Brief pathway for assessment and care of the dying patient

(Adapted from the Liverpool Care Pathway for the Dying Patient.

Taken from Caring for the Dying at home : companions on the journey by Keri

Thomas, Radcliffe Medical, 2003)

Diagnosis of dying: suggested criteria to decide when patient is d	lying:
The multi-professional team have agreed the patient is dying	
Intervention for correctable cause has been considered and is not possible/appropriate	
and: two of the following apply:-	
The patient is:	
Once it has been decided to place a patient on the pathway ple inform DDoc by "Special Message"	ase
DDoc Special Message sent: (Standard form on next page)	

Special Message **Dorset Doctors on call.**

Patients Name: Date of Birth: Address:	
Home phone number:	
Diagnosis:	
This patient's death is expected within the next few days and the team who usually look after him or her have decided to place him or her on the Last I of Life pathway.	
It has been agreed that this patient should receive symptomatic care only a transfer or admission should only be considered in the most exceptional circumstances. Resuscitation would also be inappropriate.	and
The patient (where appropriate) and family are fully aware of this decision.*	
He/she has been written up for parenteral opiate analgesia, anti- emetic, drugs for restlessness and agitation, and medication for excessive secretions. The medication is in the home.*	
A syringe driver is running / at the home if needed*	
A urinary catheter is in situ / at the home if needed *	
*As this message may be passed to a doctor by phone please delete any papplicable	art not
Date of completion of message	
Name of person completing message	
Fax to DDoc 01202 875319	
Date & time faved:	

Integrated Care pathway for the Dying Patient						
Comfort Measures	Goal 1: Current medication and non-essentials discontinuous conversations and syringe driver commence appropriate. Inappropriate medication discontinuous conversations are commenced as a conversation discontinuous conversation discontinuous conversations discontinuous conversation discontinuous conversations discontinuous conversation discont	Yes No D				
	Goal 2: PRN subcutaneous written up for list below protocol. Pain Nausea and vomiting Agitation Respiratory tract secretions	Analgesia Anti emetic Sedative Anticholinergic	Yes No No Yes No No Yes No Yes No No			
	Goal 3: Discontinue inappinterventions Blood tests Antibiotics	propriate	Yes No D			
	Goal 3a: Decisions to disc inappropriate nursing int taken Routine turning (Turn for co Taking vital signs	erventions	Yes No C			
	Goal 3b: Syringe driver set up within four hours of identified need		Yes ☐ No ☐ N/A☐			
Psycho- logical / Insight	Goal 4: Ability to communicate in English assessed as adequate		Yes No No			
	Goal 5: Insight into condition assessed		Yes 🔲 No 🚨			
	b	a) Patient b) Family a) Patient	Yes No No N/A Yes No No N/A			
	b) Family	Yes I No I N/A I Yes No I			
Religious / Spiritual	Goal 6: Religious/ spirituassessed with patient / c		Yes 🗖 No 🗖			

support	Formal religion identified Special needs now, at the time of death and after identified (please state)	Yes No No Yes No
Communi- cation with Family / other	Goal 7: Family / other given information on: Not to call emergency ambulance Not to attempt resuscitate Contact numbers for 24-hour cover	Yes No No
Communi- Ication with Primary Health care team	Goal 8: GP and Practice are aware of patient's condition GP, District Nurse, Cancer Care Dorset Nurse and Practice to be contacted if they are unaware that patient is dying	Yes No No
Summary	Goal 9: Plan of care explained and discussed with	a) Patient b) Family c) Other d) no
	Goal 10: Family / other express understanding of care plan Family / carer involvement in physical care	Yes No N/A
	CARE AFTER DEATH	
	Goal 1 GP and practice informed of patient's death Date & Time:	Yes 🗖 No 🗖
	Goal 2: Procedures for laying out followed	Yes 🗖 No 🗖
	Goal 3: Procedure following death discussed or carried out	Yes No N/A
	Patient had infectious disease Patient had religious needs Post mortem discussed	Yes No No Yes No
	Goal 4: Necessary documentation and advice given to the appropriate person	Yes No No
	Information on support groups given	Yes 🔲 No 🔲 N/A 🔲
	Advised to contact the registrar to make an appointment to register death	Yes No N/A
	Appropriate contact numbers given	Yes 🔲 No 🔲 N/A 🔲