©WDHB RACIP

END OF LIFE CARE GUIDE: Recognising dying

Recognition of deterioration

Contact GP and notify family

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? (YES → next question; NO → care actions below)

Is investigation or new intervention appropriate and wanted by the resident? Is there an advance care plan in place? (YES → next question; NO → care actions below)

Are there reversible cause(s) of deterioration? (YES → Treat cause(s); NO → care actions below)

TREAT CAUSE(S)

- Family notified (if not already aware of resident's condition): family involvement in care and allowances made for them to remain
- Psychological support: plan of care discussed with resident (if resident is able to have insight into condition) and family
- Spiritual/religious/cultural beliefs: addressed with resident and family – facilitate any identified rituals around death and dying
- Medication: Non essential discontinued, PRN medication written up (including subcutaneous if required or in anticipation of their future need)
- Discontinue inappropriate interventions: e.g. antibiotics, blood tests, vital signs monitoring. *Ensure "allow for natural death" documented*
  N.B: refer to organisational policy

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 enti-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 prn
  - Haloperidol 0.5 mg, SC prn 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.
- Eye toilets as required.
- 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