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| Affix label |
| Name: |
| D.O.B: |
| NHS Number: |
| Trust ID: |

Discharge Checklist for a Dying Person going HOME for end of life care (also applies to residential care home)

Criteria for use

- Patient is recognised to be in the last days to two weeks of life
- The patient wishes to die at home
- The family / carers support the patient's preference
- This document is to be used in addition to purple discharge planning booklet
- Keep the patient and relatives up to date with plans and document any progress or changes
- If discharge is cancelled, all stakeholders must be updated and planned visits cancelled

- All Patients:** Refer urgently to discharge coordinator, OT and social worker
 Refer to BSUH palliative care team (Ext. 3021)

Professionals involved in arranging discharge

| Name | Professional role | Initials | Signature |
|------|-------------------|----------|-----------|
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Any information sent by fax must be followed up with a phone call to ensure it has been received by the appropriate person / team.

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Discharge Checklist for a Dying Person

Ward Doctors
(For additional guidance see Palliative Care Team web page on Info-Net)

- Order **continuous** oxygen using HOOF if required _____
- **Telephone** GP - inform of discharge for end of life care, request home visit within 24 hours of discharge _____
- Complete TTOs to include anticipatory injectable medications* _____
- Complete the **'Instructions for the use of Injectable Medicines' chart** _____
- Ensure there is a **valid** DNACPR form (active RED copy goes with patient) _____
- Fax OOH, DNACPR and **'Instructions for the use of Injectable Medicines' chart** to GP _____
- If this patient does not wish to have future hospital admissions, ask the GP, CPCT, or SPCT to add this patient to the Ibis data base to inform the ambulance service. _____

Discharge Co-ordinators

- Complete NHS funded CHC Fast Track application _____
- Confirm eligible for NHS CHC funding _____
- Confirm NHS CHC funding agreed _____
- Confirm POC arrangements and time of calls _____
- Complete contact info. sheet for patient / family including plans for POC first visits _____

Palliative Care Team

- Refer to community palliative care team if required _____
 - Refer to hospice at home if required _____
 - Provide 'Going home near end of life' leaflet _____
- *Palliative care team can advise on appropriate medication and completion of **'Instructions for the use of Injectable Medicines' chart**. Additional information available on the Palliative Care Team web page
- OOH = palliative care out of hours handover form**
- POC = Package of care**

Ward Nursing Team

- Inform pharmacist of the need for anticipatory injectable medication TTOs and priority for dispensing _____
- Request pharmacist complete a **MEDICATION RECORD CARD** for patient and educate patient and family about all medication _____
- Refer to community nurses and request night sitting if appropriate _____
- Book ambulance _____
- Fax copy of DNACPR, OOH and **Instructions for the use of Injectable Medicines' chart** to community nurses _____

- On day of discharge, ward nurses**
- Ensure doctor has reviewed patient and deemed fit for transfer within 2 hours of discharge (if any change in clinical state, request further assessment) _____
 - Ensure syringe pump (if being used) is renewed prior to discharge, cover box is **unlocked** and ensure there is a plan for returning syringe pump to hospital _____
 - Ensure TTOs and **original 'Instructions for Injectable medicines'** go with patient _____
 - Ensure **ACTIVE RED DNACPR** form goes with patient _____
 - Ensure contact information sheet goes with patient _____
 - Fax discharge summary to community palliative care team _____
 - After discharge, call GP, community nursing team, community palliative care team and family to confirm patient has left the ward _____

Please tick box
initial and date
each task as
completed

e.g. JM 10/6/11

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Useful contact numbers

To be completed by discharge coordinator and/or ward nurses and given to patient/family at discharge

Address for discharge:

Patient telephone number:

Nominated NOK (and relationship):

NOK address:

NOK telephone number:

| Agency (not all will be applicable) | Location | Contact number |
|--|----------|----------------|
| GP | | |
| Out of hours GP | | |
| Community nurses | | |
| Out of hours community nurses | | |
| Hospice at home (If in place) | | |
| Community Palliative Care Team | | |
| Care agency | | |

Once completed, please leave a copy in the health records with other discharge planning documents