Brighton and Sussex University Hospitals NHS Trust

EMERGENCY PROMPT CARDS

Recognition and Management of Dying Patients

Feb 2019 Version

Brighton and Sussex University Hospitals NHS Trust

EMERGENCY PROMPT CARDS

Have you recognised your patient may die in the coming hours or 1-2 days?

Deliver the FIVE priorities for care of dying:

- **RECOGNISE** the possibility of dying
- Use sensitive **COMMUNICATION** with the patient and family
- **INVOLVE** patient and family in decisions as much as they want
- Explore needs of family and **SUPPORT** them
- **PLAN AND DELIVER AN INDIVIDUALISED APPROACH TO CARE**

Ensure you:

- Have considered potentially reversible causes which may be appropriately treated
- Assess symptoms and prescribe appropriate medication
- Assess need for clinically assisted hydration and nutrition
- Clarify any prior expressed wishes/review any advance care plans

Remember:

- Always aim to include a senior decision maker
- If admission **NOT** wanted and discharge is feasible, contact specialist palliative care team for advice
- **Consult *"Care of the Dying"* tab on palliative care team homepage and Microguide for additional guidance and resources**

After assessment and conversations, use these documents (Found in Majors 2a/2b drawers)

1. **Care for Dying Documentation** which combines:
   a) **Individualised care plan** (doctor to complete - follow prompts on chart)
   b) **Symptom observation chart**
   c) **Nursing care plan for a dying person**
2. **Drug chart with appropriate symptom control medication**

Consider referral to the palliative care team bl 8420 + Panda referral
For prescribing recommendations, please see overleaf

Brighton and Sussex University Hospitals NHS Trust

EMERGENCY PROMPT CARDS

- All patients recognised as dying must have pre-emptive medication prescribed PRN for control of common symptoms
- If symptomatic ensure dose is administered
- If PRN not controlling symptoms (≥ 3 doses in any 24 hour period) seek urgent advice

			Pain	*Dyspnoea*
Pain/Breathlessness: 1st line **Morphine**	2.5-5mg	sc	1 hourly	4 hourly
2nd line **Oxycodone**	1.25-2.5mg	sc	1 hourly	4 hourly
(If <u>known</u> severe renal failure eGFR<30ml/min: **Alfentanil** discuss with palliative care team first)	0.2mg	sc	1 hourly	4 hourly
Nausea: **Haloperidol**	1.5mg	sc	4 hourly	
Distress from anxiety: **Midazolam**	2.5-5mg	sc	hourly	
or Distress/agitation from delirium: **Haloperidol**	1-2.5mg	sc	4 hourly	
Respiratory secretions: **Glycopyrronium**	0.2mg	sc	4 hourly	

- **If patient on existing regular opioids or other symptom control medication consult on line guidance for conversions and advice on starting a regular sc infusion (syringe pump)**
- **Review and discontinue non essential medication. For essential medication which cannot be taken orally (e.g. anti epileptics) see online guidance**

CONSULT PALLIATIVE CARE TEAM or a PHARMACIST FOR COMPLEX SYMPTOM MANAGMEMENT

Prescribing guidance → See Microguide – Caring for Dying Patients in Cross Specialty Guide. Link here.
Hospital Palliative Care Team (M-F 9-5) ext 3021 **Bleep:** 8420
RSCH (OOH) = Martlets Hospice - 01273 964164
PRH (OOH) = St Peter & St James Hospice - 01444 471598
Medicines Information Service ext. 8153 / 8566

Document NOW!