Affix Patient Label here or record:

Name: . . . .

NHS No:

Hosp No:

D.O.B: D D / M M / Y Y Y Y Male ☐ Female ☐

Ward:..Cons:....................................

INDIVIDUALISED LAST DAYS OF LIFE CARE PLAN FOR ADULTS

NHS
Worcestershire Acute Hospitals
NHS Trust

This individualised care plan should be completed for every **patient who is in the last days of life**, cues for which include some or all of: increasing care needs, overall decline with increasing sleepiness or variable consciousness; inability to sustain hydration and nutrition **in the context of progressive, non-curable, irreversibly deteriorating illness.**

After the multidisciplinary clinical team have agreed that the patient is approaching their last days of life and reversible causes for the decline have been excluded, this plan should be used in conjunction with the guidelines that are available on Palliative Care intranet pages.

This document is for use when the multidisciplinary team consider the patient to be irreversibly dying and in the last days of life. For patients not meeting these criteria please consider use of Amber Care Bundle.

Diagnosis & Relevant Past Medical History:

Recognise

Please indicate reasons for identifying the patient as approaching their last days of life, including if any reversible causes have been considered. Or, indicate below where the relevant entry can be found in the medical notes.

Communicate

Document the conversations you have had with the patient and/or those important to them (specifying their relationship to the patient) around prognosis & goals of care. (Continue in medical notes if necessary) Or, indicate below where the relevant entry can be found in the medical notes.

Has a DNACPR decision been made and documented (in keeping with Trust policy)? ____________________ Yes / No

Involve

Has the patient expressed a preferred place of care? Yes / No (If no, please explore with patient/relative)

Patient's preferred place of care ____________________

Does the patient have any advance care planning in place or expressed preferences around the following:

- Advance Care Plan ____________________ Yes / No
- Valid Advanced Decision to Refuse Treatment (ADRT) ____________________ Yes / No (If Yes, please ensure copy is in notes)
- Lasting Power of Attorney for health and well-being ____________________ Yes / No (If Yes, please ensure copy is in notes)
- Preference for organ or tissue donation ____________________ Yes / No Details____________________
- Deactivation of Implantable Cardioverter Defibrillator (ICD) ________ Yes / No / NA : Date ICD deactivated ____________

Support

Does the patient, or those important to them, have any spiritual, cultural or psychological needs? ______________ Yes / No
Please outline what they are and how these are being addressed

Please be aware that these issues may be important for care of the patient after death.

This form should be filed in the medical notes contemporaneously and is for scanning

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Hosp No: | | | | | | | | | | |

D.O.B: D D / M M / Y Y Y Y   Male ☐   Female ☐

Every 24 hours a review of this plan should be documented in the medical notes. Stickers are provided to be placed in the notes to prompt review of the plan.

If patient's condition unexpectedly improves and this care plan is no longer appropriate document reasons in medical notes and ensure patient and those important to them are informed and this plan is discontinued.

Plan and Do

Review investigations, interventions and treatments

Have routine observations (NEWS chart) been discontinued? Yes / No

Observations should only be continued if actions will be taken on them Ensure that reviews have taken place on the need for any further:

- Blood tests discontinued ___________________________ Yes / No / Other ____
- IV antibiotics discontinued _________________________ Yes / No / Other ____
- Current medication review and discontinue unnecessary medications ____Yes / No

IV Cannula plan: Please indicate if appropriate to remove current cannula, if present, and circumstances when it would be appropriate to re-cannulate.

Diabetes monitoring and management plan: (please contact either Diabetes Specialist Nurses or Palliative Care Team if advice needed)

Is this patient at risk of seizures?____________________ Yes / No If yes, please indicate management plan

Control of symptoms

1. Palliative Care Symptom Observation Chart must be commenced and added to the nursing notes (copy at the back of this document)
2. Use an individualised approach to anticipatory prescribing based on the symptoms likely to occur in each case, considering route and dose. Ensure that anticipatory medications are reviewed as the patient's needs change.

