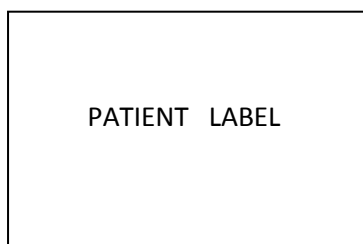


Lothian Critical Care Directorate Guideline for the provision of End of Life Care in Critical Care patients

The following is intended as a guideline to ensure optimal and personalised care is provided to patients for whom withdrawal of life sustaining treatment (LST) is believed to be an appropriate clinical decision. All decisions to provide end of life care must be made by Consultant staff and discussed fully with the patient's family and/or next of kin.



Section A: Recommended actions for Consultant staff

(It may be appropriate for a senior SpR to complete this section but only after discussion with the responsible Consultant)

Action	
1. Has a discussion with relevant family members been held regarding the indications and decision to withdraw LST and has consensus been achieved?	Y/N
2. Has the above discussion been fully documented in the medical notes?	Y/N
3. Are there any outstanding issues (including cultural-See link in Section C) which need to be addressed? If yes please provide details in the medical notes	Y/N
4. Is the patient known to have an advance directive regarding end of life care?	Y/N
5. Have the nursing staff involved in the patient's care been fully involved in the discussion? Are they in agreement with this decision?	Y/N
6. Has a DNACPR form been completed?	Y/N
7. Has a detailed entry been made in the notes regarding the mode of withdrawal? This should include details of: Reduction of ventilatory and vasopressor support Whether to extubate the patient What analgesic and anxiolytic drugs will be administered Which drugs have been discontinued instructions regarding artificial nutrition and hydration (ANH)	Y/N
8. Have the nursing staff involved in the patient's care been involved in discussion of, and fully informed of the nature of, the above?	Y/N
9. Has the mode of withdrawal been fully explained to the family? Any decision to withdraw ANH must be fully discussed.	Y/N

10. Is organ donation appropriate?	Y/N
If yes: a) Is the patient on the organ donor register?	Y/N
b) Has the next of kin been offered the opportunity to speak to a SNOD?	Y/N
c) Has authorisation for organ donation been given?	Y/N
If the answer to 10c is yes , withdrawal of LST should proceed in exactly the same fashion with the exception that the timing and location of withdrawal may be affected.	
11. Has the decision to withdraw support been discussed with the referring team?	Y/N
12. Is it expected that the patient will be discharged to the ward for end of life care?	Y/N
If yes please ensure section B is completed	

Name: _____ Signature: _____

Designation: _____ Date: _____

Section B: Recommended actions for medical staff for patients being discharged to the ward for end of life care.

(This section can be completed by duty medical staff or ANPs)

Action	
1. Has the family been fully informed of the decision and reasons why the patient will be discharged to the ward?	Y/N
2. Have the palliative care team been informed?	Y/N
3. Have IV analgesics and anxiolytics been converted from an IV to SC route of administration?	Y/N
4. Have appropriate drugs for symptom relief (in accordance with what the patient is currently receiving in ICU) been prescribed in accordance with the Lothian palliative care guidelines on the intranet? http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/PalliativeCare/PalliativeCareGuidelines/SymptomControl/LastDaysofLife/Documents/Last%20Days%20of%20Life%20Nov%202013.pdf	Y/N
5. Has a verbal handover been provided to ward medical and nursing staff?	Y/N

Name: _____ Signature: _____

Designation: _____ Date: _____

Section C: Additional considerations for Nursing and Medical Staff

Action	
1.Has pastoral care been offered to the family/next of kin?	Y/N
2.Are there cultural needs that need to be considered after death? http://www.nes.scot.nhs.uk/education-and-training/by-discipline/spiritual-care/about-spiritual-care/publications/a-multi-faith-resource-for-healthcare-staff.aspx	Y/N
3.Are all staff involved comfortable with the withdrawal process?	Y/N
4.Has a discussion occurred with family members about which of them may wish to be present during end of life care?	Y/N
5.Is pain control and comfort care adequate? On-going assessment of pain and comfort management should occur during end of life care.	Y/N
6.Has the opportunity to make a memory box been offered to family/next of kin?	Y/N
7.Is a debriefing session thought beneficial for staff involved in end of life care?	Y/N

Name: _____ Signature: _____

Designation: _____ Date: _____

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