NHS
Airedale
NHS Foundation Trust

Patient Label or
Name
DOB
Hospital number

Date document started

Please use this document to record the decisions of the clinical team and the priorities of the ADULT patient and those important to them

This document forms part of the patient's confidential clinical record.

GUIDANCE ON USING THIS DOCUMENT

- Wherever possible, medical and nursing staff should carry out a joint clinical assessment.
- A senior clinician should be involved in initial decision making.
- Discuss resulting care decisions with the patient (where practical) and those important to them.
- Medical or nursing staff can complete section 1.
- Medical staff should complete section 2.
- Nursing care decisions should be recorded in section 3.
- Document the agreed plan of care briefly in this document and, if needed, more fully in the patient record.
- Consult palliative care team for complex cases (bleep via switch). If they are not available symptom control guidance is available via the Airedale palliative care app – 'ANHST priorties of care' or you can call the palliative consultant on call for Manorlands Hospice for more specific advice. There are also guidelines on symptom control available on Aireshare in the Palliative care team section.
- You may also need to consider whether this document or the Airedale care plan for the last days of life. And if you are not sure you can discuss with palliative care.
- Record all further decisions and progress in the patient's clinical notes.
- This document should be filed in the current section of the clinical case note.

Section 1 – can be completed by a doctor or nurse

IMPORTANT INFORMATION RELEVANT FOR THIS PATIENT
Note here any key medical, nursing, social, or other information which may affect individual patient care.

ORGAN DONATION

Please refer all intubated patients to the Specialist Nurse for Organ Donation for consideration of organ donation. They can be contacted via switch on a 24 hour pager.

A nurse or a doctor can make this phone call

The information you will need to hand includes:
Name
D.O.B
Address
NHS number.
Presenting History/Diagnosis
Blood results
Past Medical History
Observations
Treatment and level of support (inotropes, drugs, fluids, ventilation etc**)**

Has patient been referred to the specialist nurse for organ donation?

Please circle Yes No Not intubated

IDENTIFY RESPONSIBLE CLINICANS

Critical care consultant responsible for the patients care

Print name Signature

Registered nurse responsible for the patients care

Print name Signature

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ADVANCE CARE PLAN

Has the patient expressed wishes in an Advance Care Plan (ACP) including an Advance Decision to Refuse Treatment (ADRT)?

Please circle Yes No don't know

Details:

Is there a Lasting Power of Attorney (LPA) for Health and Well-being?

Please circle Yes No don't know

If yes, does it include life/death decisions?

Details:

PATIENT UNDERSTANDING AND PRIORITIES

Document any discussions with the patient and those important to them about the patient's awareness of dying and record any priorities or concerns they have/are known to have:

HYDRATION DECISIONS
Document any discussions and decisions regarding hydration (including the use of parenteral fluids) with the patient / those important to the patient.
NUTRITION DECISIONS
Document any discussions and decisions about nutrition (including enteral and parenteral nutrition) with the patient / those important to the patient.
Is there anything else you think the wider team should be aware of for this patient? Person completing this section: Print Name Signature

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Section 2 – to be completed by the doctors

ICU MEDICAL INTERVENTIONS AND TREATMENT LIMITATIONS – please circle

System 1 DNACPR form has been completed: YES NO
If Not – complete or document why not

ICDs have been deactivated*: YES NO N/A
If no what is the management plan for the ICD?

MEDICOLEAGAL ASPECTS

VERIFICATION OF EXPECTED DEATH – can be carried out by a suitably trained health care professional (other than a doctor) if documented as an expected death and according to the above guideline on AireShare.

