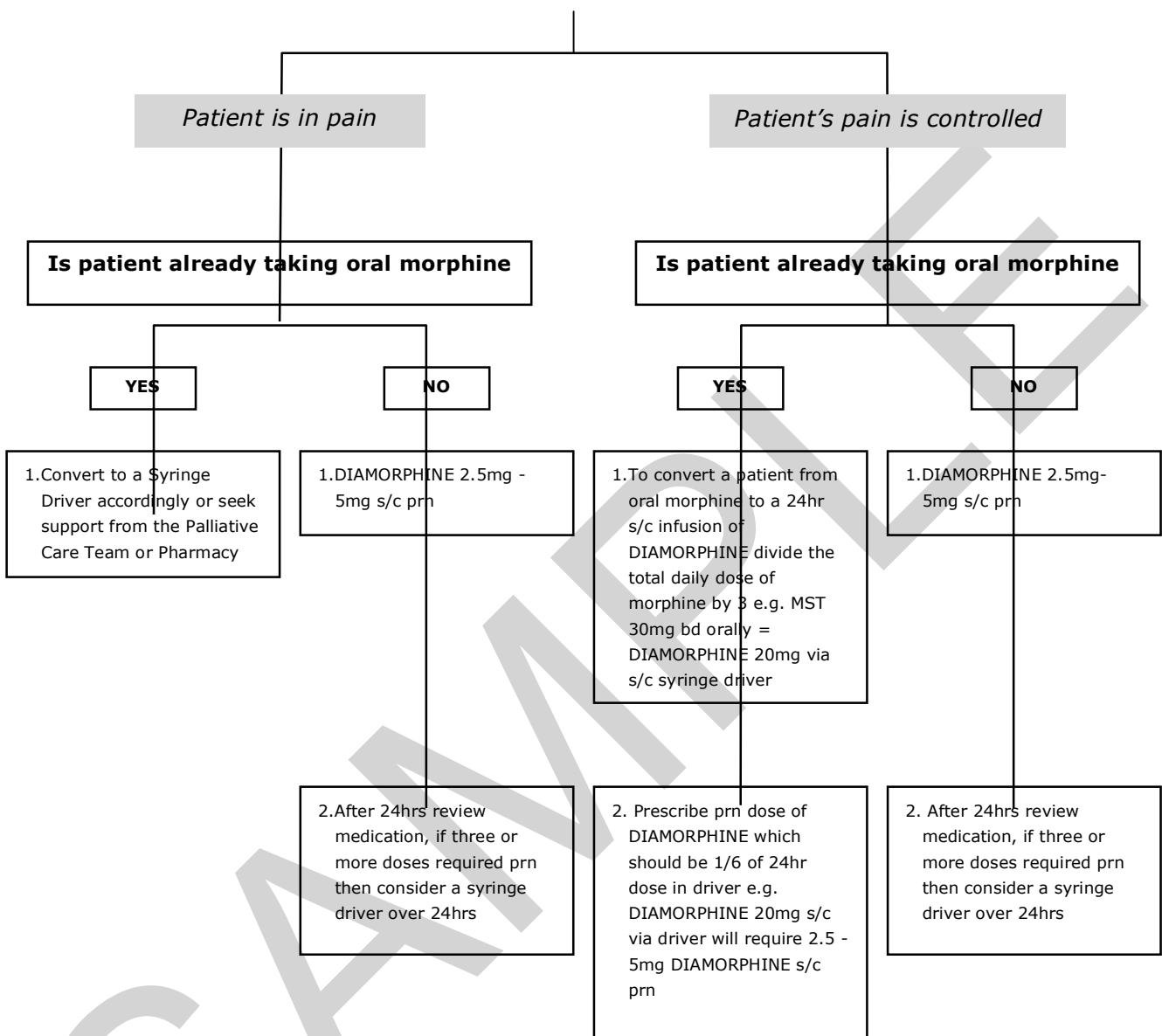


Name: NHS no:

Variance analysis

What Variance occurred & why?	Action Taken	Outcome
Signature..... Date/Time.....	Signature..... Date/Time.....	Signature..... Date/Time.....
Signature..... Date/Time.....	Signature..... Date/Time.....	Signature..... Date/Time.....
Signature..... Date/Time.....	Signature..... Date/Time.....	Signature..... Date/Time.....
Signature..... Date/Time.....	Signature..... Date/Time.....	Signature..... Date/Time.....
Signature..... Date/Time.....	Signature..... Date/Time.....	Signature..... Date/Time.....

