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Taunton and Somerset NHS
NHS Foundation Trust

# Caring with compassion for the dying person

**Guidance on planning for priorities of care in the last days or hours of life**

*"How people die remains in the memory of those who live on."*

Dame Ciceley Saunders (1918-2005)

**Individualised care of the dying person is important to us all.** This guidance will help you create a personalised care plan for the dying person. It is important to review diagnosis and symptom control regularly. If patient's condition improves, reconsider the diagnosis of dying and use of this document.

## 1. Make the diagnosis of dying

| | |
|---|---|
| • Was the diagnosis made by the multidisciplinary team (not the out-of-hours team)? | Y ☐ N ☐ |
| • Has the diagnosis of dying been discussed with the consultant in charge of the patient's care? | Y ☐ N ☐ |
| • Has the diagnosis of dying been communicated with the nursing team? | Y ☐ N ☐ |

## 2. Communicate with the patient, those important to them and staff

| | |
|---|---|
| • Has the clinician explained the rationale for diagnosis of dying and if possible a timescale when death might occur? | Y ☐ N ☐ |
| • Has the patient and those close to them been given time to ask questions with answers? Please document who in notes. | Y ☐ N ☐ |
| • Have you provided those close to the patient - "When someone is not expected to recover?" leaflet? | Y ☐ N ☐ |
| • If the patient lacks capacity, is the mental capacity act needed to aid decision-making? | Y ☐ N ☐ |

## 3. Treatment and care of the patient as a person

| | |
|---|---|
| • Please review the following: | |
| ◦ Are clinical observations e.g. pulse, blood pressure, blood glucose monitoring needed? | Y ☐ N ☐ |
| ◦ Do intravenous antibiotics add benefit whilst dying? (document rationale in notes) | Y ☐ N ☐ |
| ◦ Are fluids and/or artificial feeding of benefit? (document rationale) | Y ☐ N ☐ |
| ◦ STEP **to be updated** for this patient | Y ☐ N ☐ |
| • Does patient have a valid advance care plan or advance decision to refuse treatment? | Y ☐ N ☐ |
| • Are any emotional, spiritual or cultural needs important? e.g. anxiety, fears, last rites, urgent death certification | Y ☐ N ☐ |

## 4. Care of those important to the patient

| | |
|---|---|
| • Are there any physical needs which can be addressed to help them be with the patient? e.g. toilet/ washing facilities, portable beds, League of Friends bungalow, open visiting, local hotels | Y ☐ N ☐ |
| • Who should be called in the event of unexpected changes? (is it documented in notes?) | Y ☐ N ☐ |
| • Would the Marie Curie Companion Service be useful? (see over for contact details) | Y ☐ N ☐ |

## 5. Document and deliver a compassionate care plan - This MUST include ... (sign and date each element)

| | |
|---|---|
| a. Name of consultant with whom diagnosis of dying was discussed, with rationale for diagnosis ..... | ..... / / 20 |
| b. Communication **with patient and those important to them** regarding diagnosis of dying, | ..... / / 20 |
| c. to include who was present and questions asked/answered | ..... / / 20 |
| d. Discussions with patient and others regarding cessation or continuation of treatments (including any time or response requirements for treatments) | ..... / / 20 |
| e. **Everyone should be offered Spiritual Care Team involvement.** Confirm this is done. | ..... / / 20 |
| f. Does the patient/others have a need for Specialist Palliative and End of Life Care team involvement? If so, refer via red top referral to the Palliative and End of Life Care team | ..... / / 20 |

| | |
|---|---|
| **Name and signature of staff completing assessment** | Name: ..... Signature: ..... Designation: ..... Date: / / 20 |

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**File in the nursing section within the medical records**
Artwork: Medical Photography, Print & Design Studio, Musgrove Park Hospital, Taunton TA1 5DA

**Approved by MRAG: 070815/235/02**
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## Recognising the dying person

Sensibly reversible causes for deterioration are considered and treated

A dying person may show some or all of:

- Overall clinical decline with increasing sleepiness or variable consciousness
- Decreased oral intake, unable to sustain nutrition and hydration status
- Changes or gaps in breathing
- Cooling peripheries with slowing or weak pulses

**Commonly used 'as required' drugs for end of life symptoms**

| | |
|---|---|
| **PAIN** | If on **regular opioid**: PRN dose is 1/6th of total 24 hour long acting opioid dose, e.g. if on 30mg BD Zomorph = 60mg Total 24hr dose and 10mg Oramorph PO PRN up to hourly<br>If **opioid naïve**: 2.5mg Morphine sub cut, 5mg Oramorph up to hourly PRN **Note oral: sub cut is a 2:1 ratio.**<br>If *significant renal impairment*, discuss with Palliative and End of Life Care team (see contact information below) |
| **NAUSEA** | 1st Line: Levomepromazine 3-6.25mg QDS sub cut<br>2nd Line: Haloperidol 0.5-1.5mg up to TDS PO/sub cut |
| **AGITATION** | 1st Line: Midazolam 2.5-5mg up to hourly sub cut<br>2nd Line: Levomepromazine 12.5mg up to QDS sub cut |
| **BREATHLESSNESS** | Oramorph 2.5-5mg up to every 2 hours<br>**OR** Morphine 2.5mg sub cut if oral route not possible |
| **SECRETIONS** | Hyoscine Butylbromide 20mg up to 2 hourly sub cut |

If repeated doses of the above drugs are needed in the first 24 hours please consider discussing the commencement of a syringe driver based on the total doses used. Information on drug compatibility is available on all wards or via the Palliative and End of Life Care team. **A syringe driver is not usually required if the patient is not using regular PRN sub cut medications.**

## Contact information

- If specialist advice or assistance is needed please contact the **Palliative and End of Life Care** team:
  - **Monday to Friday 9am-5pm bleep 2014**
  - **For advice out-of-hours: 0845 070 8910**
- Further symptom control information is available on the trust intranet A to Z under 'Palliative Care and End of Life'. Click on the link http://intranet.tsft.nhs.uk/palliative-care/SymptomControl/tabid/7304/language/en-GB/Default.aspx
- The **Spiritual Care** team is available on **extension 2515 or bleep 2442** during office hours. Out-of-hours they can be contacted via switchboard.
- **Marie Curie Companions** can offer emotional support and comfort for people who are dying and for their families/friends. The Companions are available between 9am-9pm. Referrals can be made **Monday to Friday 9am-5pm** on **0800 304 7412** or **10am-3pm at weekends** on **0845 738 696.**
- If a portable bed is required please contact the **Multi-Function Team** (MFT) on **extension 2626** available 24 hours a day.