Symptom Assessment (Baseline Assessment)	Action (i.e.: prescriptions, care given)
Pain	
Nausea and / or Vomiting	
Restlessness	
Respiratory Secretions	
Mouth Care	

Nutrition and Hydration

All patients who are able to take sips of fluids should be offered drinks regularly. If a patient's swallowing is impaired, they may still choose to take sips or 'feed at risk' and this should be assessed on an individual basis to maximise overall comfort. Consider the possible benefits or burdens of artificial hydration and nutrition. Document any decisions and discussions below:

Does the Hospital Palliative Care Team need to be involved? ... Yes / No (See Posters/Palliative Care Intranet Page for referral criteria). If yes, please ensure patient and/or those important to them are aware of referral. Refer on ext. 42085.

Name of Doctor completing form _________________________ Grade ____________________

Signature _____________________ GMC Number _________________ Date ______________

Name of Nurse Responsible for patient on day document completed ______________________

Nurse Signature _______________________________ Date ______________

Name of other members of the multidisciplinary team involved in the decision to use individualised last days of life care plan document:

Consultant **in charge of patient's care to counter-sign.**

Date:

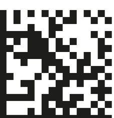
Name:

Signature:

GMC number:

Copy offered to patient and / or those important to them? ____ Yes / No

Name of person copy given to ____



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PRESCRIBING OPIOID ANALGESIA AT THE END OF LIFE FOR ADULTS

Is the patient already taking a regular modified release (M/R) opioid (Morphine Sulfate MR or Oxycodone MR) and now struggling/unable to swallow?

(if patient on any other opioid please seek advice from Palliative Care)

Yes →

Has eGFR now fallen below <30ml/min / 1.73m^2 or any AKI warning and creatinine of >200umol/L ?

- **No** → Calculate total M/R dose of oral (PO) opioid taken over 24 hours. Eg. Morphine Sulfate MR 30mg BD PO = 60mg PO total dose in 24 hours
- **Yes** → Contact Palliative Care Team for further prescribing advice.

No → Prescribe anticipatory medication - see page 4 for guidance.

↓

Take the total oral dose of M/R Morphine Sulfate (e.g. Zomorph®) or M/R Oxycodone (e.g. Longtec®) and divide by 2 to calculate the subcutaneous dose to be infused over 24 hours by syringe driver.

Example:

- Oral Morphine Sulfate M/R (e.g. Zomorph®) 30mg bd = total oral dose of 60mg in 24 hours → divide by 2 = 30mg of subcutaneous morphine dose to be infused via syringe driver over 24 hours.
- Oral Oxycodone M/R (e.g. Longtec®) 15mg bd = total oral dose of 30mg in 24 hours → divide by 2 = 15mg of subcutaneous oxycodone dose to be infused via syringe driver over 24 hours.

The syringe driver will need to start 12 hours after the last oral dose of M/R Morphine Sulfate or M/R Oxycodone.

↓

Prescribe a PRN dose of Morphine Sulfate or Oxycodone subcutaneously (S/C) for breakthrough pain. This dose should be 1/6 (a sixth) of the total 24 hours dose in the syringe driver with a minimal interval of 1 hour between doses.

Example:
A patient on a syringe driver of Morphine Sulfate 30mg over 24 hours. Prescribe a breakthrough dose of 1/6 = 5mg of subcutaneous morphine PRN up to 1 hourly.

Transdermal Patches

If a patient is already on a Buprenorphine or Fentanyl transdermal patch, leave the patch in situ and add additional analgesia as required in a syringe driver. Consider the patch strength when prescribing PRN analgesia.

