

Care Plan for the Last Days of Life

This care plan is a tool to assist clinical recognition of the last days of life and **guide** holistic, **individualised care** of the patient, their family and carers during that time.

Any member of the clinical team can request that this care plan be considered.

This care plan may be discontinued if there is doubt about the clinical situation.

1. Recognising Dying

The process of dying can vary from patient to patient. However, there are a number of common clinical signs of impending death, which are likely to accumulate as death approaches.

Clinical Assessment: What suggests to you that this person may die within days? Eg has become bed bound and requires total care, dysphagia to liquids, reduced or fluctuating consciousness, unable to swallow tablets.	Supporting Examination Findings Are there signs that this person may die within days?
	Five general signs predictive of death within <u>3 days</u>
	<input type="checkbox"/> No radial artery pulse, <input type="checkbox"/> Decreased urine output, <input type="checkbox"/> Cheyne-Stokes breathing, <input type="checkbox"/> Respiration with mandibular movement, <input type="checkbox"/> Not clearing airway secretions/'death rattle'
	Three neurological signs predictive of death within <u>3 days</u>
	<input type="checkbox"/> Decreased response to visual stimuli <input type="checkbox"/> Hyperextension of the neck <input type="checkbox"/> Drooping of nasolabial fold
	Four neurological signs predictive of death within <u>24hours</u>
	<input type="checkbox"/> Non-reactive pupils <input type="checkbox"/> Decreased response to verbal stimuli <input type="checkbox"/> Grunting of vocal cords <input type="checkbox"/> Inability to close eyelids.

Person completing assessment name/signature _____

Designation _____ Date _____ Time _____

Name of medical staff member notifies of assessment for care plan _____

Medical assessment: Agree with above? Y/N

If no, give reasons below, discontinue care plan and file in medical record)

Medical officer name/signature _____

Designation (RMO or above) _____

Responsible Consultant agrees with management plan Y/N

Consultant _____ Date _____ Time _____

UR No _____
 Name _____
 DOB _____
 Doctor _____
 Ward _____ OPD _____

This Care Plan is a guide to appropriate and timely care of a dying person.
 Please follow it in the order outlined.

Doctors are responsible for the actions in the green shaded areas (but are not excluded from involvement in other aspects of the Care Plan)

If at any stage, the patient or family's care needs are unable to be met, please make an urgent referral to the Specialist Palliative Care team; call the Palliative Care Doctor via the hospital switchboard and complete an OACIS referral.

2. Communication

A multidisciplinary approach to communication is encouraged but doctors must be involved in initial discussions with the patient and family.

Be clear and concise, using easily understood language. Acknowledge distress and feelings. Be sensitive to the readiness of the patient and family to discuss the issues; some elements of the discussion and Care Plan may take time to discuss or need to be revised in time.

All discussions and actions require documentation in the clinical record. *Please provide reasons for inability to complete any of the actions outlined in this Care Plan.*

With the patient and family:	Document when achieved	
<u>Prepare for Conversation:</u>	Y or NA	Name/designation:..... Sign:..... Date/Time:.....
<ul style="list-style-type: none"> Ensure you <i>speak with the right people</i>: be clear about who the patient has nominated as their decision-maker once they lose decision-making capacity (refer to Consent Hierarchy on NAHLN PPG) 		
<ul style="list-style-type: none"> Arrange for an interpreter. 	Y or NA	
<u>Elements of conversation:</u>	Y	Name/designation:..... Sign:..... Date/Time:.....
<ul style="list-style-type: none"> <i>Discuss the clinical situation</i>. Aim for a common understanding of the prognosis and anticipated symptoms and signs over the following days. 	Y	
<ul style="list-style-type: none"> Ask <i>'What matters most to you now?'</i> Comply with relevant refusals of care in an ACD and act upon requests, if possible. E.G. pet visit. Do you know enough about this patient's values and priorities to care for them well? 	Y	
<ul style="list-style-type: none"> If the patient wishes to die at home, make an urgent referral to the palliative care service to assess the possibility. 	Y or NA	
<ul style="list-style-type: none"> <i>Discuss the focus of care</i>, elements of the care plan and reasons for them. E.g. <i>aim of care is comfort</i>. Review medications and the need for observations and investigations. 	Y	
<ul style="list-style-type: none"> Discuss a <i>resuscitation plan</i> and complete the 7 Step Pathway, if this has not already occurred. Review any existing 7 Step Pathway to ensure the plan is appropriate. (As per Procedure on NAHLN PPG). 	Y	
<ul style="list-style-type: none"> Provide <i>opportunity for questions and concerns</i> to be expressed. 	Y	Name/designation:..... Sign:..... Date/Time:.....
<ul style="list-style-type: none"> Decide on <i>who the patient and family should approach</i> Initially with questions and concerns 	Y	

