Rapid Discharge Pathway
for the dying patient who does not wish to die in hospital

Additional guidance for doctors
A successful discharge for a patient wishing to be at home or in a care home when they die will only work if all of the tasks highlighted in the Rapid Discharge Pathway (RDP) have been completed and communication is excellent. Without this, not only does the discharge fail, but an inappropriate readmission to hospital and avoidable distress for patients and families can occur. *The RDP is not appropriate to use unless the person is estimated to have a prognosis of days to 2 weeks.*

As doctors you have a unique and essential role to play in future planning for symptom control and well coordinated care. This section will take you through each of the tasks you specifically need to action on the Rapid Discharge Pathway for the dying patient (RDP).

1. Use the box on page 1 of the RDP to sign in then follow instructions and complete tasks on page 2.

2. Ensure with your colleagues that referrals to the discharge coordinator, OT, social worker and hospital palliative care team have been made.

3. **Order Oxygen if needed.**
If the patient already had oxygen at home, ensure it is a continuous supply (i.e. concentrator not cylinder, otherwise the order will need to be updated).
Domiciliary oxygen therapy can be prescribed for palliation of dyspnoea in pulmonary malignancy and other causes of disabling dyspnoea due to terminal disease. Any competent health care professional can order oxygen by **faxing** the Home Oxygen Order Form (**HOOF form A <u>and</u> consent form**) to **Dolby Vivisol on 0800 781 4610**. Confirmation of delivery pre discharge is required.

If not available on your ward, the **HOOF (form A)** and the **consent form** can be obtained from Catherine James/Egremont ward

Further information and full guidance on completing the form is available from:
http://www.dolbyvivisol.com/england/our-services/oxygen-therapy/health-care-professionals.aspx

4. **Telephone the GP (or the new GP if moving to a new Care Home)**
You need to **do this early in the discharge process** to allow your Primary Care colleague to coordinate a home visit. Remember that if the patient is being discharged to a care home, the GP covering the care home is not necessarily their previous GP and therefore will not know the patient. Things to discuss:

- Explain the course of admission and that the patient is being discharged home/to a care home for end of life care.
- Request they visit within 24 hours to review the patient and ensure that they can therefore complete appropriate after death paper work. *(N.B.*

This can only be completed by a doctor who has been involved in the care of the patient with 14 days of their death).

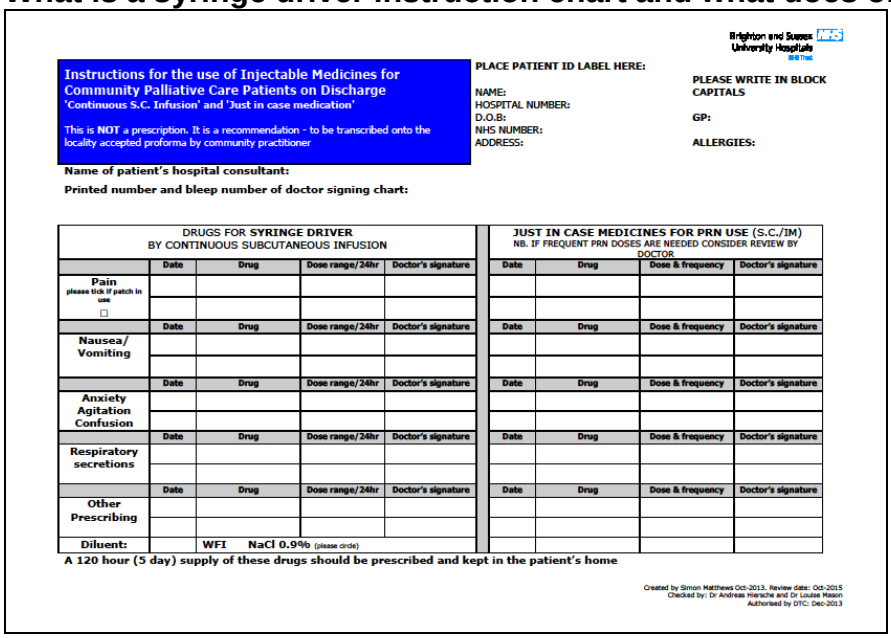
- If the patient is expected to die in a matter of hours or days, ensure the GP is aware that you expect this so they can arrange to expedite their visit.
- Assure them that you have completed a palliative care out of hours handover form, and that the patient is being discharged with injectable medication for symptom control and a syringe driver instruction chart as well as a DNACPR form.

It is best practice to ensure a copy of the e-discharge summary is also faxed to the out of hours GP service, particularly if the discharge is on a Friday.

N.B: If the patient is being discharged within Brighton and Hove and you expect they could die within hours or short days from discharge but a GP cannot be contacted, please discuss with the palliative care team and the Medical Examiner (via the bereavement office). Completion of a "Request for Preparatory Scrutiny by Medical Examiner for an Expected Death" form may be appropriate.

5. **Complete the syringe driver instruction chart**

What is a syringe driver instruction chart and what does one look like?



