



Service Priorities and Programmes
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Integrated End-of-life Care pathway for the critically ill patients in Intensive Care Unit (ICU)

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Introduction

An integrated end-of-life (EOL) care pathway has been implemented in our ICU with use of the "Diagnosis of Dying" form to identify patients approaching EOL. A structured EOL interview was used to standardize the documentation of Do Not Attempt Resuscitation (DNAR) status; any discussion of withholding or withdrawing therapy and distribution of written information to patient's family to explain the EOL care. ICU doctors were reminded to address the social and spiritual need of the patient and their family. For the provision of EOL care, an EOL care bundle was used to ensure medication for symptom control, regular assessment of the symptom, elimination of un-necessary investigation and the care after death. Three months after implementation of the integrated pathway, we conducted a survey to review the EOL care practice in our unit.

Objectives

To improve EOL care in ICU

Methodology

Four essential components of EOL care were assessed, namely 1. Identification of patients approaching EOL; 2. Communication and information to patient's family; 3. EOL care to the patient; 4. Care after death. Patients who died in ICU from Sep to Nov 2013 were included for analysis.

Result

26 Out of the 32 patients who died in ICU during the 3-months period were eligible for analysis. 16 (62%) patients use the EOL integrated pathway while 10 (38%) used the conventional "Do Not Attempt Resuscitation" form. All patients in the integrated pathway used the "Diagnosis of Dying" form to indicate the transition of care. Spiritual and social needs were addressed in 93.8 and 87.5% of patient in the EOL integrated pathway and none in the conventional documentation. Among patients in the EOL pathway, higher rate of withholding (93.8% vs 70%) and withdrawal (81.3% vs 50%) of therapy was noted. DNAR were achieved in 100% for both group of patients. Medications for symptom controlled were prescribed in 100% of patients in the EOL pathway vs 71.4% of patients in conventional group. Documentation for care after

death was 44% in the integrated care pathway. Use of EOL integrated care pathway can achieve a transparent process for transition of care. Besides, EOL care was improved via increase alertness on symptom control; provision of holistic support by addressing the social & spiritual need of the patient; and higher rate of eliminating un-necessary treatments.