

Please use the DCDP only for patients thought to be living in the last days to **two weeks** of their life who wish to die at home or in a care home.

This section will take you through each of the tasks you specifically need to action on the Discharge Checklist for a dying person (DCDP).

1. Sign in and follow with flow chart.

2. Medication

Inform the doctor that anticipatory injectable medications will need to be prescribed on the TTO list.

The doctor will need to complete a Prescription Chart for Patients Being Discharged to Community [Click here to access the prescription charts for discharge to community](#)

Inform the ward pharmacist of the priority for dispensing TTO's.

Highlight to the pharmacist the need to complete a medication record card, which should go home with the patient. This would be for the patient's usual oral medication but you may need to consider whether liquid preparations are required.

If needed please remind doctors to order oxygen.

Inform the patient and relatives of the medication that will be sent home with the patient. Reassure them that the injectable medications are only to be administered by a qualified healthcare professional.

3. Community Nursing Care

Make a referral to the community nurses and telephone them to explain that the patient is going home to die:

- Give the community nurses a full handover of the patient's needs.
- Inform them that the patient will be discharged with anticipatory injectable medications.
- Discuss if a night sitter is needed as they may be able to arrange if given time to organise.
- If required, check that the community nurses have ordered a pressure relieving mattress.

Ensure OT has assessed and ordered hospital bed and any other appropriate equipment.

If the patient is going to a care home ensure that the care home staff have a nursing handover.

Paperwork to be faxed to community nurses or care home include: DNACPR and the Instructions for the use of Injectable Medicines chart.

4. Transport

Book appropriate transport for where the patient will be cared for. Consider the access to the property (establish if there are stairs).

Explain that the patient is going home or to a care home to die and will need a two man ambulance.

Highlight if oxygen is required and a DNACPR order is in place.

5. Day of Discharge

It is a team decision to ensure that the patient is still fit for the journey home or to the care home.

If the patient has a syringe pump in situ, please ensure that it is fully functional and working. Make sure the syringe pump cover box is unlocked. The syringe pump should be refilled prior to discharge to ensure adequate medication until the next community nurse visit.

- **IMPORTANT:** The community nurses or the care home must be informed that the syringe pump has to be returned to the hospital once it has been swapped for a community syringe pump. Please provide a return envelope or jiffy bag for the hospital syringe pump.

Once the patient has left the hospital please let the GP, community nurses, family and other relevant teams involved (including the community palliative care team) know by telephone.

6. Documents

These original documents **MUST** go with the patient when they leave the hospital:

- The red copy of the DNACPR form
- The “Instructions for the use of Injectable Medicines for Community Palliative Care Patients on Discharge” chart.

If you need any additional advice please contact the hospital specialist palliative care team on extension 3021.

Guidance Information

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