END OF LIFE CARE GUIDE: Recognising dying

Assessment: “Diagnosis of Dying” - Is there?
- Profound weakness
- Reduced intake of food/fluids
- Difficulty swallowing
- Drowsy or reduced cognition – semi conscious, with lapses into unconsciousness
- Essentially bed bound

Contact GP and notify family

Is this deterioration acute or unexpected?

Is investigation or new intervention appropriate and wanted by the resident? Is there an advance care plan in place?

Are there reversible cause(s) of deterioration?

TREAT CAUSE(S)

YES

YES

YES

YES

NO

NO

NO

Note: This does not replace the Liverpool Care Pathway, it is complementary to its use.

NB: Refer to organisational policies.
ASSESSMENT & MANAGEMENT OF SYMPTOMS

PAIN
Regular assessment:
- Acknowledge psychological and spiritual components.
- When pain is a pre-existing symptom continue with prescribed medication and use an appropriate route.

Management:
- Right drug for pain type
- Assess and document effectiveness of pain relief after every intervention.
- If pain is not present ensure (PRN) analgesics ordered in anticipation of pain.
- Ensure subcutaneous (S/C) medication for either PRN use or by Continuous Subcutaneous Infusion (CSCI) via a Niki T34 syringe driver is charted in anticipation it may be required.
- If pain relief not effective resident requires a medical review.
- If pain persists contact specialist palliative care services (Hospice).

NAUSEA AND VOMITING (N&V)
- Regular anti-emetics and PRN.
- No symptoms of nausea and vomiting: ensure PRN anti-emetic prescribed in anticipation of symptoms.
- If nausea and vomiting does not settle with intervention the resident requires a medical review.
- If the symptoms persist contact specialist palliative care services (Hospice).

RESPIRATORY DISTRESS
- Psychosocial support for resident and family.
- Take time.
- Provide reassurance and a calm presence.
- Cool fan or open window to assist air movement.
- Low doses of morphine.
- If unable to swallow, consider Niki T34 syringe driver.
- If the symptoms persist contact specialist palliative care services (Hospice).

RESPIRATORY SECRETIONS
- The noise can be a source of distress for family and caregivers.
- Provide reassurance and a calm presence.
- Repositioning can be effective in managing secretions.
- Ensure PRN medication prescribed in anticipation of symptoms.
- Hyoscine hydrobromide can be SC.
- Suction should be avoided if possible.
- Suction is only recommended to remove mucous plug.
- If the symptoms persist contact specialist palliative care services (Hospice).

AGITATION, ANXIETY, RESTLESSNESS
- Treat reversible causes: Physical discomfort e.g. pain, full bladder, pressure areas, constipation etc. Psychological discomfort. Spiritual distress. Family concerns. Environment.
- Medications:
  - Midazolam nasal spray 0.5 mg spray pm
  - Haloperidol 0.5 mg, SC pm 1st line drug of choice
- If symptoms do not settle with intervention the resident needs a medical review.
- If the symptoms persist contact specialist palliative care services (Hospice).

KEY COMFORT CARES

FAMILY SUPPORT
- Make provisions for family to remain if they wish.
- Offer cultural, spiritual, psychological support to family.
- Allow family to be involved in cares if they wish.

SKIN AND PRESSURE AREA
- Keep skin clean.
- Avoid products that dry or harm the skin.
- Balance the need for pressure area care against the need for comfort.
- Manage wounds in least invasive way – (remember, NO time to heal).
- Pressure relieving mattress.
- Review comfort regularly.
- Comfort takes priority over pressure relieving measures that cause distress.
- Use individual’s preferred position as often as reasonable.
- PRN analgesia in advance of repositioning when indicated.

MOUTH CARE
- Keep mouth clean and moist.
- Avoid alcohol based agents for cleaning the mouth.
- Clean mouth and teeth as required.
- Moisten lips e.g. lip balm, vitamin A.

EYE CARE
- Keep eyes clean and moist.
- Lubricate eyes if dry.

MICTURITION
- Keep dry and comfortable.
- Pads: ensure skin protection for incontinence.

BOWEL CARES
- Ensure resident is not distressed or agitated by constipation or diarrhoea.
- Optimal bowel care prior to last days contributes to overall comfort.
- Bowel products decrease as end of life approaches.
- Once oral medication is not possible other bowel management agents not usually used unless to reverse an identified problem.
- Exclude a full rectum if resident becomes restless – use suppositories.

CONSIDER FURTHER THERAPIES AS PER RESIDENT’S PREFERENCE
- Aromatherapy
- Use of touch
- Appropriate music

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