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Submitting author: Ms Ka Yan MAU

Post title: Advanced Practice Nurse, Our Lady of Maryknoll Hospital

Review of the Care Plan for the Imminently Dying in Palliative Care Unit

Mau KY(1), Chan TMJ(1), Hai SFC(1), Yeung SPG(2)

(1) Palliative Care Unit, Our Lady of Maryknoll Hospital, (2) Central Nursing Division, Our Lady of Maryknoll Hospital

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Introduction

To provide high standard of care to dying patients and their caregivers in the last hours or days of life, "Care Plan for the Imminently Dying" has been implemented by the Palliative Care Unit of Our Lady of Maryknoll Hospital. It aims to provide integrated care of physical, psychosocial, spiritual and bereavement needs by multidisciplinary approach. The care plan is initiated by doctor after recognizing the dying phase. The case will be assessed repeatedly by doctor and nurse to maintain optimal symptom control and quality of care. Proactive communication with family/significant others are also stressed.

Objectives

1. To examine the compliance with initiation of the Care Plan for the Imminently Dying in dying patients and reasons for failure to do so;
2. To study the documentation of physical symptoms for patients on the Care Plan and the compliance to medication prescription;
3. To compare the symptom management for patients with and without Care Plan;
4. To state the nursing procedures and psychological support being delivered for patients/ families dying on the Care Plan.

Methodology

It is a retrospective review of clinical records of deceased patients in the PCU from 17 October to 16 November 2016.

Result

From 17 October to 16 November 2016, a total of 26 patients died in the PCU. Among those patients, 11 of them was initiated the Care Plan of Imminently Dying.

The common physical symptoms encountered by the dying patients in the care plan were pain (54.5%), dyspnoea (45.5%), delirium or agitation (27.3%) and death rattle (18.2%). Meanwhile, the compliance on prescription of regular and breakthrough medications for symptom control by physicians was 100%. Progress notes were also reviewed to show that symptoms were relieved by regular and breakthrough

medications. In addition, non-essential drugs and unnecessary investigations/procedures were discontinued in 100% of patients.

For those without implementation of the care plan, physical symptoms were sub-optimally documented in the progress notes. Meanwhile, non-essential drugs and unnecessary investigations/procedure were not reviewed after condition changes in 60% of patients.

General bedside care and nursing procedures were reviewed by team nurse in each shift to maintain the quality of care. Besides, family/ significant others were informed about patients' updated condition and related management. The compliance rate was 100%.

For psychosocial support, 63.6% of patients in the care plan were arranged single room to enhance privacy and comfortable stay for families. Their cultural or religious needs were assessed and supported in 81.8% of patients in the care plan. Medical Social Work and pastoral care were referred.

In the dying scene, 90.9% of family/significant others were being present at the moment of death. Bereavement risk was assessed in all cases so as to provide further intervention for those with high bereavement risk.