

Palliative care

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Why?

- The average GP will have around 20 patient deaths per year
- Department of Health End of Life Care Strategy 2008
 - a number of significant issues affecting dying and death in England
 - People not dying where they chose to
 - Lack of dignity and respect
 - Variable access to quality end of life care across the country
 - Most people uncomfortable discussing death and dying
- In 2013, 80% of people surveyed wanted to die at home; 49% actually did

Session plan

- Discussions with the dying patient
- Forms to fill in
- People/services to involve in patients' care
 - Macmillan nurse/palliative care specialist/hospice
- Symptom control
- How to set up a syringe driver
 - Just in case meds
- Cases to discuss in groups

Advance Care Planning discussions

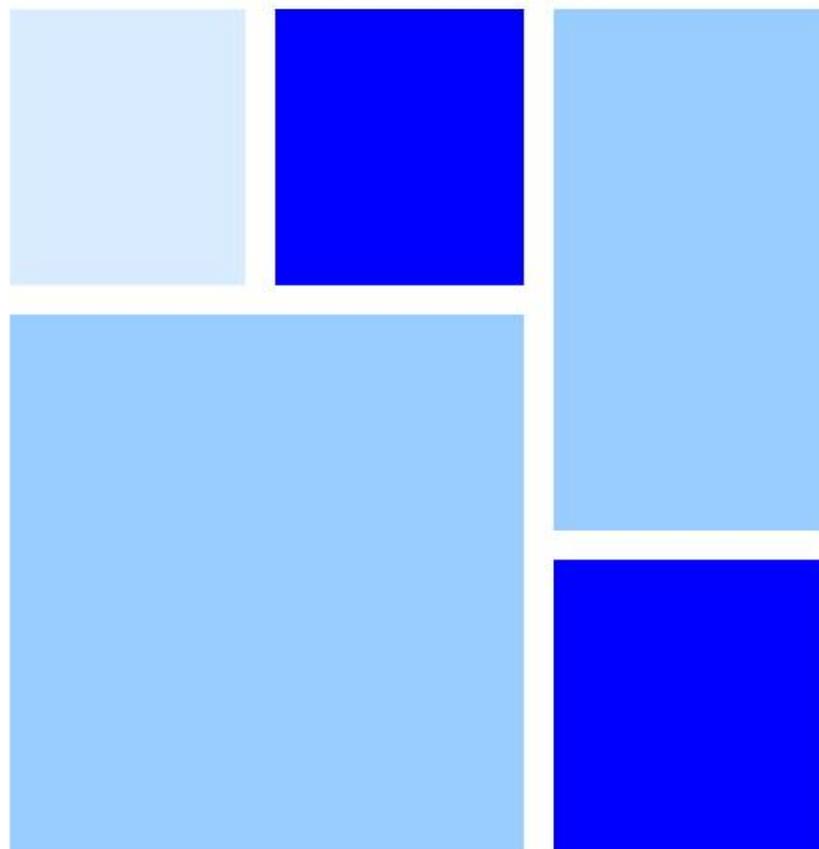


assess

the gold standards
framework

PPC

Preferred Priorities for Care



DNAR

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Adults aged 16 years and over

In the event of cardiac or respiratory arrest do not attempt cardiopulmonary resuscitation (CPR)
All other appropriate treatment and care will be provided

Name: _____
Address: _____

Date of birth: / / _____
NHS number: _____



East of England

Date of DNACPR order:

/ / _____

Reason for DNACPR decision (tick one or more boxes and provide further information)

CPR is unlikely to be successful [i.e. medically futile] because:

Successful CPR is likely to result in a length and quality of life not in the best interests of the patient because:

Patient does not want to be resuscitated as evidenced by:

Record of discussion of decision (tick one or more boxes and provide further information)

Discussed with the patient / Lasting Power of Attorney [welfare]?
If 'yes' record content of discussion. If 'no' say why not discussed.

Yes No

Discussed with relatives/carers/others?

If 'yes' record name, relationship to patient and content of discussion. If 'no' say why not discussed.

Yes No

Discussed with other members of the health care team?

If 'yes' record name, role and content of discussion. If 'no' say why not discussed.

Yes No

Healthcare professional completing this DNACPR order

Name: _____

Signature: _____

Position: _____

Date: / / _____

Time: _____

Review and endorsement by responsible senior clinician

Name: _____

Signature: _____

Position: _____

Date: / / _____

Time: _____

Is DNACPR decision indefinite? Yes No

If 'no' specify review date: / / _____



Syringe Drivers

Drugs

- Diamorphine, midazolam, levopromazine
- Max 3
- Glycopyrronium “doesn’t count as a drug”

Case discussions