CLINICAL GUIDELINE

Palliative Care Needs Discharge Guidance

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Discharge Guidance for Patients with Palliative Care needs

This guidance is to support staff to discharge patients with palliative care needs safely and communicate with all relevant health and social care providers. If patient is in the last days/hours of life please also refer to the additional information on rapid discharge overleaf.

Communication

Speak with patient, relative or friend to address any concerns and explain the focus of care is on symptom management and comfort.

- Discuss with patient, relative or friend what will happen if staying at home becomes too difficult. Reassure that a further admission to either hospital or hospice can be explored. If hospice is the preferred place of care/ death this will be dependent on bed availability. If hospital re-admission is required/ desired the patient will need to go through Accident/ Emergency Department before being transferred to a ward.
- Discuss with patient, relative or family any Advance Care Planning discussions and update ACP document on clinical portal.

Medical

- Ensure IDL contains relevant information regarding patients clinical condition, estimated prognosis, symptom management plan, DNACPR status, potential for any palliative care emergencies, recent ACP discussions.
- Ask GP to update KIS.

Symptom Control

- Review medications.
- Complete IDL prescription as soon as possible.
- Identify need for oxygen. If oxygen is required contact Respiratory or Palliative Medicine as soon as possible.

DNACPR

- Ensure DNACPR form has been discussed with patient, relative or friend.
- Complete DNACPR form including instruction for ambulance crew on the back of the form. Send original form home with the patient.
- If the decision has been made not to send the form home with the patient the reason for this must be documented and communicated to GP/DN to allow them to record on KIS.
- Further information including DNACPR Policy

For information on screening and dispensing IDLs for patients with Palliative Care needs, please see Pharmacy Appendix

Nursing

- Does the patient need Physiotherapy or Occupational Therapy referral prior to discharge.
- Provide numbers where possible for all relevant services in and out of hours.
- If any additional support is required with discharge planning, contact discharge team/hospital palliative care team.

Refer to District Nursing Team

- Provide nursing handover on patient's clinical condition, estimated prognosis, symptom management plan, DNACPR status, potential for any palliative care emergencies, medication, recent ACP discussions, and any equipment requirements.
- Discuss with DN if Marie Curie services or equivalent referral has been made.
- Identify who the relatives or friends are who will be supporting the patient at home, and any support they may require.

Transport

- Request transport as soon as the potential date of discharge is known
- Identify any accessibility issues.
- Escalate any transport issues to Discharge Team/Ambulance Liaison(if available) or escalate to Senior Management Team if required.
- Show ambulance crew DNACPR form and send original form home with other documentation. Retain a photocopy, date and mark 2 lines across to identify this as a copy.

Symptom Control

Consider oral or subcutaneous bolus of any medicines for the journey if needed.

If patient is on a Continuous Subcutaneous Infusion (CSCI):

- Refill the syringe pump as near to discharge time as possible.
- Record the site of the Saf-T- Intima/line change on part 2 NHSGGC Discharge Letter/Transfer Plan.
- Send the original and current pink CSCI chart home with patient. Retain a photocopy.
- Ensure Community Kardex has been completed and sent home with patient.
- Send home a jiffy envelope for pump to be returned. Ensure there is a hub record of serial number and syringe pump destination.

Currently on regular/as required prescribed medication for symptom(s)