UR No	_____
Name	_____
DOB	_____
Doctor	_____
Ward	_____ OPD _____

<ul style="list-style-type: none"> Provide the patient and family with <i>'The Last days of a Precious Life'</i> brochure. <i>This does not replace a good conversation.</i> 	Y or NA	Name/designation:..... Sign:..... Date/Time:.....
<ul style="list-style-type: none"> Offer the opportunity for family involvement in the patient's care. E.g. mouth care, hygiene, feeding, symptom assessment 	Y or NA	
With the care team:	Document when achieved	
<ul style="list-style-type: none"> Notify clinicians involved in the patient's care, including allied health, community teams, GP, RACF etc. Invite GP and RACF staff to visit, if patient/family agrees. 	Y or NA	Name/designation:..... Sign:..... Date/Time:.....
<ul style="list-style-type: none"> Identify if a mandatory coronial notification is required and if so, establish a plan for communication with the family, including the timing of this communication. Provide <i>The Coroner's Involvement in a Death</i> factsheet. 	Y	
<ul style="list-style-type: none"> Notify the Chaplains that the patient is on the Care Plan. <i>The Chaplain will seek permission from the patient or family to be involved in their care.</i> Ensure the <i>Spiritual Care</i> brochure is available. 	Y	Name/designation:..... Sign:..... Date/Time:.....
3. Care of the Patient		
	Document when achieved	
<ul style="list-style-type: none"> Provide a private room with an ensuite bathroom, whenever possible. 	Y	Name/designation:..... Sign:..... Date/Time:.....
<ul style="list-style-type: none"> Provide an air mattress. 	Y	
<ul style="list-style-type: none"> Commence Symptom Assessment Chart in collaboration with the nurse. File with the bedside chart. 	Y	Name/designation:..... Sign:..... Date/Time:.....
<ul style="list-style-type: none"> Prescribe medications for, or in anticipation of, common symptoms (refer to SA Health Prescribing Guidelines for the Last Days of Life on NAHLN PPG) Discontinue medications that do not aid patient comfort (refer to Medication Cessation fact sheet NAHLN PPG) 	Y	
<ul style="list-style-type: none"> Review medical and nursing interventions and cease those that do not add to patient comfort. e.g. blood tests, observations, regular turns, BGLs etc. 	Y	
<ul style="list-style-type: none"> Deactivate defibrillator (refer to Deactivation of defibrillators procedure on NAHLN PPG) 	Y or NA	
4. Care of the Family		
	Document when achieved	
<ul style="list-style-type: none"> Psychosocial assessment of family, if not already done. Do we know enough about this family (their support systems, values and priorities) to care for them well? Consider referral to social work to discuss funeral etc. 	Y	Name/dsignation:..... Sign:..... Date/Time:.....
<ul style="list-style-type: none"> Recheck that all questions and concerns have been addressed. 	Y or NA	
<ul style="list-style-type: none"> Visiting processes discussed 		

UR No	_____
Name	_____
DOB	_____
Doctor	_____
Ward	_____ OPD _____

<ul style="list-style-type: none"> Car parking exit passes Room facilities After-hours access information Ask whether the family have considered funeral arrangements 	Y or NA	Name/designation:..... Sign:..... Date/Time:.....
<ul style="list-style-type: none"> Provide family with Carer's certificates as appropriate. 	Y or NA	Name/designation:..... Sign:..... Date/Time:.....

5. After Death Processes

	Document when achieved	
<ul style="list-style-type: none"> Pronounce the person deceased. 	Y	Name/designation:..... Sign:..... Date/Time:.....
<ul style="list-style-type: none"> Notify Coroner, if required. 	Y	
<ul style="list-style-type: none"> Complete relevant paperwork 	Y	
<ul style="list-style-type: none"> Notify clinicians involved in the patient's care of the patient's death. e.g. GP, RACF 	Y	
<ul style="list-style-type: none"> Ask whether the patient has ever expressed a wish to be an Organ Donor. Explain that only eye donation is possible and may be a way of respecting the patient's wishes. Provide Eye Donation leaflet. 	Y or NA	
<ul style="list-style-type: none"> Ask whether the patient has made arrangements for body donation with the University of Adelaide. Offer to ring the University Body Donation Program on their behalf, if donation is to proceed. (ph. 8313 5998) 	Y or NA	
<ul style="list-style-type: none"> Prepare the body as per NAHLN <i>Last Offices</i> Procedure. Follow religious/spiritual procedures requested by the family. Pack patient's property and valuables. If viewing requested, explain process. Explain post mortem procedure (rarely required). Explain that the body will remain in the hospital until the nominated Funeral Director is ready to collect it. Explain that cardiac devices, including pacemakers require removal prior to cremation. Provide bereavement support information and brochure. 	Y Y or NA Y or NA Y or NA Y or NA Y Y or NA Y or NA	Name/designation:..... Sign:..... Date/Time:.....

6. Care of Staff

	Document when achieved	
<ul style="list-style-type: none"> Contact Chaplains if staff debrief required/requested 	Y or NA	Name/designation:..... Sign:..... Date/Time:.....