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Patient label/details



**Personalised Care Framework for the last hours/days of life**

**WARD BASED CARE**

**Patients suspected or confirmed to have COVID 19**

**This guidance incorporates the 5 Priorities of Care for the Dying Person, and is to aid the care of suspected or confirmed COVID 19 patients who are believed to be in their last days of life. The patient’s care should still be individualised to their specific needs. Please apply the principles of the Mental Capacity Act (2005). As visiting is likely to be restricted it is vital that all discussions with loved ones are documented fully in medical notes.**

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| **Does the patient have… (information which may aid decision making)** |
| |  |  |  |  | | --- | --- | --- | --- | | A lasting power of attorney for health and welfare | O | Community DNACPR | O | | An advance decision to refuse treatment | O | Community Treatment Escalation Plan (TEP) | O | | An Advanced Care Plan | O | SYSTM1 / Summary Care Record checked | O | |
| **Recognise - Recognition that the patient is dying (INCLUSION CRITERIA)** |
| |  |  |  |  | | --- | --- | --- | --- | | Senior clinician supporting this decision: ……………………………… | | Document diagnosis: …………………………………………………………… | | | (ST4 or above)  Reversible causes considered (tests/scans reviewed) | O | COVID 19: suspected O confirmed O  Patient deteriorating despite optimal treatment | O | | Patient unlikely to survive  Completed DNACPR form (signed by Spr/cons) | O  O | Patient comfortable (if not despite Anticipatory meds contact HPCT bleep 1293 for telephone advice) | O | | Senior ward nurse in agreement | O | Patient/family/carers aware that patient is expected to die and proposed management plan | O | |
| **Communicate & Support - Sensitive communication with the patient and family and support offered** |
| |  |  | | --- | --- | | NOK / carer informed (Name): | Discussion: Face to face O Over telephone O | | Relationship to patient:  Confirm 1st contact telephone number:  Night call: Yes O No O | Date and time: …………………………………………………………..  Is NOK able to visit Yes O No O | | Issues identified: (eg: NOK elderly, self-isolating or has minimal support).…………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………………………… | | |
| **Involve – Ascertain from patient / carers / loved ones what is important to the patient.** |
| |  | | --- | | Agreed priorities of care: ……………………..………………………………………………………………………………………………………………………................. |   *.* |
| **Plan & Do - Consider the investigations, interventions and treatments the patient is having *(agreed with nursing staff).*** |
| What is being continued and why: (this may include but not limited to oxygen therapy, ABX, hydration, comfort observations, mouth care, Anticipatory meds)  …………………………………………………….……………………..……………………………………………………………………………………………………………………………….  What has been stopped and why: (this may include but not limited to medicines, Abx, artificial hydration, physical observations)  …………………………………………………………………………………………………………………………………………………………………………………………………………….   |  |  |  |  | | --- | --- | --- | --- | | **MEDICAL TEAM**  Ensure relevant family aware of prognosis | O | Rationalise current medications | O | | Document what nutrition & hydration is appropriate | O | Inform GP | O | | Ensure clear escalation plan documented  Does the patient have an ICD, if so deactivate. | O  O | Should IV/SC access be replaced if lost Yes O No O |  | | **Anticipatory Prescribing**  Refer to anticipatory prescribing guidance overleaf |  | Does the patient have s/c access Yes O No O  Relevant Anticipatory meds prescribed Yes O |  | |  |  | Patient Label/details |  | | **NURSING TEAM (in conjunction with daily nursing goals)** | | | | | Offer EOL info booklet to relative if present | O | Consider Chaplaincy Team | O | | Offer free parking vouchers` | O | Complete comfort observations & daily nursing goals | O | | Support patient to eat & drink as able and offer regular mouth care  Leave patient details and ward on answerphone Ext 5190 for HPCT and EOL team | O  O | Inform cardiac investigations unit immediately if patient has an implantable cardiac defibrillator  Please ensure compassion rose accompanies all deceased patients to mortuary | O  O | |
| **Name of doctor & nurse completing this form:** |
| |  |  | | --- | --- | | **Doctor Name, Grade & Bleep:** | **Nurse Name, Band** | | **Signature:** | **Signature:** | | **Date & Time:** | **Date & Time:** | |

**GUIDANCE, ADVICE AND SUPPORT**

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| * Purple EOLC folder & resource files | * Hospital Palliative Care/EOLC Team Mon – Fri 9-5pm Blp 1293 * Sat/Sun 9 – 5pm 07717517385 * OOHs via hospice ext 2113 | * Palliative Care Handbook “Green book” – Advice on clinical management, Wessex Palliative Physicians. 9th edition (2019) |
| * Microguide under palliative care or EOLC |  |

**ANTICIPATORY PRESCRIBING AT END OF LIFE for COVID 19 – Guide to appropriate medication**

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| --- | --- | --- |
| **Symptom** | **PRN Medication** | **Regular medications and Notes** |
| Agitated delirium | Levomepromazine 12.5 - 25mg SC PRN  +/-  Midazolam 2.5 – 5mg SC PRN  (these doses may need to be increased please contact HPCT) | Continuous Subcutaneous infusion via syringe driver (CSCI): 25 - 50mg/24hrs starting dose  If no syringe driver available: Levomepromazine 25mg SC OD (has a long duration of action).  Midazolam 10 – 30mg/24hrs via CSCI starting dose  **In Parkinson’s Disease or high risk of seizures avoid Levomepromazine and use Midazolam**.  **Always consider reversible causes**, i.e urinary retention and rectal loading. |
| Breathlessness +/- Cough | Morphine Sulphate\*  2.5 - 5mg SC PRN  Midazolam 2.5-5mg SC PRN | CSCI Morphine Sulphate\* 10mg/24hrs starting dose  If no syringe driver available: Morphine Sulphate 5mg BD SC  +/- CSCI Midazolam 10 – 30mg/24hrs if SOB associated with distress  Consider continuing O2 therapy if hypoxic and patient deriving benefit. Avoid the use of fans. |
| Respiratory tract secretions | Glycopyrronium 200 mcg SC stat and PRN (max 1.2 mg in 24 hrs) | CSCI Glycopyrronium 600mcg – 1.2mg/24hrs.  If no syringe driver available: Glycopyrronium 400mcg SC BD. |
| Nausea and vomiting | Cyclizine 50mg SC PRN TDS |  |
| Pain | Morphine Sulphate\*  2.5 - 5mg SC PRN | Patients already taking opioid analgesia the dose will need to be adjusted to account for this. Please ask for advice if needed. |

**\* Caution in patients with significant renal failure consider Oxycodone 1 -2mg SC PRN, CSCI Oxycodone 5mg/24hrs as an alternative to Morphine Sulphate**

**Transdermal patches** – Leave patch on (dose unchanged) and prescribe PRN opioid.