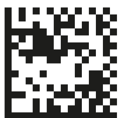
Remember Fentanyl 25mcg/hr patch = Oral Morphine sulfate 60mg/24 hours

Morphine Sulfate subcut 30mg = Oxycodone subcut 15mg = Alfentanil subcut 2mg

Palliative Care Team Contact Details

Monday - Friday	08.30 - 16.30	Ring extension 42085
Saturday, Sunday & Bank Holidays	08.30 - 16.30	Contact CNS via Switchboard
All days		Contact on call Doctor via Switchboard

Pages 3 and 4 are for reference and not for scanning



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Anticipatory Medications At the End of Life for Adults

Always start at the lowest dose in the range and review every 24 hours based on patient's symptoms.

Patients with eGFR greater than 30mL/min/1.73m^2			Patients with eGFR less than 30mL/min/1.73m^2 (or any AKI warning plus Creatinine > 200 umol/L)		
Pain Opioid Naïve Patient	Morphine Sulfate for injection	2.5mg - 5mg Subcutaneously (S/C) PRN, up to hourly	**Pain** Opioid Naïve Patient	Oxycodone for injection	1.25mg - 2.5mg Subcutaneously (S/C) PRN, 2-4 hourly
				Alfentanil (Short acting, therefore most suitable for pre-movement)	200 micrograms Subcutaneously (S/C) PRN, up to hourly
Pain Patient already on strong opioid	Please follow flow chart for prescribing opioid analgesia at the end of life or contact Palliative Care Team for advice		**Pain** Patient already on strong Opioid	Contact Palliative Care Team for advice	
Agitation	Midazolam	2.5mg - 5mg Subcutaneously (S/C) PRN, up to every 30 mins Maximum 30mg in 24 hours	**Agitation**	Midazolam	1.25mg - 2.5mg Subcutaneously (S/C) PRN, up to every 30 mins Maximum 15mg in 24 hours
Nausea and / or Vomiting (if in bowel obstruction contact Palliative Care)	Levomepromazine	6.25mg Subcutaneously (S/C) PRN, up to 2 hourly Maximum of 25mg in 24 hours	**Nausea and / or Vomiting** (if in bowel obstruction contact Palliative Care)	Haloperidol (Avoid in patients with Parkinson's Disease - Contact Palliative Care for advice)	0.5mg - 1mg Subcutaneously (S/C) PRN, up to 2 hourly Maximum of 10mg in 24 hours
Chest Secretions	Hyoscine Butylbromide	20 - 40mg Subcutaneously (S/C) PRN, up to hourly Maximum 120mg in 24 hours	**Chest Secretions**	Hyoscine Butylbromide	20 - 40mg Subcutaneously (S/C) PRN, up to hourly Maximum 120mg in 24 hours
Breathlessness	Morphine Sulfate for injection	2.5 - 5mg Subcutaneously (S/C) PRN, up to hourly	**Breathlessness**	Contact Palliative Care Team for advice	

In some instances it might be appropriate to alter or add to the PRN medications as below

Indication	Medication	Notes
Active seizure or catastrophic haemorrhage	Midazolam 5 - 10mg Intravenous or Subcutaneous PRN (Intravenous route preferable if available)	Can be given every 5 mins until patient is settled
Hallucinations and Delirium (for patients not on regular Levomepromazine)	Haloperidol 1.5 - 2.5mg Subcutaneous PRN (maximum 4 hourly) Avoid in patients with Parkinson's disease	Maximum dose in 24 hours = 10mg
Hallucinations and Delirium (for patients on regular Levomepromazine)	Levomepromazine 12.5mg Subcutaneous PRN (maximum 2 hourly)	Usual syringe driver dose is 12.5 - 50mg over 24 hours

Basic Pharmacological Considerations at the End of Life for Adults

Syringe Drivers:

Syringe drivers can administer drugs subcutaneously then the oral route is non-viable or unreliable. This applies in situations such as dysphagia, intractable vomiting, gastrointestinal obstruction or coma. Not all dying patients require a syringe driver. Just seven drugs, alone or in certain combinations, can address most palliative care situations. All are mixable with water. Some recommended maximum doses are suggested below.

