

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

# Discharge Checklist for a Dying Person going to a CARE HOME with nursing for end of life care

### Criteria for use

Patient is recognised to be in the last days to two weeks of life  
 The patient wishes to die in a care 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 and social worker  
 Refer to BSUH palliative care team (Ext. 3021)

### Professionals involved in arranging discharge

Name	Professional role	Initials	Signature

**Any information sent by fax must be followed up with a phone call to ensure it has been received by the appropriate person / team.**

**Affix label**

Name:  
D.O.B:  
NHS Number:  
Trust ID:

# Discharge Checklist for a Dying Person

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

- Order **continuous** oxygen using HOOFF if required  
\_\_\_\_\_
- Establish GP (as may be different for care home) then **telephone** - inform of discharge for end of life care, request 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 for Care Home  
\_\_\_\_\_
- Fax OOH to the number on top of form. If not Brighton and Hove patient ensure GP informs OOH services.  
\_\_\_\_\_

**Discharge Co-ordinators**

- Complete NHS funded CHC Fast Track application  
\_\_\_\_\_
- Confirm eligible for NHS CHC funding  
\_\_\_\_\_
- Confirm NHS CHC funding agreed  
\_\_\_\_\_
- Confirm care home chosen  
\_\_\_\_\_
- Confirm care home have equipment and skills to provide end of life care and are trained in using syringe pump  
\_\_\_\_\_
- Clarify which GP provides cover for care home residents and that patient will be registered there by care home, ready for discharge.  
\_\_\_\_\_

OOH = palliative care out of hours handover form

POC = Package of care

**Please tick box "initial and date each task as completed"**  
e.g. JM 10/6/11

**Palliative Care Team**

- Refer to community palliative care team if required  
\_\_\_\_\_
- \*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.

**Ward Nursing Team**

- Inform pharmacist of the need for anticipatory injectable medication TTOs and priority for dispensing  
\_\_\_\_\_
- Book ambulance  
\_\_\_\_\_
- Fax copy of OOH, DNACPR and **'Instructions for the use of Injectable Medicines' chart** to care home.  
\_\_\_\_\_

- 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 the use of Injectable Medicines' chart** go with patient  
\_\_\_\_\_
  - Ensure **ACTIVE RED DNACPR** form goes with patient  
\_\_\_\_\_
  - Telephone care home **before** patient leaves ward to confirm agreed discharge to them  
\_\_\_\_\_
  - Fax discharge summary to community palliative care team  
\_\_\_\_\_
  - After discharge, call GP, care home and family to confirm patient has left the ward  
\_\_\_\_\_