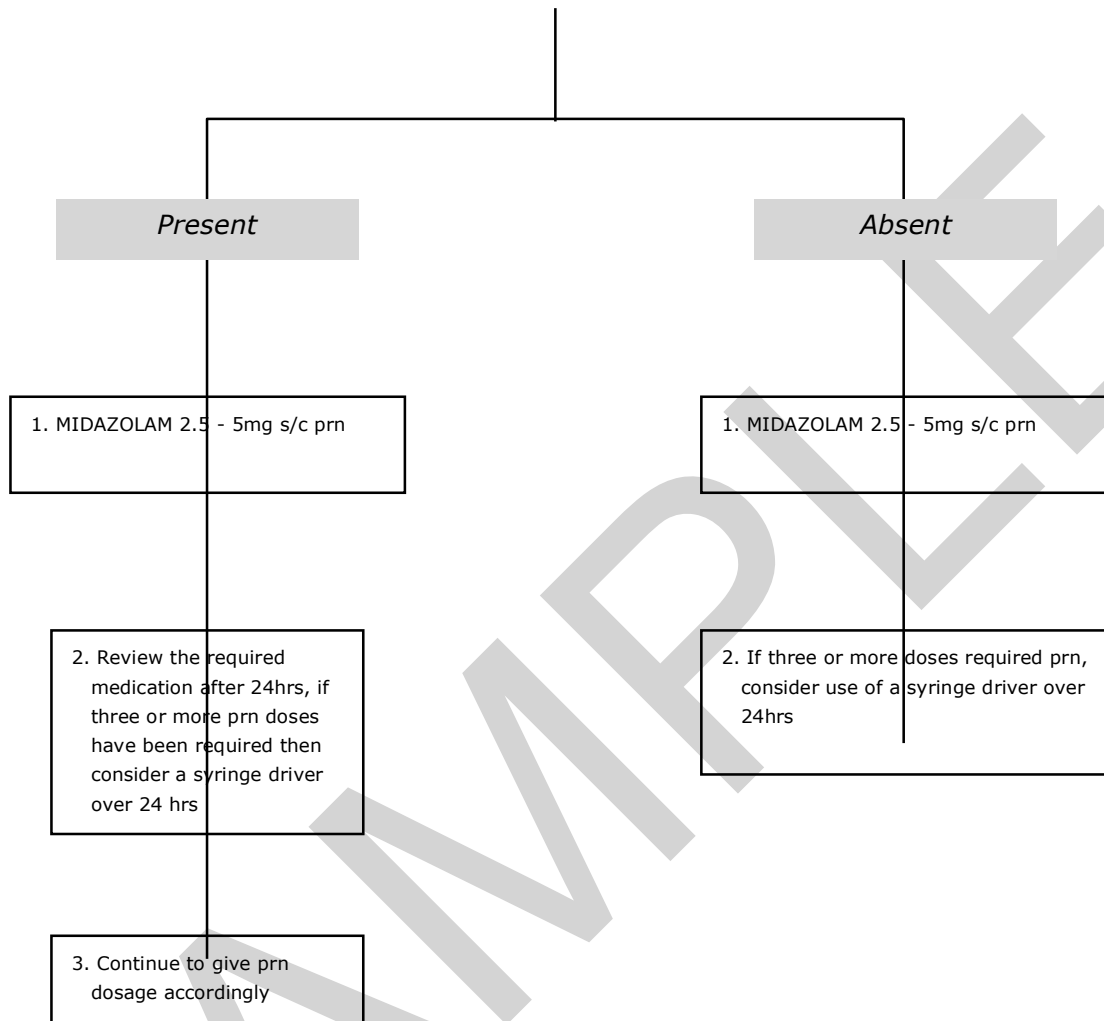
Pain



SUPPORTIVE INFORMATION:

- To convert from other strong opioids contact Palliative Care Team/ Pharmacy for further advice & support as needed
- If symptoms persist contact the Palliative Care Team
- Morphine 5 – 10mg s/c prn may be utilized as an alternative
- Anticipatory prescribing in this manner will ensure that in the last hours / days of life there is no delay responding to a symptom if it occurs.
- *These guidelines are produced according to local policy & procedure & you may want to alter them for local use and reference them accordingly*

