

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 dying:

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:

- Bedbound ☐
- Semi-Comatose ☐
- Only able to take sips of fluids ☐
- No longer able to take tablets ☐

Once it has been decided to place a patient on the pathway please
inform DDoc by "Special Message"

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 Days of Life pathway.

It has been agreed that this patient should receive symptomatic care only and transfer or admission should only be considered in the most exceptional circumstances. Resuscitation would also be inappropriate.

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 part not applicable*

Date of completion of message.....

Name of person completing message.....

Fax to DDoc 01202 875319

Date & time faxed:.....

support	Formal religion identified Special needs now, at the time of death and after identified (please state)	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
Communi- cation 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 <input type="checkbox"/> No <input type="checkbox"/>
Summary	Goal 9: Plan of care explained and discussed with	a) Patient <input type="checkbox"/> b) Family <input type="checkbox"/> c) Other <input type="checkbox"/> d) no <input type="checkbox"/>
	Goal 10: Family / other express understanding of care plan Family / carer involvement in physical care	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
CARE AFTER DEATH		
	Goal 1 GP and practice informed of patient's death Date & Time:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Goal 2: Procedures for laying out followed	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Goal 3: Procedure following death discussed or carried out	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Patient had infectious disease Patient had religious needs Post mortem discussed	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
	Goal 4: Necessary documentation and advice given to the appropriate person	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Information on support groups given	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Advised to contact the registrar to make an appointment to register death	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Appropriate contact numbers given	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

