



Introduction of an End of Life Care Process

Golden Jubilee National Hospital
Clydebank
Scotland

End of Life group “The Team”

- Medical & Nursing
- Hospital Spiritual Care Provider
- Lay person
- SNOD (Specialist Nurse Organ Donation)
- Regular meetings
- Individual tasks
- Work with hospital palliative care group

Types of death within critical care



- Sudden Death. Shock & Chaos
- Sudden Death after Planned surgery. Shock chaos, possibly guilt.
- Death following a protracted Critical Care stay. Exhaustion, disbelief, confusion
- Death following a chronic illness. Pre-grieving, exhaustion.

Why did we introduce End of Life care?

- Government Directive
- Staff Experience
- Personal Experience
- Evidenced based practice / theory



Scottish Government 2007

- A commitment to the delivery of high quality palliative care to everyone in Scotland who needs it.

Equity

Personal Dignity

Clinical need rather than diagnosis

Living & Dying Well Publication

- A plan to ensure good palliative and end of life care
- Scottish review of palliative care: August 2008. What did we learn?

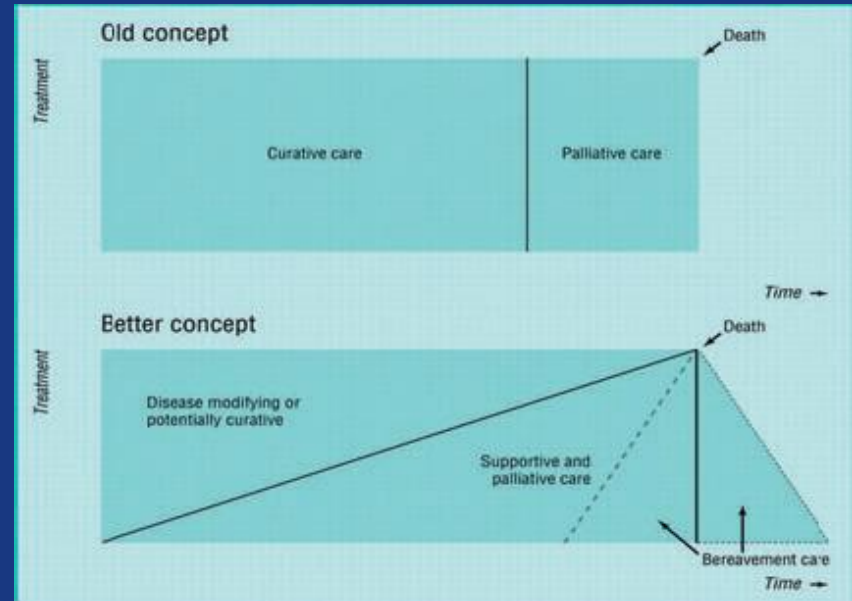
Person centred

Include patient & carer needs

Be aware of diversity of life circumstances

Liverpool Care Pathway: background

- Palliative Critical Care is not an oxymoron” (C Hurley 2010)
- Living and Dying Well – Scottish Government Health Department document 2008
- Recognised programme nationally & internationally as leading practice in care of the dying to enable patients to die a dignified death and provide support to their relatives/carers
- Base Review uses the LCP to identify the level of *documented* care at ‘baseline’
- The results are not necessarily reflecting the standard of care delivered, merely the standard of documentation of care
- “As with all clinical guidelines & pathways the LCP aims to support but does not replace clinical judgement.”
- Palliative care and withdrawal of treatment often controversial issues with colleagues and patients/relatives/general public.



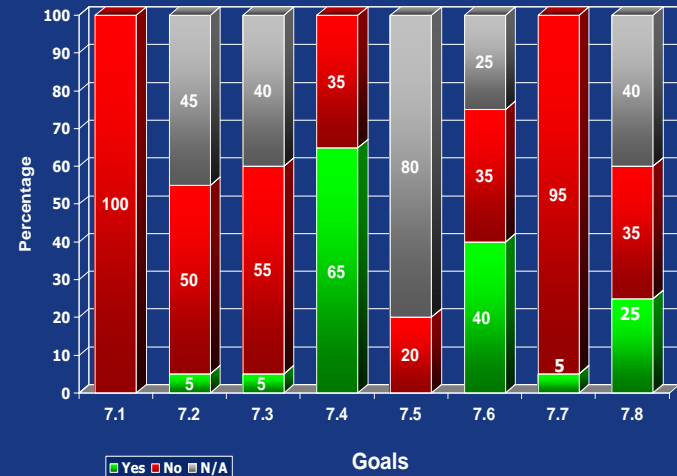
Liverpool Care Pathway Critical Care GJNH



