



Service Priorities and Programmes Electronic Presentations

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Care of Dying in WTSH

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Introduction

TWGHs Wong Tai Sin Hospital had been providing palliative care since 1993. Care of dying is always one of our essential services. To safeguard the quality of care, we had been adopting a Protocol of "Care of Dying" with reference to the Liverpool Care Pathway (LCP) for the Dying Patient. In July 2013, the Department of Health of United Kingdom published a review report on the LCP and suggested to phase out the LCP as it was found that too many cases where the pathway was simply being used as a "tick box" exercise. Our protocol functions as a checklist for good practice rather than clinical pathway as advocated in the LCP. This audit aims to look into the practice of the Protocol of "Care of Dying" in WTSH

Objectives

1) To look for the prevalence on the use of the Protocol 2) To look for the pattern of care while patient was put on the protocol 3) To look for the compliance and variance on the documentation of the care

Methodology

The hospital records of all the patients under the palliative care who died in the period from 1 January 2013 to 31 March 2013 were reviewed.

Result

From 1 January 2013 to 31 March 2013, there were a total of 53 deaths in our palliative care unit. Out of the 53 deaths, 10 patients (19%) were put on the Protocol of "Care of Dying". All the diagnoses of dying were accurate and the mean duration of commencement of the protocol was 25.8 hours (Range: 2-56 hrs.). All patients had DNR order discussed and documented independently. All the carers but only half of the patients were aware of the dying phase. Most of the patients were supported with oral intake during the dying phase, artificial hydration and nutrition were seldom used. All the patients had their medications being reviewed and non-essential drugs being stopped. Oxygen, opiate analgesic and medications for death rattle were frequently prescribed but sedatives were seldom used. Flexible visiting hours were granted for all the carers. 30% of the patients were cared in a specially designed single room during their dying phase. Most of the documentations of the care apart from the item on

"Care after death" were completed.