YES	NO
Supply medication at current dose and route. Ensure SC option prescribed.	**In addition to any oral medication required supply anticipatory Just in Case (JIC) SC medication.** See example prescriptions below.
Pain / Breathlessness **Drug: Current Strong Opioid** Select drug formulation and strength(s). **Dose** SC repeated at hourly intervals as needed, for pain or breathlessness. If 3 or more doses are required within 4 hours with little or no benefit, seek urgent advice or review. If more than 6 doses are required in 24 hours, seek advice or review. **Supply:** 10 (ten) ampules **CD prescription writing requirements apply** Specify total quantity in both words and figures.	**Pain / Breathlessness** (If known moderate / severe renal impairment Alfentanil is strong opioid of choice). **Drug: Morphine Sulphate injection (10mg/1ml amps)** **Dose: 2mg SC**, repeated at hourly intervals as needed, for pain or breathlessness. If 3 or more doses are required within 4 hours with little or no benefit, seek urgent advice or review. If more than 6 doses are required in 24 hours, seek advice or review. **Supply:** 10 (Ten) x 1ml ampoules **CD prescription writing requirements apply**
Nausea and vomiting **Drug: Continue current effective antiemetic** **Dose /route**: Consider SC route if struggling to swallow **Supply:** 10 (ten) ampoules	**Nausea and vomiting** **Drug: Levomepromazine injection (25mg/1ml amps)** **Dose: 2.5mg to 5mg SC**, 12 hourly as needed, for nausea and vomiting **Supply:** 10 ampoules

Anxiety /distress

Drug: Midazolam injection (10mg/2ml ampoules) Dose: 2mg SC, repeated at hourly intervals as needed, for anxiety/distress
If 3 or more doses are required within 4 hours with little or no benefit, seek urgent advice or review. If more than 6 doses are required in 24 hours, seek advice or review.
Supply: 10 (Ten) x 2ml ampoules CD prescription writing requirements apply. Specify total quantity in both words and figures.

Respiratory Tract Secretions

Drug: Hyoscine Butylbromide Injection (20mg/1ml ampoules) Dose: 20mg SC, repeated at hourly intervals as needed, for respiratory secretions. If more than 6 doses required in 24 hours, seek advice or review. Supply 10 ampoules.

Remember to request diluent **Drug: Water for Injection (10ml ampoules)** **Supply**: 1 x 20

RAPID DISCHARGE GUIDANCE - follow these additional steps for people in last hours/days of life

Reminder: Medical & Nursing

Review patient's condition regularly and if deterioration is rapid consider discussing with patient, relative or friend remaining on the ward for the patient's last hours. Contact GP/DN if this occurs to cancel planned discharge.

More Detailed **Guidance at End of Life for Health Care Professionals**

MEDICAL

Rationalise medications.

Prescribe anticipatory medications and complete Community Kardex (GGC only).

Complete IDL prescription and contact pharmacy as soon as possible.

It is essential to speak with GP – provide detailed handover on patient's clinical condition, estimated prognosis, DNACPR status, potential for any palliative care emergencies and medication prescribed. Ask GP to update KIS.

Update ACP document on clinical portal.

Prescribing for Rapid Discharge Home Including Just in Case (JIC) Medication

Examples of how to write a prescription (contact pharmacy early for advice/agree quantities).

Please note links below are examples of commonly written JIC prescriptions:

Guidance on Anticipatory Prescribing - **Guidance on common symptoms at end of life** - **Guidance on writing controlled drug prescription**

NURSING

Discuss with patient, relative or friend what may happen at home. It may help to offer written information - What Can Happen When Someone is Dying booklet.

It is essential to speak to District Nurses– provide detailed handover of patients condition, DNACPR status, any potential palliative care emergencies, 24 hr care needs, equipment requirements and medication e.g. CSCI.

Discuss with DN if Marie Curie fast track or equivalent referral has been made. Discuss with DN need for Marie Curie Managed Care (overnight nursing service).

Request transport as soon as potential date for discharge is known and explain that this is the last journey. Show ambulance crew DNACPR form and send original home with other documentation.

Consider subcutaneous bolus of anticipatory medications for journey if needed to ensure optimum symptom control.

If patient has CSCI – follow guidance as per overleaf.

Scottish Palliative Care Guidelines Website NHSGGC Clinical Guidelines Platform / Palliative Care

Abbreviations: **ACP** - Advance Care Plan, **CSCI** - Continuous Subcutaneous Infusion, **KIS** - Key Information Summary, **JIC** - Just In Case, **IDL** - Immediate Discharge Letter