





Guideline for the care of Dying Patients

Key Points

- 1. Early assessment of symptoms
- 2. Prompt intervention when symptom recognised
- 3. Regular review of patient and assess efficacy of intervention
- 4. Document the efficacy of each intervention
- 5. Escalate if patient still symptomatic.
- 6. Ensure adequate supply of medications

Specialist Palliative Care Team can be contacted for advice on Bleep 6508 (9-5pm Monday-Sunday).

For advice out of hours contact:

On call SpR at Royal Trinity Hospice on 0207 787 1000

COMMUNICATE with sensitivity and compassion with the patient and those closest to them. **INVOLVE** patient (where possible) and those closest to them in decisions as much as they want. **SUPPORT** & explore holistic needs of patient and those closest to them. Be mindful family may not be able to visit, is there an alternative way for them to talk? **Write, Phone, Text, Face-time**

Further resources on Palliative Care Intranet Page

PLAN & DELIVER AN INDIVIDUALISED

APPROACH TO CARE: Use Nursing Care Plan on Iclip

PHYSICAL:

Assess for Pain, Agitation, Dyspnoea, Respiratory Secretions, and

Nausea

Prescribe Anticipatory/Just in Case Medication

Mouth Care, allow to eat and drink for comfort, including risk feeding where appropriate

PSYCHOLOGICAL:

Address what is most important to the individual in the last phase of their life

SOCIAL:

Identify main contact and ensure contact details are documented

SPIRITUAL:

Assess if religion or spirituality is important to them, contacting

chaplaincy if needed via switchboard

MEDICATION:

- Pain and dyspnoea eGFR > 30 : Morphine 2.5mg
 S/C hourly PRN
- Pain and dyspnoea eGFR < 30: Oxycodone 1.25mg
 S/C hourly PRN
- Agitation: Midazolam 2.5mg S/C hourly PRN
- Respiratory Secretions: Hyoscine Butylbromide 20mg
 S/C hourly PRN
- Nausea: Haloperidol 0.5mg S/C hourly PRN

Opioid and anxiolytics should not be withheld due to inappropriate concern about respiratory depression. Doses may need to be increased to gain good symptom control.

If 1st line drug or syringe pump not available contact palliative care team for alternative advice