MANDITORY CRITERIA FOR COMMENCEMENT

MANDITORY CRITERIA FOR COMMENCEMENT

Patient is medically assessed to be dying within 7 days

And NFR order is discussed and documented

And has at least two of the following

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

Medical Officer Assessment and Documentation

SECTION 1

This section is to be completed and signed by a medical officer following consultation with the treating team consultant. The following plan to be documented:

- Goals of end of life care discussed and agreed with patient, family and treating team
- Identification and acknowledgment of existing EPOA and/or Advanced Care Plan
- Current medications reviewed and non essential medications ceased
- Essential medications to be converted and charted to a more suitable route, e.g. subcutaneous or sublingual
- Order PRN medications for anticipated symptoms such as pain, nausea, anxiety, excess respiratory secretions' and agitation
- Cease all non essential investigations and interventions and observations, e.g. IV fluids, IV antibiotics, imaging and pathology

Nursing Assessment and Documentation

SECTION 2

This section is to be completed and signed by a NP, RN or EN. **Inadequate relief of pain or other symptoms need to be reported to the medical staff promptly.**

Primary/Family contact details: _____

Relationship to patient: _____

Contact availability: ☐ At anytime ☐ Not at night

Does the family want to be contacted in the event of deterioration?	☐ Yes	☐ No
Preference regarding family wishes to be present at time of death discussed.	☐ Yes	☐ No
Options for family staying overnight as per ward policy discussed.	☐ Yes	☐ No
Relevant Spiritual/Religious/Cultural needs or rituals identified and documented.	☐ Yes	☐ No

Consider Relevant Referrals:

- ☐ Palliative Care team Medical/Nursing
- ☐ Spiritual Care
- ☐ Social Work
- ☐ Psychologist-Grief and bereavement
- ☐ Organ and tissue donation
- ☐ Aboriginal Liaison Officer

Odds and Sods

SECTION 3

This section is to be completed by the Medical Practitioner pronouncing death.

Is the deceased person's checklist complete? ☐ Yes ☐ No

The following are suggestions for those physicians who are familiar with the use of these medications. These suggestions are from the Therapeutic Guidelines-Palliative Care 2010 version 3. For further advice and clarification about pain and symptom management and/or end of life care please contact the Palliative Care Team via switch. After hours, contact the **PALLIATIVE CARE CONSULTANT** via the Switchboard.

Symptom Relief Suggestions

►PAIN

Monitor response to initial treatment and review frequently

1. Convert oral analgesics to equivalent subcutaneous dosing. See The Therapeutic Guidelines - Palliative Care for conversion advice

2. In **opiate naive patients,** start with morphine 1 – 2 mg SC/IV hourly prn or 10 mg/24hours via syringe driver with q1-2h breakthrough dosing prn

Adequate sc breakthrough dosing is expected to be 1/6 of the total 24 hour sc opioid requirement (i.e. the syringe driver dose)

3. In **renal impairment/failure** - use Hydromorphone or Fentanyl instead of morphine. See the therapeutic guidelines for dosing requirements

►CONFUSION/DELIRIUM
(if the patient's safety is at risk i.e. unsettled, climbing out of bed)

Haloperidol 0.5 – 1mg sc titrated as needed up to a total of 10mg in 24 hours

► NAUSEA/VOMITING

1. Metoclopramide 10mg SC/IV tds – qid or 30 – 40mg in a 24 hour syringe driver

2. If Metoclopramide is ineffective, trial haloperidol 1 mg SC/IV bd or tds or alternatively add 2 – 3mg to a 24 hour driver

►DYSPNOEA

Monitor response to initial treatment and review frequently

1. Morphine 2 – 5mg SC/IV every 30 minutes prn **if not already prescribed for pain**

2. If opiates already prescribed for pain then increase the dose by 25% to treat dyspnoea

If anxiety is present and unrelieved by prescribed opiates, trial Lorazepam 0.5 – 1mg SL q1 – 3h or Midazolam 2.5mg–mg SC q1 – 3h prn or alternatively use Midazolam 10mg/24hrs in a syringe driver. With prn dosing review after two doses if symptoms not relieved

►RESTLESSNESS or AGITATION

1. Assess the patient for reversible causes e.g. faecal impaction, urinary retention, unrelieved pain, anti-cholinergic medication

2. Trial Midazolam 2.5mg – 5mg SC q2h prn OR 10mg via driver over 24 hours

Alternatively, trial Clonazepam 0.5mg SC q 4 – 6h, or up to 2mg via driver over 24 hours.

Clonazepam is also useful for seizure control in the above doses

►RESPIRATORY SECRETIONS

Glycopyrrolate 200 – 400 mcg sc or
Q 4 hourly prn up to 1200 mcg/24 hours

Nursing Care Plan – personal care

NURSING ASSESSMENT COMFORT CHART

COMFORT MEASURES	INTERVENTION / GOAL	AM	PM	NIGHT
Provide support that is Spiritually and culturally appropriate	► Patient's caregivers and families are assisted to prepare and plan for death by discussing expectations, feelings and wishes to reduce fear and increase involvement ► Educate regarding the natural process of dying and what to expect. ► Give family permission to be involved with comfort care ► After death family given time and continuing care			
Pressure Area Care	► Individual assessment of comfort needs and attend as needed/tolerated ► Particular attention to ears and bony prominences ► Use pressure relieving mattress			
Mouth Care	► Mouth, lips and teeth are kept clean and moist. Assess for thrush or ulceration. Negotiate denture removal ► Use water swabs, mouth spray, lip balm			
Eye Care	► Eyes are clean and moist ► Use warm saline eye toilet			
Skin Care	► Skin is clean and dry, moisturizer applied to dry areas ►Massage attended if desired			

Nursing Care Plan – Sx relief

SYMPTOM	INTERVENTION / GOAL	AM SHIFT	PM SHIFT	NIGHT SHIFT
Pain	► Regular assessment of pain relief needs. Is the patient comfortable? ► Breakthrough analgesia given as charted.			
Nausea/Vomiting	► Regular assessment of Nausea/ vomiting. Are these symptoms controlled? ► Breakthrough antiemetic given as charted			
Respiratory Secretions	► Educate family/carers regarding noisy respirations caused by accumulated secretions ► Use repositioning, avoid suctioning and trial anti-colinergics as charted e.g. glycopyrrolate			
Dyspnoea	► Patient is not distressed due to dyspnoea ► Trial fan in the room (not directly on patient) ► Use oxygen therapy as required ► Use opioid or anxiolytic medication as required			
Agitation	► Patient is not restless ► If agitated exclude causes e.g. urinary retention, pain or constipation			