Combinations	Morphine	Metoclopramide	Cyclizine (5,6)	Haloperidol	Levomepromazine (4)	Hyoscine Butylbromide	Midazolam
Morphine (Analgesic)		OK.	OK.	OK.	OK.	OK.	OK.
Metoclopramide (Prokinetic Antiemetic) Max 100mg/day (7)	OK.		Avoid (1)	Caution (3)	Avoid (3, 4)	Avoid (1)	OK.
Cyclizine (5) (Antiemetic) Max 150mg/day (6,7)	OK.	Avoid (1)		OK.	Avoid (4)	Avoid (6)	OK.
Haloperidol (Antiemetic / antipsychotic) Max 10mg/day (7)	OK.	Caution (3)	OK.		Avoid (2)	OK.	OK.
Levomepromazine (4) (Antiemetic) Max 25mg/day (7)	OK.	Avoid (3, 4)	Avoid (4)	Avoid (2)		OK.	OK.
Hyoscine Butylbromide (Antisecretory / Anticolic) Max 120mg/day (7)	OK.	Avoid (1)	Avoid (6)	OK.	OK.		OK.
Midazolam (Sedative) Max 30mg/day (7)	OK.	OK.	OK.	OK.	OK.	OK.	

Key

1. Metoclopramide promotes gastric emptying: Cyclizine and Hyoscine Butylbromide inhibit this.
2. Being pharmacologically similar, there is no rationale for combining these drugs.
3. Both drugs can cause extrapyramidal side effects. Apply extra vigilance when combined.
4. Levomepromazine is a "broad spectrum" antiemetic: combining other antiemetics with it confers no extra advantage.
5. Of all the drugs commonly used in a syringe driver, Cyclizine carries the greatest risk of precipitation when mixed with other drugs.
6. Avoid the use of Cyclizine and Hyoscine Butylbromide in the same syringe as these drugs are incompatible.
7. Higher doses are generally possible but please liase with the Palliative Care Team first.

Morphine will mix with any other acceptable two-drug combination in the table above.

Syringe drivers are obtained from Laurel 3 (ext: 39373/30945) at WRH or at ALX from equipment store.
There are a limited number in the hospital so please return them promptly after use.

Please retain any unused stickers in the ward supply

Individualised Last Days of Life Care Plan for Adults

Daily Review

R	**Recognise** Has there been any improvement in the patient's condition? Is the individualised last days of life care plan still appropriate?
C	**Communicate** Have you talked with the patient and/or those important to them? Are there any outstanding communication issues? How are these being addressed?
I	**Involve** Are there any outstanding advance care planning issues to be addressed?
S	**Support** Are there any outstanding cultural, spiritual or psychological issues? What action is being taken?
P	**Plan & Do** Are there any outstanding symptom issues? What actions are being taken?
Have you reviewed Symptom Observation Chart? **Y / N**	

Palliative Care advice is available 24 hours / 7 days - in hours contact ext. 42085, out of hours contact on call via switchboard

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D.O.B: D D / M M / Y Y Y Y Male ☐ Female ☐

PALLIATIVE CARE SYMPTOM OBSERVATION CHART

Review observations at least 4 hourly

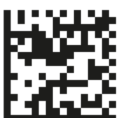
Month	Date																										Date
Year	Time																										Time
Pain (reported or observed)	3																										3
	2																										2
	1																										1
	0																										0
Agitation / Distress	3																										3
	2																										2
	1																										1
	0																										0
Breathlessness	3																										3
	2																										2
	1																										1
	0																										0
Respiratory Secretions	3																										3
	2																										2
	1																										1
	0																										0
Dry Mouth	3																										3
	2																										2
	1																										1
	0																										0
Nausea	3																										3
	2																										2
	1																										1
	0																										0
Vomiting	3																										3
	2																										2
	1																										1
	0																										0
Other (state)	3																										3
	2																										2
	1																										1
....	0																										0
HCA Signature																											
Registered Nurse Signature																											
Doctor Signature																											

Scoring on the Symptom Chart

Score 0	Symptom not present	**Score 2**	Symptom present (moderate)
Score 1	Symptom present (mild)	**Score 3**	Symptom present (severe)