Terminal restlessness and agitation

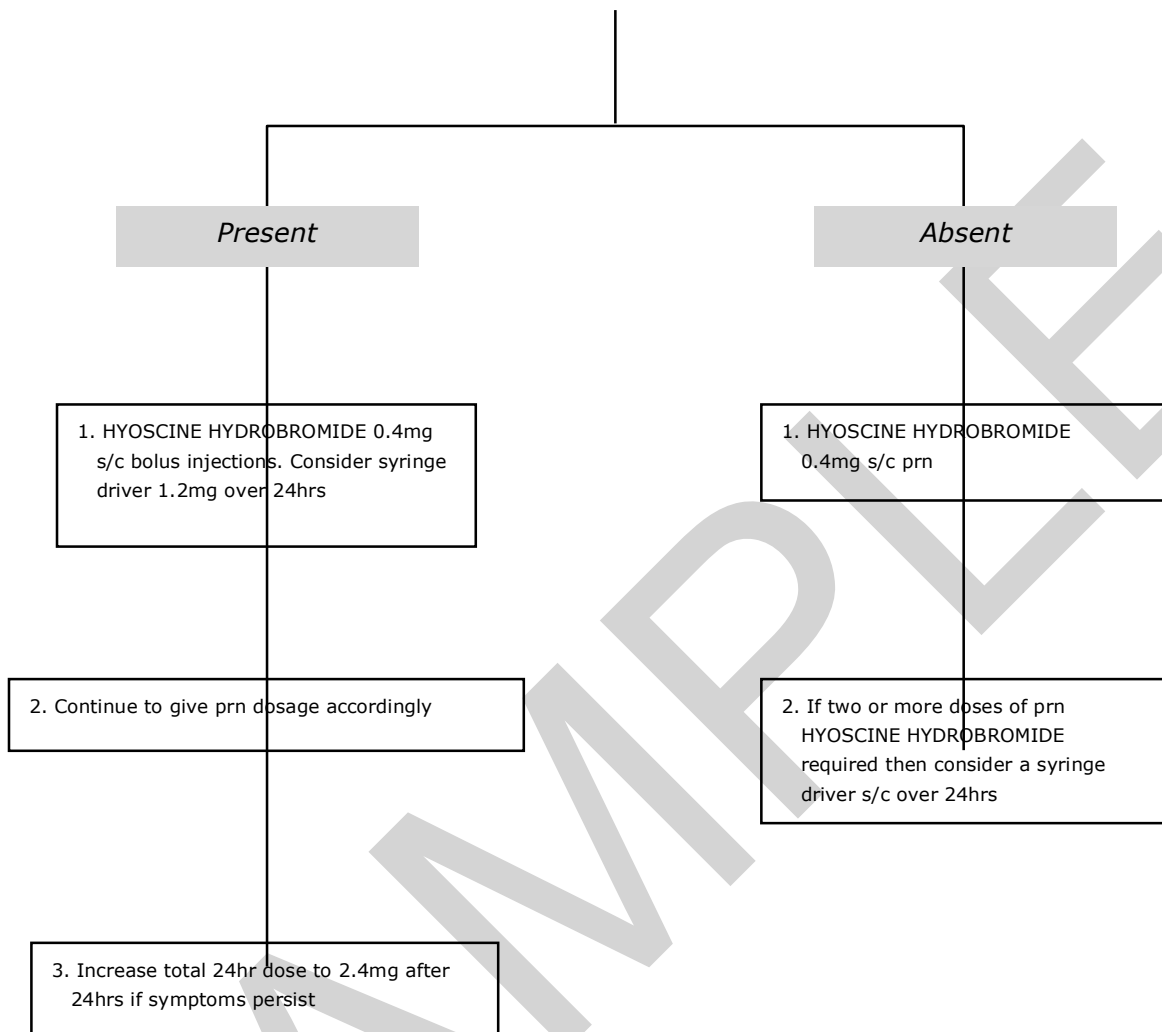


SUPPORTIVE INFORMATION;

- If symptoms persist contact the Palliative Care Team
- Anticipatory prescribing in this manner will ensure that in the last hours / days of life there is no delay responding to a symptom if it occurs.
- *These guidelines are produced according to local policy & procedure & you may want to alter them for local use and reference them accordingly*



