

MID NORTH COAST AREA HEALTH SERVICE

Coffs Harbour Health Campus

Procedure Statement

Subject:	Implementation of End of Life Clinical Pathway
Procedure Number:	Ch – z – z - 186
Desired Outcome:	That all patients in the last days/hours of life have access to a multi-disciplinary approach to end-of-life care that ensures that the patient's physical, cultural, psychosocial and spiritual needs, and the family/carer support needs are appropriately addressed.
Reference/Consultation:	<p>REFERENCE LIST:</p> <ol style="list-style-type: none">1. Ellershaw, J. and Wilkinson, S. 2003. <i>Care of the dying: a pathway to excellence</i>. Oxford: Oxford University Press. <p>Compiled by: PA West, CNS</p> <p>Consultation and review by:</p> <p>K. Introna, CNC Palliative Care, St George Hospital, Kogarah. August 2004 - December, 2005</p> <p>J. Foster, CNC Palliative Care CHHC August 2004 - December, 2005</p> <p>B. Morris, CNC Palliative Care, CHHC</p> <p>S. Saunders, Acting NUM 3 Medical Ward CHHC</p> <p>J. Phillips, CNC Palliative Care and Project Co ordinator, MNCDGP Rural Palliative Care Project</p> <p>Dr J-M Davies, Palliative Care Consultant Physician, St George Hospital, Kogarah</p> <p><i>With acknowledgment, Westmead Health Palliative Care Team</i></p>
Distribution:	All Units
Approved By:	Steve Rodwell Director of Nursing, Manager Inpatient Services
Date Issued:	January, 2006.
Date Revised:	
Date Effective:	
Review Date:	
Date Included on Desktop:	

BACKGROUND:

The End-of-Life (E-o-L) Clinical Pathway is designed to be used to manage the care needs of the dying patient in their last hours or days of life. Prior to commencing the patient on the E-o-L Clinical Pathway there should be consensus between all concerned (i.e. patient, family, medical and nursing staff) that the patient is dying and that a clearly documented "Not for Resuscitation" order be made in the patient notes. The E-o-L Clinical Pathway can be used to manage the needs of the patient dying from both malignant and non-malignant disease.

PROCEDURE:

1. Recognition that a patient is dying may come from any member of the patient's care team. Diagnosing dying is very complex, but often nurses, who spend the most time with patients may be the first to recognise signs of dying, such as - the patient being bed bound, only able to take sips of fluids, no longer able to take oral medications, sleeping for longer periods of sleep throughout the day and decreasing level of consciousness.
2. Seek conformation from the medical staff that the patient's condition has deteriorated and that they are dying.
3. Seek consensus from all members of the care team and patient's family that the goals of treatment are now focussed on end-of-life care.
4. Introduce the E-o-L Clinical Pathway to the family as a way of providing maximum comfort to the dying patient, to ensure that all their requirements are met. The Pathway is goal orientated, and that to the best of our ability, these goals will be met.
5. Nursing staff caring for the patient are to commence the E-o-L Clinical Pathway by completing Page 2, "*Initial Psychosocial Assessment*", being sure to obtain correct phone numbers from family members or carers as they are often not staying at the address given on the MRN sheet.
6. Medical Staff to complete Page 3, Initial Medical Assessment
 - There are several symptoms that are very common in the last days of life. These are outlined in the box at the top of page 3. If the symptom is present in the patient, be sure to chart appropriate medication, both regularly and prn, so that breakthrough doses may be administered, minimising any unnecessary suffering. If the symptoms are not present at the time of initial assessment, but are anticipated, ensure a prn order is written, to minimise patient discomfort, if the symptom does occur.
 - Ensure that the patient is reviewed by the Medical Officer each day, as requirements frequently change.
7. Nursing Staff to document in E-o-L Clinical Pathway, whether each Care Goal is **A** (achieved) or **V**, (a variance) for each shift, and sign in space provided.
 - Ensure all staff write their full name and signature details on attached Signature Register.
 - Ensure that variances to the E-o-L Clinical Pathway are documented as these are not only valuable for auditing purposes, but may also contribute to education and further development of the E-o-L Clinical Pathway.
8. It is not necessary to write in patient notes if a E-o-L Clinical Pathway is being used, unless there is something further to add.

9. Document details of patient death in designated space, to ensure all necessary procedures are attended to.
10. E-o-L Clinical Pathway to be filed, with integrated patient notes, for collection by Medical Records.

Outcome:

The E-o-L Clinical Pathway will be a legal document which reflects that the patient was cared for in a multidisciplinary setting, with all team members making a contribution and that the needs of the family and/or carers' are also addresses.

Care for patient and family or carer not only fulfils physical needs, but psycho-social, spiritual and cultural requirements as well.

The E-o-L Clinical Pathway ensures that care provided is to the best of our ability and in accordance with best evidence based practice.