

Care of the dying: End-of-life Care Pathway in Palliative Care Unit (OLMH)

Apr (2012)

**Model for care of
the dying patients
and their families**

- Based on Liverpool
Care Pathway

**Consists of 4 key
sections**

Jul - Aug

**Educational
Meeting**

**Team
discussion**

Sept

**Pilot Project
launched in
PCU**

**Audit on
Implementation**

Dec

**Nurses'
Questionnaire
Survey**

Future

**Promotion
of Care for
the Dying in
general
wards**

Our Lady of Maryknoll Hospital
End Of Life Care Pathway

HN: _____ Name: _____ Age: _____
Sex: _____ Bed: _____
Ward: _____ Please Fill In or Affix Patient Label
Action/ note for variance

Medical Assessment

1. Symptom assessment:

Pain	Y/N	<input type="checkbox"/> Analgesics
Dyspnoea	Y/N	<input type="checkbox"/> Opioid
Nausea/ vomiting	Y/N	<input type="checkbox"/> Anti-emetic
Delirium/ agitation	Y/N	<input type="checkbox"/> Haloperidol
Myoclonus/ twitching	Y/N	<input type="checkbox"/> Anti-conv
Haemoptysis/ bleeding	Y/N	<input type="checkbox"/> Transam
Death rattle	Y/N	<input type="checkbox"/> Hyoscir
Fever	Y/N	<input type="checkbox"/> Anti-p

2. PRN medications written up for the list above

3. Drugs changed from PO to SC/ IV route if necessary, no IMI

4. Discontinue/ minimize unnecessary or inappropriate interventions

i) Non-essential drugs, e.g. Aspirin, laxatives	Y/N
ii) Parenteral fluids	Y/N
iii) Investigations, e.g. blood tests, imaging	Y/N
iv) Procedure, e.g. transfusion	Y/N
v) Vital signs monitor, e.g. SaO2, H's/tix	Y/N

Progress note/ remarks:

Nursing care review

1. Daily symptom review

Pain	Y/N
Dyspnoea	Y/N
Nausea/ vomiting	Y/N
Delirium/ agitation	Y/N
Myoclonus/ twitching	Y/N
Haemoptysis/ bleeding	Y/N
Death rattle	Y/N
Fever	Y/N

2. Bedside care

Mouth care, e.g. dryness, cracks	Y/N
Bowel problems, e.g. retention, diarrhea, soiling	Y/N
Urinary problems, e.g. retention, soiling	Y/N
Excessive secretions, e.g. saliva, sputum	Y/N
Wound/ pressure sore, e.g. odour, discharge	Y/N
Parenteral site, e.g. inflammation	Y/N
Positioning, e.g. burden from restraints, pain from immobilization	Y/N

3. Communication

Family/ significant others are informed	Y/N
• Patient is dying	Y/N
• End Of Life care	Y/N

Nurse's signature/ Name/ Code/ Date: _____

Progress note/ remarks:

Psycho-social & spiritual needs

1. Address emotional distress

2. Allow flexible visiting hours

3. Provide single/ side room stay if possible

4. Cultural/ religious needs assessed and respected

5. Early referral to MSW whenever necessary

6. Early referral to pastoral care whenever necessary

7. Discuss last office if appropriate

Staff's signature/ Name/ Code/ Date: _____

Progress note/ remarks:

Aftercare

D) Dying scene/ aftercare/ bereavement

1. Certification of death

At _____ on _____

2. Prepare and support family/ significant others:

Being present at moment of death

Allow expression of emotion/ grief

Perform in last office

3. Inform family/ significant others:

Mortuary location/ significant others:

Procedure for last office

4. Bereavement care

Provide information sheet

Provide bereavement card

Assess bereavement risk

5. Organ donation procedure if applicable

Nurse's signature/ Name/ Code/ Date: _____

Progress note/ remarks:

If high bereavement risk/ special concern, refer

☐ MSW

☐ Pastoral care

☐ Urgent need for on-site support

Y N/A

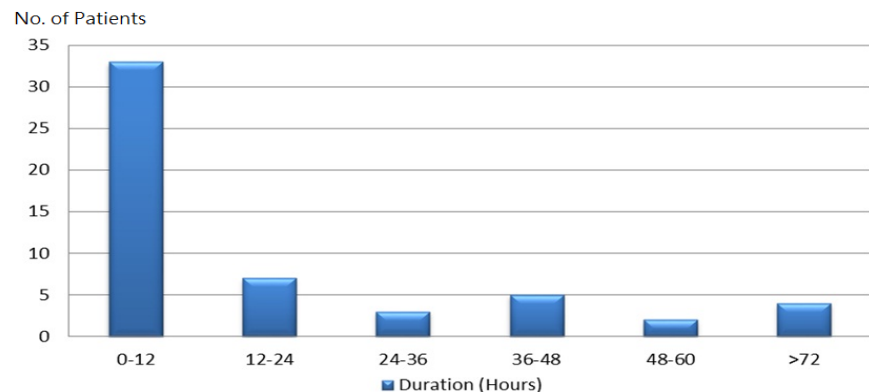
Criteria

1. Irreversible cause(s) for clinical deterioration
+
2. Predicted life expectancy: 7 days or less + 2 of the following:
 - Bedbound
 - Semi-comatose/ comatose
 - Only able to take sips of fluid
 - No longer able to take oral medication