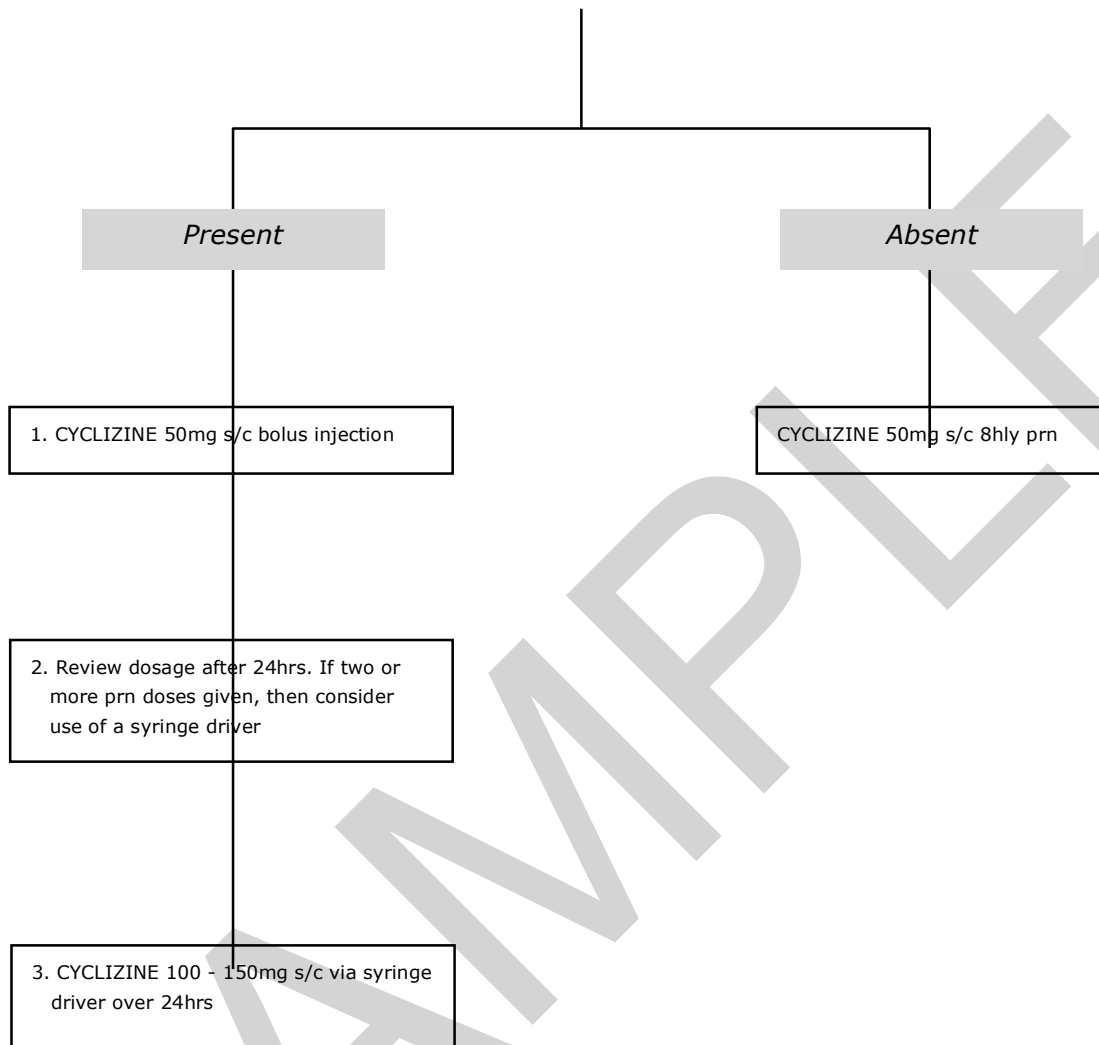
Respiratory tract secretions



SUPPORTIVE INFORMATION:

- If symptoms persist contact the Palliative Care Team
- Glycopyrronium 0.4mg s/c prn may be used as an alternative
- Anticipatory prescribing in this manner will ensure that in the last hours / days of life there is no delay responding to a symptom if it occurs.
- *These guidelines are produced according to local policy & procedure & you may want to alter them for local use and reference them accordingly*

