The Mid Yorkshire Hospitals
NHS Trust

END OF LIFE CARE

RECOGNITION OF DYING PROCESS

Unsafe swallow.

More time sleeping, breathing changes: faster or slower, rattles, pauses, irregular pattern.

Cold peripheries, bruising/mottling of skin/ general colour.

Agitation/restlessness/hallucinations, Decreased urinary output.

COMMON SYMPTOMS

PAIN

Constantly reassess.

Consider analgesia prior to moving patient.

Opioid of choice – Morphine Sulphate.

Breathlessness

Lorazepam or Midazolam for panic or distress.

Maintain good flow of air – fan, open window (?oxygen).

Use Morphine sulphate/appropriate opioid.

Nausea/vomiting

Good mouth care, sips of fluid.

Subcutaneous anti-emetics may need to be given via syringe driver.

Could your patient be constipated?.

Use an anti-emetic - Haloperidol.

Agitation/restlessness

Exclude physical causes ie. urinary retention/constipation.

Restful music of patient's choice.

Use a sedative - Midazolam.

Chest secretions

Consider repositioning your patient.

Give reassurance to patients and their loved ones.

Use anti-secretion drugs – Hyoscine Butylbromide.

ANTICPATORY MEDICATIONS

*ALL TO BE GIVEN SUBCUTANEOUS

- MORPHINE SULPHATE - 2.5mgs to 5mgs can be given 1 hourly PRN .

  If eGFR is less than 40, use Oxycodone instead.

  TOP TIP: Remember oxycodone is twice as strong as morphine.

If patient is taking oral slow release opiate preparations, PRN dose may need to be higher.

If patient is on a syringe driver the total Max 24 hr dose prescribed should also include the syringe driver dose.

- **MIDAZOLAM -** 2.5mgs to 10mgs can be given 1 hourly PRN.
  Max 80mgs in 24 hrs (10mgs to be given for seizure or large haemorrhage).

  TOP TIP: Start with smaller dose for elderly frail and titrate as needed.

- **HYOSCINE BUTYLBROMIDE -** 20mgs for respiratory secretions can be given 1 hourly PRN.
  Max 120mgs in 24 hrs. For Colic 20mgs 1 hourly PRN, max 300mgs in 24 hrs.

- **HALOPERIDOL -** 0.5mgs -3mgs 1 hourly for nausea /hallucinations /agitation
  Max 5 mgs in 24 hours

  TOP TIP: Avoid in Parkinson's disease.

END OF LIFE CARE
CONTINUED

COMMUNICATION

Make time to talk to talk!

Keep discussions simple and appropriate, using straight forward language.

Sensitive communication - use empathy not sympathy, 'Say what you see', 'name the emotion'.

Don't make assumptions.

Am I dying? How long have I got?

TOP TIP: Possible answers to difficult questions:

"That sounds to be an important question you have asked. Would you mind me asking why you have asked it now?"

"You must be feeling really bad to ask me if you are dying?"

"May I ask why you asked that question?"

"Is that what you are thinking?"

"May I ask what makes you think that?"

WHAT IS IMPORTANT TO YOU

What's important to you? What can we do to make things feel a bit easier?

Would you find Chaplaincy a support?

Contact Chaplaincy Team: Via switchboard

TOP TIP: Remember the small things make a big difference

PERSONAL CARES

Encourage patients to wear their own clothing.

If indicated give analgesia before care interventions/repositioning.

Mouth care – use a soft tooth brush, use a patients favourite flavours - 'taste for pleasure'.

CHECKLIST

- DNACPR.
- Full range of anticipatory medication prescribed.
- Community prescription chart if patient is being discharged or is at home.

TOP TIPS:

Parkinson's – Continue medication at end of life. If it can't be taken orally, give them a different way.

Analgesic Patches – Never remove!.

Seizures – If anti-seizure medication can't be taken orally, give it a different way.

For advice and support contact – Specialist Palliative Care Team, Bleep 249 or Ext 53801

OOH advice – via switchboard