- Audit 20 deaths within Critical Care
- Feedback

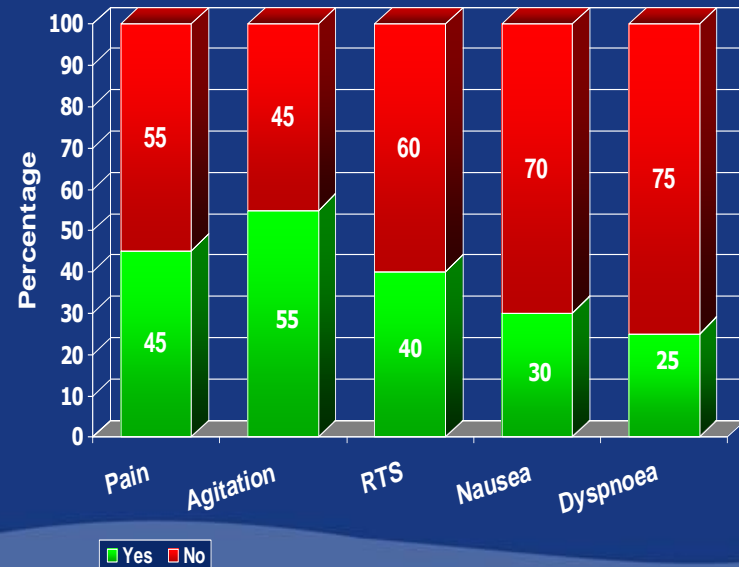
Comfort Measures

- Goal 7 Discontinue inappropriate interventions**
- 7.1 Blood tests
 - 7.2 IV Antibiotics
 - 7.3 IV fluids
 - 7.4 Not for Cardiopulmonary Resuscitation
 - 7.5 Deactivate Cardiac Defibrillators
 - 7.6 IV Vasoactive Medications
 - 7.7 Electronic Monitoring
 - 7.8 Dialysis
 - 7.9 Reduce Ventilatory Support
 - 7.10 Extubate
 - 7.11 Remove NG Tube (Gastric Secretions)
 - 7.12 Remove NG Tube (Feeding)
 - 7.13 Stop PEG Feeds
 - 7.14 Physiotherapy



Assessment of Ongoing Care

- Pain, agitation, respiratory tract secretions, nausea and vomiting, dyspnoea
- Mouth care, micturition, medication given safely and accurately, syringe driver checked (where appropriate), bowels assessed



Record : LCP FOR THE DYING PATIENT

Time 14/12/2010 08:48

MDT DECISION

Date LCP Com 14/12 08:48 13.12.10

Time LCP Com 14/12 08:48 0800

MDT Reassess 14/12 08:48 14.12.10

Time Reassess 14/12 08:48 0830

Date Discont

Time LCP Dis

Des Shar Pat 14/12 08:48 No

Des Shar Rel 14/12 08:48 Yes

INITIAL ASS

BASELINE INF

Oper Title 14/12 08:48 CABG

Diagnosis

Co-Morbidity

In Pain 14/12 08:48 No

Agitated 14/12 08:48 No

Nauseated 14/12 08:48 No

Vomiting 14/12 08:48 No

Dyspnoeic 14/12 08:48 No

INTERVENTION

Rout Bloods 14/12 08:48 Discontinued

IV Antibiot 14/12 08:48 Discontinued

Blood Gluc 14/12 08:48 Discontinued

Vital Signs 14/12 08:48 Discontinued

O2 Therapy 14/12 08:48 Discontinued

.NUTRITION

.Nutrition 14/12 08:48 Achieved

Clin Nut Inp 14/12 08:48 NG

Clin Nut Req 14/12 08:48 Continued

HYDRATION

Hydration 14/12 08:48 Achieved

Hydr In

Clin Hy

Clinical Assisted Hydration : The need for clinically assisted hydration is reviewed by the MDT.The patient should be supported to take fluids by mouth for as long as tolerated. For many patients the need for clinical hydration will not be required.

SKIN CARE

Skin Integ. 14/12 08:48 Achieved

ONGOING ASS

LCP Day 14/12 08:48 1 Day

Patient Pain 14/12 08:48 Achieved

Pat Agitated 14/12 08:48 Achieved

Summary...

OK

Cancel

Apply

Undo

Help...

Remember

LCP is only as good as the team using it
(LCP 2010)

“As with all clinical guidelines & pathways the
LCP aims to support but does not replace
clinical judgement.”

Other End of Life Care Initiatives “shaping our bereavement care”



- **Checklist on CIS**
- **Dedicated phone line**
- **“ keeping in touch ” cards**
- **Improved Relative and Visitor facilities**
- **Teaching DVD**

Our thoughts & plans for the future

- Patient Diaries
- Develop a clinical decision making strategy
- Re audit 20 deaths

Critical Care End of Life group Questions?

