Algorithm for Embarking on Person Centred Care in the Last Stages of Life

This guidance is appropriate for use within all care settings and for any patient whose condition has deteriorated and is expected to die.

The diagnosis of the last stages of an illness is not always easy to make and different diagnoses have different trajectories. Disease staging and the use of prognostic indicators can be helpful.

General pointers (which are seen as a change in that person from their normal presentation) are:

- profound weakness and impaired mobility
- drowsiness or reduced cognition
- reduced intake of food/fluids
- difficulty in swallowing oral medications

The following decision making framework is designed to facilitate a smooth transition from active care in the last stages of life. It highlights the importance of excluding (and treating if appropriate) reversible causes of decline and can be re-used in the event of a subsequent deterioration in the patient’s condition. If the patient improves, continued monitoring and support should be provided.

It is imperative to ensure communication with the patient and family at all stages.

If you need help or support with delivering end of life care or in using the new guidance documentation please contact relevant below:

- Acute Palliative Care Practice Development - 211 1525 (main office) or Email: PallCarePracticeDev@ggc.scot.nhs.uk
- Mental Health Margaret Fitzpatrick (Mon-Fri.) – 0141 211 3505 (main office) or Email: Margaret.Fitzpatrick@ggc.scot.nhs.uk
- Primary Care Macmillan Nurse Facilitators - 427 8254 (main office) or Email: Palliative.Care@ggc.scot.nhs.uk

For a specific patient related issue your local Specialist Palliative Care Team is available to help.
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- **Is decline unexpected?**
  - yes
  - no
    - **Multi-professional team acknowledges and communicates that death is likely.** Comfort care (in appropriate setting) and family support become paramount.
    - Use the ‘Guidance for Person Centred Care in the Last Stages of Life.'

- **Are investigations appropriate? Are investigations desired by patient?**
  - yes
  - no

- **Are there reversible causes of decline?**
  - yes
  - no

  - **Consider**
    - Blood tests: Calcium, Magnesium, Sodium, Bilirubin, Glucose, Haemoglobin, eGFR
    - Infection: Chest, Urine, Cholangitis, Cutaneous
    - Drugs: Toxicity, Reduced compliance, Drugs affecting renal or hepatic function
    - Haemorrhage: Is the patient fit for XRT or Tranexamic Acid?
    - Dyspnoea: SVCO, Pleural effusion, Cardiac failure, Ascites
    - Dysphagia: Is alternative feeding possible / appropriate?

- **Treat causes, reassess and review**

- **Further decline**
  - Improvement
    - Continued monitoring
  - Regular Review
    - Peaceful death achieved

*The Algorithm for Embarking on Person Centred Care in the Last Stages of Life has been adapted from Checklist for Embarking on End of Life Treatment (CELT) with kind permission from Dr Fiona Downs*