Care for the Imminently Dying in Acute Medical Setting

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Introduction
There are practical difficulties to optimize care at the end of life in busy acute medical settings, and the experience in adopting care plan in these settings is even more limited. In 2011, we strengthened the care in three acute wards with the first audit review completed in 2011. In 2014, we extended to three more acute wards. A series of talks and workshops with emphasis on communication and care process was organized for frontline doctors and nurses of the six wards. A care checklist was specially revised as a supplementary tool for comprehensive care and documentation.

Objectives
The review aimed to analyze the application of the care checklist two months after its use.

Methodology
During the period 13 Oct – 6 Dec 2014, all death's records and the checklists of the six M&G wards were reviewed. A standard form was used for data collection. Descriptive statistics were applied for data analyses.

Result
A total of 145 deaths occurred during the period. Fifty percent (n=72) were male. The mean age was 80.7 (SD = 10.4). Seventy-five percent (n=109) were non-cancer death. Ninety percent (n=131) were prescribed DNACPR order. Forty percent (n=58) were supplemented with the care checklist. The mean duration of using it was 3.4 days (SD = 4.9; median = 2). The main categories of not using it could be classified into: i) death occurred within 24 hours after admission (20%, n=29); ii) sudden death with CPR after
24 hours of admission (7%, n=10); iii) receiving aggressive life-sustaining therapy even though death was anticipated (7%, n=10); iv) receiving palliative measures mainly when death was anticipated (26%, n=38). Reasons of not using the checklist in the last category probably need further exploration in order to strive for better care for the imminently dying in acute M&G settings. When comparing the results with that in 2011, the percentage of DNACPR order was found to be increased from 82.1% to 90% while the usage of checklist was increased from 20.5% to 40%. Conclusion: For caring of the imminently dying patients, an individualized care plan needs to be developed through sensitive communication to meet the patient’s and family’s needs. As a tool, this checklist may supplement the provision and documentation of care in the busy acute medical settings. Its use may be promulgated in other acute settings (such as surgical & intensive care unit).