AUDIT ON EOL CARE PATHWAY

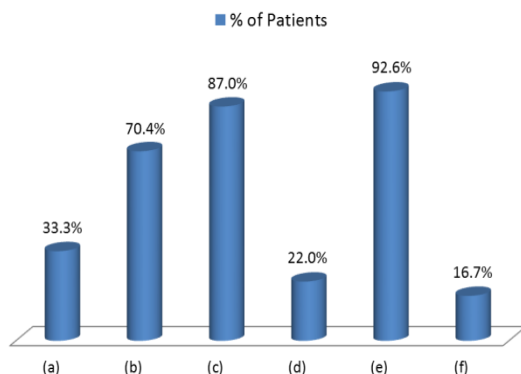
FROM 5/9/2012 TO 5/12/2012, INITIATED IN 54 (69%) DYING PATIENTS

1 Within 72 hours before death, 93% of patients had the Pathway being initiated.



3 Multiple nursing procedures and psychosocial care were delivered.

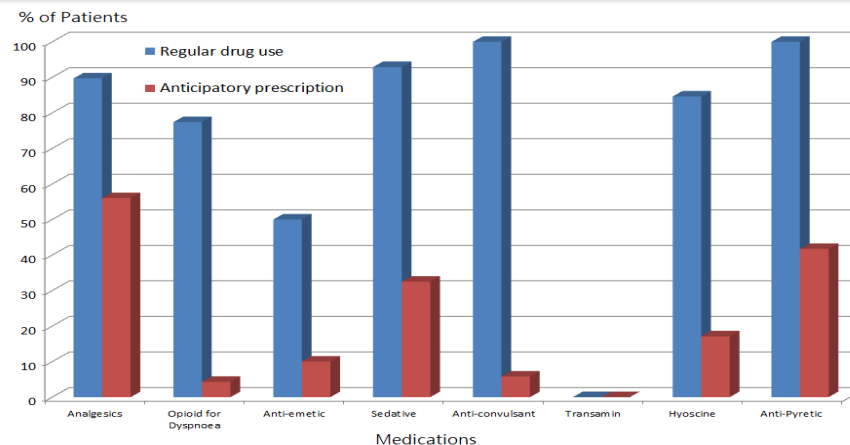
Bedside care	No. of patients (%)
Mouth care	46 (85.2)
Bowel problems	16 (29.6)
Urinary problems	12 (22.2)
Excessive secretions	8 (14.8)
Wound/ pressure sore	18 (33.3)
Parenteral site	6 (11.1)
Positioning	22 (40.7)



- Provide single room
- Assess cultural / religious needs
- Facilitate family's company at the moment of death
- Involve family in last office
- Assess bereavement risk
- Refer for further support due to high bereavement risk

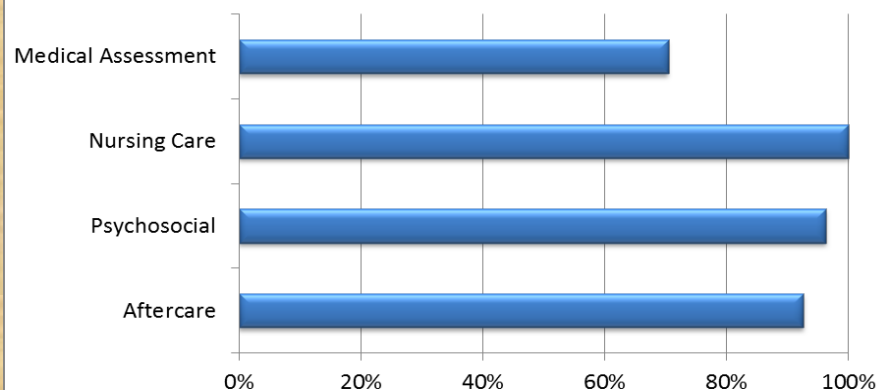
2 The most common presenting symptoms were dyspnoea (57%) and pain (54%).

Non-essential drugs (80%) & unnecessary interventions (76%) were stopped.



4 Compliance

Completeness of nursing procedure~100%





Questionnaire Survey on Nursing staff's perception 15/11-15/12/2012, response rate 94%

- ✓ Practical framework
- ✓ Facilitate care process
- ✗ Excessive work

Statements*	Mean score** (SD)	P value	Attitude***
1. There is increase in the awareness to stop unnecessary medications. (+)	4.07 (0.80)	<0.05	Agree
2. Privacy is maximized for patient and family during terminal stage. (+)	4.00 (0.66)	<0.05	Agree
3. It provides a practical framework for care of the dying. (+)	3.87 (0.64)	<0.05	Agree
4. It facilitates documentation of the care process. (+)	3.73 (0.70)	<0.05	Agree
5. It causes excessive workload. (-)	3.00 (1.00)	NS	Disagree

*Statement supports (+) or is against (-) EOL care

**Scores ranged from 1 (strongly disagree) to 5 (strongly agree)

***Tendency to disagree with the statement if score <3 and agree if >3, 3 being neutral

****NS denotes not significant



Nurses' perception on EOL Care Pathway

More than 70% agreed that they are confident to talk openly with family members that the patient is dying.

For those competent, 73% have received training on the Pathway. ✓✓

About 67% felt having a larger role in EOL care.

80% reported that involvement in the Pathway may improve job satisfaction. ✓✓




Conclusion

Pilot Project



Promote
quality care for
patients during
the last hours
and days of life



Enrich staff's
knowledge
related to
dying process
& change daily
practice



Enhance
compliance by
training &
education

Thank you!