



St Joseph's Hospice

This information serves as a guide for Newham GPs and other professionals in managing adults at THE END OF LIFE.

For ANY Palliative Care queries contact:
St Joseph's Hospice Community Palliative Care Team –
A service for professionals and the public
020 8525 6060 – Mon-Fri 9am-5pm
020 8525 6000 – OOH after 5pm, before 9am & weekends

1. DIAGNOSIS OF DYING

The resident is:

- Bedbound
- Semi-comatose (or worse)
- No longer able to take tablets
- Only able to take sips of fluid (or less)

CONSIDER:

Diagnosis of dying to be agreed by GP/District Nurse/Nursing Home staff/Palliative Care Team – discuss starting Liverpool Care Pathway document with relative carer explanation

2. DYING IN THE CARE HOME

- Is the resident aware of what is happening?
- If unaware is there an advance statement or is a Best Interest Assessor needed?
- Do they want to die in the home? If not, where?
- Are the carers/family aware that death is imminent?
- Can the home manage the situation? Consider support from St Joseph's Community Palliative Care Team

3. ADVANCE CARE PLANNING

- Is there an advance care plan or statement or refusal of treatment? Preferred Priorities of Care document?
- Has resuscitation been discussed, communicated to others?
- Are Palliative Care oral/injectable drugs needed and available? 4 pharmacies in Newham stock a small supply of emergency end of life care drugs

4. MEDICATION REASSESSMENT

- Non essential medication discontinued and reasons explained to resident and family.
- Essential medication converted to form that can be given easily.

CONSIDER:

- Syringe driver might be needed – order one in or liaise with St Joseph's Community Palliative Care Team
- Other routes of medication administration – rectal/buccal/transdermal

5. ANTICIPATORY PRESCRIBING

- Main drugs required at end of life to treat pain, agitation, nausea, breathlessness and respiratory secretions

CONSIDER:

- Resident discomfort – urinary retention/impacted rectum/pain/biochemical abnormalities/psychological/spiritual distress
- May need sedation – Midazolam/Levomopromazine (contact St Joseph's Hospice if in doubt of doses)

6. ONGOING ASSESSMENT

- To include regular assessment and reassessment of symptoms (remember goal is comfort)

CONSIDER

- Breathing – may look but no feel breathless – try hand held fan
- Hydration – actively manage dry mouth with regular mouth care
- Subcutaneous fluids indicated in limited circumstances for limited periods of time – if in doubt contact St Joseph's Hospice for advice.
- Emotional and supportive care to resident and family – 'being there alongside them' GP needs to see resident at least every 2 weeks

7. DEATH

Examine for 5 minutes:

- No spontaneous movements
 - No response to pain
 - No respiratory effort
 - No heart sounds or palpable pulses
 - Absence of reflexes e.g. Corneal
 - Pupils are fixed and dilated
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- Confirm time and death and complete relevant paperwork
 - Check with family/carer when it is custom to bury deceased

8. RELIGIOUS/SPIRITUAL/SOCIAL NEEDS

- Is interpreter needed?
- Support from clergy or other spiritual advice?
- Understanding importance of time of burial/funeral

9. BEREAVEMENT SUPPORT

- Understanding of referral process to Newham Bereavement Service

10. GP/PROFESSIONAL SELF CARE

- Managing yourself, other professionals in the home and carers

CONSIDER:

- Peer support in general practice meetings/GSF/reflective sessions
- Support from St Joseph's Hospice