Actions to be taken on symptom score

Symptom absent	Care plan continues
Symptom present, resolves spontaneously	Care plan continues, consider if adaptations may be required
Symptom present, requires intervention* to improve (*Intervention may be non-pharmacological, such as repositioning patient, or pharmacological with PRN medications)	Care plan continues. If 3 consecutive symptom scores of 2 are present (for any symptom) review of the care plan required – this may be discussion with a more senior member of your team and/or discussion with the palliative care team.
Symptom present, does not improve following intervention	Consider: use of second line interventions for symptom management; discussion with a more senior member of your team and/or discussion with the palliative care team.



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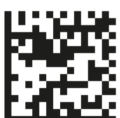

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Palliative Care Symptom Observation Chart

Purpose

- This chart assists health care professionals in assessing and managing physical symptoms in dying patients
- It aims to support the provision of consistently high quality care tailored to dying patient's individual needs in the last few days to hours of their life.

Guidance on use

- All sections must be completed accurately and initialled.
- Minimum frequency of observations is 4 hours, assessed and completed by ward nurses (more frequently in patients where symptoms persist despite changes to care plan.) If Health Care Assistants (HCA's) complete observations, they must be reviewed and countersigned by the registered nurse within 30 minutes. Doctors may also record observations.
- All symptoms should be scored 0-3 (0 representing symptom not present, 1, 2, or 3 representing mild, moderate and severe, respectively.)
- Appropriate action must be taken on symptom scores based on the guidance chart overleaf ' actions to be taken on symptom score'
- If a patient requires PRN medication they must be reassessed and re-scored 30 minutes post PRN medication to assess response.
- Any patient with a symptom rated 3 post-PRN (indicating that the symptom has persisted at a severe level) requires discussion and/or review with doctor urgently.

For patients with dementia, delirium or unable to communicate please assess pain using the Abbey Pain score available at:

http://nww.worcsacute.nhs.uk/departments-a-to-z/safeguarding-adults/dementia-care/policies-guidelines/

ABBEY PAIN SCALE TOOL

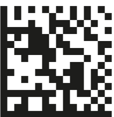
(for measurement of pain in people with dementia, delirium or cannot verbalise)

Pain should be assessed alongside routine observations and after analgesia is given

Date												
Time												
Vocalisation eg. Whimpering, groaning, crying Absent =0 Mild= 1 Moderate= 2 Severe= 3												
Facial expression eg. Looking tense, frowning, grimacing, looking frightened Absent= 0 Mild= 1 Moderate= 2 Severe =3												
Change in body language eg. Fidgeting, rocking, guarding part of body, withdrawn Absent= 0 Mild= 1 Moderate= 2 Severe =3												
Behavioural change eg. Increased confusion, refusing to eat, alteration in usual patterns Absent =0 Mild =1 Moderate =2 Severe= 3												
Physiological change eg. Temperature, pulse or blood pressure outside normal limits, Perspiring, flushing or pallor Absent= 0 Mild= 1 Moderate= 2 Severe= 3												
Physical changes eg. Skin tears, pressure areas, arthritis, contractures, previous injuries Absent= 0 Mild =1 Moderate =2 Severe= 3												
Total Pain Score												
Have you escalated? Yes / No / N/A												
Initials												

Total Pain Score (enter number shown in brackets on NEWS observation chart)	0-2 No pain (0)	3-7 Mild (1)	8-13 Moderate (2)	14 -18 Severe (3)

Helpful points of contact	
Hospital Palliative Care Team	**In hours:** -Monday to Friday 08.30 -16.30 contact extension 42085 -Saturday, Sunday, Bank Holidays 08.30 -16.30 Urgent advice or referrals that needed to be seen within 24 hours contact CNS on call via switchboard **Out of hours:** All days Out of hours Palliative Medicine doctor on call via switchboard
Chaplaincy & Spiritual Care	Contact via switchboard, available 24 / 7 if urgent



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