



Patient name: Hospital No: NHS No. D.O.B:  or affix patient ID sticker here
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<b>Consultant Name</b>	
<b>Date &amp; Time Started</b>	
<b>Ward</b>	

## Last Days of Life Individualised Care Plan for patients dying with suspected or confirmed COVID-19

This Care Plan should only be used in adults aged 18+ during the COVID-19 outbreak

### Last Days of Life Individualised Care Plan SHOULD ONLY BE COMMENCED AFTER:

- MDT & Treatment Escalation Plan has indicated that the patient is for supportive care only & is felt to be dying.
- Ideally the patient and family will be included in decision making, but the patient may have become ill and deteriorated so quickly this may not be possible; family may also be unwell, socially isolating or unable to visit the hospital. All attempts should be made to contact family by phone.

**Individualised Care Plan for:** \_\_\_\_\_ (insert name)

### Next of Kin (NOK) Contact Details:

**Primary contact:**

Name & relationship:.....

Contact No: 1).....

Contact No: 2).....

**Second contact (if primary uncontactable):**

Name / relationship:.....

Contact No:.....

**Further information about primary contact:**

Visiting Patient: Yes  / No

If Yes, Visitor has been taught how to use PPE

Visitor is self-isolating: Alone

Or with other family members

Primary Contact wishes to be contacted at:

Anytime- Day or Night

Only during daytime, NOT overnight

Please use the **Lilac Communication Sheet** to document communication with family.

**Signature of HCP:**

**Date / time:**

### Emotional & Spiritual Support:

Document any identified emotional and spiritual needs of patient and how they are being addressed:

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.....

.....

**Plans made to ensure patient and their family (or those important to them) can remain in contact (may be by phone / video) – this will involve using the patient’s own phone so please ensure it is kept charged.**

.....



.....  
Patient's Phone PIN / Password:.....  
.....

**Patient Name & Hospital Number:**

**Personalised Assessment and Plan of Care**

Symptom	Pharmacological Measures	Non Pharmacological Measures	Date & Initials
Breathlessness	<ul style="list-style-type: none"> <li>• Administer prescribed injectable opioid hourly PRN.</li> <li>• Start subcutaneous syringe pump with opioid as soon as possible.</li> <li>• Review use of oxygen therapy and assess benefit based on clinical response <b>not</b> oxygen saturation levels. Continue oxygen if beneficial to patient, if not, wean down.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Do not use fans.</b></li> <li>• Sit upright if feeling very breathless, sometimes leaning forward can help.</li> <li>• Repositioning for comfort; try to maintain a calm attitude throughout any interaction.</li> </ul>	
Pain	<ul style="list-style-type: none"> <li>• As for breathlessness – if already on strong opioids ensure these are continued / included in the dose of opioid used.</li> </ul>	<ul style="list-style-type: none"> <li>• Repositioning for comfort.</li> </ul>	
Cough	<ul style="list-style-type: none"> <li>• Give prescribed cough linctus QDS.</li> <li>• If ineffective, give Morphine Sulfate Oral Solution or Morphine Sulfate SC as prescribed.</li> </ul>	<ul style="list-style-type: none"> <li>• Elevate patient's head when sleeping.</li> <li>• Suck cough drops if able to do so.</li> <li>• Sips of fluids if tolerated.</li> </ul>	
Agitation and/or delirium	<ul style="list-style-type: none"> <li>• <b>For agitation-</b> Give Midazolam as prescribed PRN &amp; add to syringe pump if appropriate.</li> <li>• Consider increasing the medications in syringe pump.</li> <li>• <b>For delirium-</b> Give Haloperidol or Levomepromazine as prescribed &amp; add to syringe pump if appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Reassurance and re-orientation.</li> <li>• Familiar staff where possible.</li> <li>• Contact with family where possible.</li> <li>• Bowel and bladder care.</li> </ul>	
Fever	<ul style="list-style-type: none"> <li>• Give regular prescribed antipyretics: e.g. Paracetamol.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Do not use fan therapy</b></li> <li>• Reduce room temperature.</li> <li>• Cover patient with just a sheet.</li> <li>• Cool the patient's face using a cool flannel.</li> <li>• Encourage drinks if patient is able to manage them.</li> </ul>	
Nausea and/or vomiting	<ul style="list-style-type: none"> <li>• Give Haloperidol as prescribed PRN and monitor effect.</li> <li>• Consider adding to the syringe pump if symptoms persist.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure vomit bowls are to hand.</li> <li>• Keep the room cool.</li> </ul>	
Respiratory secretions	<ul style="list-style-type: none"> <li>• Monitor for respiratory secretions.</li> <li>• If secretions present give PRN subcutaneous dose of Glycopyrronium.</li> <li>• Ensure syringe pump is prescribed and started (or add to existing syringe pump).</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Avoid suction.</b></li> <li>• Repositioning may help.</li> </ul>	
Non physical symptoms e.g. anxiety, social isolation	<ul style="list-style-type: none"> <li>• <b>For anxiety-</b> Give Midazolam as prescribed hourly PRN &amp; add to syringe pump if appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Offer frequent reassurance: Explain what is happening and what you are going to do.</li> <li>• Facilitate communication with those closest to them.</li> <li>• Consider having music playing.</li> </ul>	
Other symptoms (add as needed):			