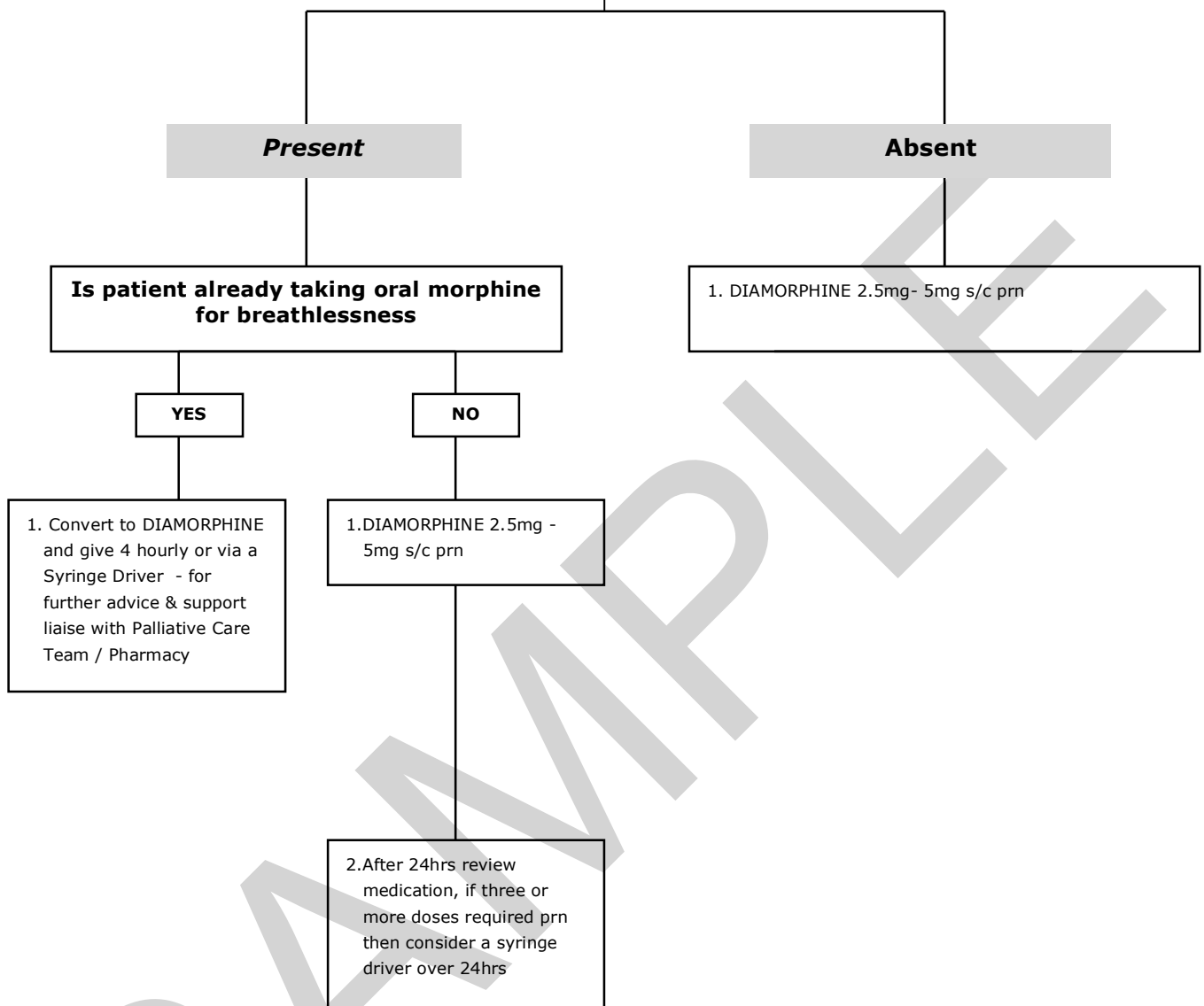
Nausea and vomiting



SUPPORTIVE INFORMATION:

- N.B. Always use water for injection when making up Cyclizine to correct volume.
- If symptoms persist contact the Palliative Care Team.
- Cyclizine is not recommended in patients with heart failure.
Alternative antiemetics according to local policy & procedure may be prescribed
e.g. **Haloperidol s/c 2.5 – 5mg prn (5 – 10mg via a s/c syringe Driver over 24 hrs)**
Levomepromazine s/c 6.25mg prn (6.25 – 12.5 mg via a s/c syringe Driver over 24hrs)
- Anticipatory prescribing in this manner will ensure that in the last hours / days of life there is no delay responding to a symptom if it occurs.
- *These guidelines are produced according to local policy & procedure & you may want to alter them for local use – many areas have complex algorithms as guidance for the management of nausea or vomiting, and may be referenced accordingly*

Dyspnoea



SUPPORTIVE INFORMATION:

- If the patient is breathless and anxious consider Midazolam stat 2.5mg s/c prn
- If symptoms persist contact the Palliative Care Team.
- Anticipatory prescribing in this manner will ensure that in the last hours / days of life there is no delay responding to a symptom if it occurs.
- *These guidelines are produced according to local policy & procedure & you may want to alter them for local use and reference accordingly*