**Considerations for Care in the Last Stages of Life – C 9**

**Last Stages of Life**

* When dying is inevitable
* Plan B – active treatment aimed at a good and dignified death is the only option

**Consider probable & possible events**

* What is likely to happen & what might happen?

**Ceilings of treatment / intervention**

* Review what treatments / interventions should be considered / offered

|  |  |
| --- | --- |
| * Blood tests * Admission to Acute Hospital * I/V antibiotics * Oral antibiotics | * Nutritional support * Hydration – including S/C fluids * Routine positional change |

**Current needs**

* Review the person’s current needs

|  |  |
| --- | --- |
| * Symptom relief * Mouth care * Bowel function * Bladder function | * Hydration * Psychological needs * Social needs * Spiritual needs |

**Review prescribing**

* What medication should be continued?
* What medication should be stopped?
* What other medication is / might be needed?

|  |
| --- |
| * Analgesic e.g. morphine / diamorphine * Antiemetic e.g. levomepromazine * Anxiolytic e.g. midazolam * Anti-secretory e.g. hyoscine butylbromide |

* Is the sub cutaneous (S/C) route needed?
* Is a Syringe Pump needed?

**Review processes**

* Verification of Expected Death (VoED)
* (DNACPR)

**Capacity**

* Does the patient have capacity?
* If not, who is their legally appointed representative?

**Communication**

* Are all involved aware that death is now inevitable?
* All = patient, family, loved ones, carers & all health and social care staff
* Update KIS

**Compassion**

* Are the patient / family / loved ones / carers receiving compassionate care?
* Are the psychological / social / spiritual needs of family / loved ones / carers being met?

**Plan for death**

* Does everyone involved know what to do & what not to do?