Brighton and Sussex University Hospitals NHS

Instructions for the use of Injectable Medicines for Community Palliative Care Patients on Discharge
'Continuous S.C. Infusion' and 'Just in case medication'

This is **NOT** a prescription. It is a recommendation - to be transcribed onto the locality accepted proforma by community practitioner

PLACE PATIENT ID LABEL HERE:

NAME:
HOSPITAL NUMBER:
D.O.B:
NHS NUMBER:
ADDRESS:

PLEASE WRITE IN BLOCK CAPITALS

GP:

ALLERGIES:

Name of patient's hospital consultant:

Printed number and bleep number of doctor signing chart:

DRUGS FOR SYRINGE DRIVER BY CONTINUOUS SUBCUTANEOUS INFUSION					JUST IN CASE MEDICINES FOR PRN USE (S.C./IM) NB. IF FREQUENT PRN DOSES ARE NEEDED CONSIDER REVIEW BY DOCTOR			
	Date	Drug	Dose range/24hr	Doctor's signature	Date	Drug	Dose & frequency	Doctor's signature
Pain please tick if patch in use ☐								
	Date	Drug	Dose range/24hr	Doctor's signature	Date	Drug	Dose & frequency	Doctor's signature
Nausea/ Vomiting								
	Date	Drug	Dose range/24hr	Doctor's signature	Date	Drug	Dose & frequency	Doctor's signature
Anxiety Agitation Confusion								
	Date	Drug	Dose range/24hr	Doctor's signature	Date	Drug	Dose & frequency	Doctor's signature
Respiratory secretions								
	Date	Drug	Dose range/24hr	Doctor's signature	Date	Drug	Dose & frequency	Doctor's signature
Other Prescribing								
Diluent:		WFI NaCl 0.9% (please circle)						

A 120 hour (5 day) supply of these drugs should be prescribed and kept in the patient's home

Created by Simon Matthews Oct-2013. Review date: Oct-2015
Checked by: Dr Andreas Hiersche and Dr Louise Mason
Authorised by DTC: Dec-2013

This provides a *recommendation* for visiting healthcare professionals in the community for the use of subcutaneous medication to control symptoms, should they occur. The chart includes "just in case" prn medication and regular syringe driver medication (see blank example above). You can download a copy from the RDP webpage of the intranet (part of the End of Life Care site).

Once in the community, different locality district nurses/GPs may choose to transfer the recommendations onto their local charts, but you **only** need to complete the BSUH form for your patient being discharged, **wherever** that may be.

How to complete the syringe driver instruction chart:

The prn medication section of the syringe driver instruction chart must always be completed "just in case" it is needed. (You could think of this as the pre-emptive

prescribing you would ensure was in place for a patient who is dying). Best practice is also to complete the prescription for all medication that might be required to control symptoms using a syringe driver by continuous subcutaneous infusion. If not currently in use **+/-** should be charted next to each medication to allow for future use if needed. **Don't forget the diluent for prn and/or the syringe driver medication.** If the patient is already on a continuous subcutaneous infusion, the chart will need to reflect this with appropriate prn medication.

An example of a completed syringe driver instruction chart with suggested doses for an opioid naïve patient (and one with severe renal impairment) is provided on the RDP webpage of the intranet. Of note, unless specifically indicated, injectable morphine sulphate is rarely used and Diamorphine is preferred. For Oxycodone or Alfentanil, please seek further advice from your ward pharmacist or the palliative care team.

You should always ask for advice from the Specialist Palliative Care Team or your ward pharmacist if you have not completed these forms before and additional advice is always available whenever you need to complete such a form.

What to do with the completed chart.
Fax a copy to the GP and district nurses
Send the original copy home with the patient

6. Complete TTOs for injectable medication:
Examples of TTOs for injectable medication are available on the RDP webpage of the intranet.
Advice on prescribing controlled drugs is available from your ward pharmacist.
Additional teaching is also available on the End of Life Care Education Series.

Patients not currently requiring a syringe driver:
Provide 10 ampoules of each prescribed injectable medication to control the common symptoms at the end of life is appropriate (i.e. analgesia, midazolam, hyoscine hydrobromide and antiemetic) and a diluent (e.g. water for injection – one box of 10 ml vials). If a public holiday falls soon, allow for 20 vials of each.

Patients already receiving medication via a syringe driver:
Provide enough for 5 days supply of regular and prn medication, plus diluent (as above).

7. Complete the Palliative Care Out of Hours hand over form (OOH)
Brighton & Hove and West Sussex OOH forms are available on the RDP webpage of the intranet.
Completion of this form allows the out of hours district nursing and GP teams as well as the South East Coast Ambulance service to be aware of the plans for your patient being discharged for end of life care. With this form of communication, patients' wishes are much more likely to be adhered to, and patients are therefore less likely to be admitted to hospital as an emergency

(unless necessary). You must comply with Trust guidance when sending faxes.

For Brighton & Hove, you should fax the OOH form to:
The usual GP and district nurse
South East Coast Ambulance Service: (f) 01273 402 128.
IC 24 *(out of hours GP and Nursing services):* (f) 01233 503 183.
To confirm safe receipt of fax, telephone IC24 on: (t) 0300 5550104

For West Sussex, you should be fax the OOH form to:
The usual GP and district nurse
South East Coast Ambulance Service: (f) 01273 402 128
Harmoni *(out of hours GP and Nursing services*: (f) 01903 311 414.
To confirm safe receipt of fax, telephone Harmoni on: (t) 01903 311411

For East Sussex, alternative forms are used (please ask the hospital palliative care team for advice as these are not currently available electronically).

8. DNACPR forms
In the final stages of an incurable illness, CPR in very unlikely to be successful and may in fact prolong or increase suffering by subjecting a patient to a traumatic and undignified death. A discussion about not attempting CPR and allowing natural death should be framed within the sensitive discussion about goals of care towards the end of life. A valid DNACPR form must be completed if the patient is being discharged for ongoing end of life care including terminal care at home or in a care home.

The **red active copy of a valid DNACPR form accompanies the patient** when they leave hospital. This red copy ensures the patient's DNACPR status applies during their transfer from hospital and must be left in the patient's home/care home as a record of the DNACPR decision. The grey copy of the DNACPR form (retained in the health records) should also be faxed to the GP and district nurse team.
For full guidance around resuscitation decisions and form completion, see the Trust policy.