**Other Considerations:**

- Check the subcutaneous syringe pump every 4 hours and ensure the prescription is reviewed at least once a day. Increase the doses in the syringe pump if needed to reflect the PRN doses that have been required.
- Rather than giving repeated PRN s/c injections, a butterfly line can be inserted and left in place for PRN injections to be administered.

- Be aware that symptoms might escalate rapidly and medications may need to be titrated more quickly than usual.

Patient name:  
Hospital No:

Contact for advice:

**DAILY ASSESSMENT OF GOALS OF CARE OF THE DYING PATIENT**  
Focusing on a Person Centred Care Approach

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<b>GOAL: MANAGEMENT OF SYMPTOMS AND OTHER CARE (e.g. Use of PRN medications or changes of Syringe Driver medications)</b>		
DAY		
NIGHT		
<b>GOAL: HOLISTIC NEEDS ADDRESSED (Physical, Emotional, Spiritual, Cultural)</b>		
DAY		
NIGHT		
<b>GOAL : MOUTH CARE DELIVERED AND ORAL HYGIENE MAINTAINED</b>		
DAY		
NIGHT		
<b>GOAL : ORAL HYDRATION IS MAINTAINED &amp; ASSISTANCE PROVIDED TO DRINK AS ABLE/DESIRED</b>		
DAY	Oral hydration estimate: None <input type="checkbox"/> , <500ml <input type="checkbox"/> , 500-1000ml <input type="checkbox"/> , 1000-1500ml <input type="checkbox"/> >1500ml <input type="checkbox"/>	
NIGHT	Oral hydration estimate: None <input type="checkbox"/> , <500ml <input type="checkbox"/> , 500-1000ml <input type="checkbox"/> , 1000-1500ml <input type="checkbox"/> >1500ml <input type="checkbox"/>	
<b>GOAL : ORAL NUTRITION MAINTAINED &amp; ASSISTANCE PROVIDED TO EAT AS ABLE/DESIRED</b>		
DAY		
NIGHT		
<b>GOAL: MICTURITION/CATHETERS &amp; BOWEL/STOMA CARE: COMFORT &amp; DIGNITY MAINTAINED. APPROPRIATE CATHETER CARE AND URINARY SYMPTOMS MAINTAINED</b>		
DAY		
NIGHT		
<b>GOAL: HYGIENE, SKIN INTEGRITY AND COMPLICATIONS OF BEING IN BED: COMFORT AND DIGNITY MAINTAINED, APPROPRIATE PRESSURE AREA CARE ADDRESSED</b>		
DAY		
NIGHT		



## Symptom Observation Chart for the Dying Patient

Brighton and Sussex University Hospitals  
NHS Trust

Patient name:  
Hospital No:  
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Date patient was recognised  
as dying: \_\_\_/\_\_\_/\_\_\_

Record observations at least 4 hourly

Month	Date													Date
Year	Time													Time
<b>Pain</b> (reported or observed)	3													3
	2													2
	1													1
	0													0
<b>Nausea</b>	3													3
	2													2
	1													1
	0													0
<b>Vomiting</b>	3													3
	2													2
	1													1
	0													0
<b>Breathless- ness</b>	3													3
	2													2
	1													1
	0													0
<b>Respiratory Secretions</b>	3													3
	2													2
	1													1
	0													0
<b>Agitation/ Distress</b>	3													3
	2													2
	1													1
	0													0
<b>Other, if present (state)</b> _____	3													3
	2													2
	1													1
	0													0
<b>Mouthcare - confirm given</b>														
HCA signature														HCA
Registered nurse signature														Reg Nurse
Doctor signature														Doctor

<b>3 = Symptom present, does not resolve with PRN medication</b>	<b>Urgent doctor review of patient and care plan is required for any single symptom score of 3</b>
<b>2 = Symptom present, requires PRN medication to resolve</b>	<b>Care plan continues. If 3 consecutive symptom scores of 2 are present (for any symptom), urgent doctor review of patient and care plan is required</b>
<b>1 = Symptom present, resolved without PRN medication</b>	<b>Care plan continues, consider if adaptations may be required</b>
<b>0 = Symptom absent</b>	<b>Care plan continues</b>

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**RECORD OF CONTACT WITH FAMILY/NOK:**

**Nominated Individual for Communications:**

Name..... Relationship to patient.....

Phone no 1..... Phone no 2.....

Accepts calls at any time..... No overnight calls.....

**Date/Time**

**Summary of Conversation**