CORONER
Are there any circumstances for which you need to refer to the Coroner? Yes
No

Are other health care professionals aware of how this affects care? Yes
No
(removal of lines, endotracheal tube, nasogastric tube etc)

Document reason for referral to Coroner and discussions with team and nominated next of kin:

AIRWAY MANAGEMENT AND VENTILATION - Circle the preferred option

Ventilated patient

A Extubation, no ventilator assistance and no supplemental oxygen

B Disconnection of ventilator but keep ETT in situ, no supplemental oxygen

C Continue ventilation and reduce FiO_2 to 0.21, Change to CPAP/pressure support, Limit pressure support to no greater than 10cm H_2O

D Delay change in airway and ventilation management for purposes of family/friends communication with patient then use option (circle the letter)

A **B** **C**

Non ventilated patient

A Maintain face mask oxygen

B Remove oxygen

Non-Invasive Ventilated patient

A Continue on current settings

B Stop and change to High flow oxygen

C Stop and changed to nasal cannulae or no oxygen

CARDIOVASCULAR SUPPORT

A Discontinue inotropes immediately

B Delay stopping inotropes and vasoconstrictors to enable family and friends to communicate with their loved one

ANXIOLYTICS AND SEDATION

A Continue with current levels of iv sedation and analgesia

B Supplement symptom control with anticipatory medications as prescribed. These can be given IV rather than S/C.

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Document decisions on the following:

Blood tests including blood sugar monitoring	Continue	Stop	
Renal Replacement therapy	Continue	Stop	N/A
Nasogastric tube	Leave in	Remove	N/A
Physiotherapy	Continue	Stop	N/A

PRESCRIBING

Guidance on prescribing in end of life care is available from the Airedale palliative care app 'ANHSFT priorities of care' or in the 'Last Days of Life (Personalised Care Plan) on AireShare

Review the Need for Current Regular Medication

Stopped all unnecessary medications	Yes	No	N/A

Prescribe anticipatory medication (there is a regime in system 1)
Examples:
Analgesia / for breathlessness: An opiate e.g. morphine, diamorphine or alfentanil
Anti-emetic: e.g. cyclizine, ondansetron
Anxiolytic: e.g. midazolam or propofol if already running.
Anti-secretory: e.g. hyoscine hydrobromide 400mcg s/c 4hrly PRN or glycopyrronium bromide 200mcg s/c 4hrly PRN.
Consider the need for a syringe driver – seek advice on this from palliative care.
There is a paper chart for these and you will need to put a placeholder in system 1.

Doctor completing this section to sign below

Print Name: Signature:

Date:

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Section 3 Nursing Care – to be completed by the responsible nurse

TISSUE DONATION

Has the patient/those important to them expressed wishes around tissue donation?

Yes No Don't know

Tissue donation information is available in a leaflet which should be supplied to the family if they or the patient has expressed a wish for this to be considered.

INDIVIDUAL PLAN OF NURSING CARE

Document discussion held with those important to the patient.

What are their concerns at this time?

Name of individual: Relationship:

Update existing nursing care plans and risk assessments

Document agreed nursing plan. Update existing nursing care plans and risk assessments Consider the following:

- Communication
- PRN medication
- Elimination
- Symptom assessment
- Mouth care
- Environment / Single room
- Bedside monitor and alarms
- Pressure area care

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RELIGIOUS, CULTURAL AND SPIRITUAL BELIEFS

Consider individual needs of the patient and those important to them.
Guidance on care after death for various religions is available on Aireshare or through the chaplaincy but family members are usually the best sources of information on the individualised needs of your patient. Document any actions that need to be taken.

ONGOING REVIEW - Refer to Symptom Assessment Chart

Continue to monitor symptoms such as pain, agitation, nausea and respiratory secretions.

Document nursing assessments and care plans in nursing documentation.

Liaise with doctor if any concerns.

You can also contact the palliative care nursing team for advice and guidance.

You may need to consider moving to the end of life care pathway if necessary – please discuss this with the medical team.

If the clinical situation improves and these decisions are no longer appropriate, then the clinical team should discuss an alternative medical management plan.

Nurse completing this section to sign below

Print name　　　　　　　　　　Signature

Date