

# Discharge Guidance

## For patients in the last days of life

The aim of this care plan is to facilitate a safe and timely discharge from hospital for a patient expressing a wish to die in their own home or care home.

Patient Name \_\_\_\_\_ NHS Number \_\_\_\_\_  
Consultant \_\_\_\_\_ Named Nurse \_\_\_\_\_  
Ward \_\_\_\_\_ Telephone Number of Ward/Unit \_\_\_\_\_  
Date of commencement \_\_\_\_\_ Time of commencement \_\_\_\_\_ (use 24hr clock)  
Actual date of discharge \_\_\_\_\_ Actual time of discharge \_\_\_\_\_  
GP \_\_\_\_\_ GP Practice \_\_\_\_\_

If the discharge was not successfully completed;  
Date and time that the discharge was discontinued \_\_\_\_\_

Reason for discontinuation:

### In-hours advice / support:

Integrated Discharge Team Ext: 1459 Bleep #3524

Lung Cancer Nursing Team Ext: 1997 Bleep #9602

Specialist Palliative Care Team Ext: 3177 Bleep #1004

Macmillan Pharmacists Ext: 1183 Bleep #4013

Acute Palliative Care  
Associate Nurse Ext: 1997 Bleep #1353

### Out of Hours advice / support:

Bed Manager Bleep #3011

Night Sister Bleep #7203 / 3011

East Cheshire Hospice 24/7 Advice Line  
01625 666999

**PLEASE INFORM THE DUTY INTEGRATED DISCHARGE NURSE OF ALL DISCHARGES FOR PATIENTS IN THE LAST DAYS OF LIFE ON EXT 1459 OR BLEEP 3524**

**IF THEY ARE NOT ON DUTY IT IS STILL IMPORTANT TO INFORM THE INTEGRATED DISCHARGE TEAM OF THIS DISCHARGE FOR AUDIT PURPOSES. EMAIL PATIENT DETAILS TO [ecn-](mailto:ecn-tr.integrateddischargeteam@nhs.net)**

**[tr.integrateddischargeteam@nhs.net](mailto:ecn-tr.integrateddischargeteam@nhs.net)**

PATIENT NAME \_\_\_\_\_ NHS NUMBER \_\_\_\_\_



**ALL PERSONNEL COMPLETING THE PLAN PLEASE SIGN BELOW**

Name (Print)	Full Signature	Initials	Professional Title	Date

## DOCTOR TO COMPLETE

For Discharge to take place, the following criteria must be met:

	Yes (√)	Initials
1) The Multidisciplinary Team has agreed that the patient is in the last days of life and it is documented that the patient is suitable for discharge.		
2) The patient and their family/carers are aware of the plans to discharge the patient? Please include the following in the discussion and ensure there is documentation in the medical notes a) The risks of transfer e.g. deterioration and/or death during transfer ( in the event of death patient will normally be returned to hospital by paramedics) b) That the patient is expected to die at home and further deterioration in condition is to be expected and would not usually warrant re-admission back to hospital.		
3) The uDNACPR form is completed?(please ensure endorsed by senior clinician (Reg or above) <i>(If patient has an ICD in situ please ensure this is deactivated prior to discharge –See ‘Care Plan for Last Days of Life’ for contact info)</i>		
4) The Medications have been reviewed and unnecessary medications have been discontinued?		
5) The community ‘Symptom Control Prescription and Administration Record’ (Blue Booklet) has been completed? <i>For support with prescribing please contact Macmillan Pharmacist/Specialist Palliative Care Team or Hospice OOH advice line (Tel numbers on back page)</i>		
6) The Anticipatory drugs have been prescribed on TTO?		
7) The Patient’s GP practice has been informed of this discharge? Please include in the discussion a) The need to visit the patient at home in the time frame required to enable post-death paperwork to be completed. b) The need to inform the Out of Hours GP Service of this patient. c) The medications/blue booklet prescription that will be sent home with the patient d) If the patient is on a hospital ‘Care Plan for Last Days of Life’ ask the GP to complete the equivalent ‘Last Days of Life Template’ on EMIS ( community electronic patient record)		

Doctor’s Name..... Signature.....

Designation..... Bleep.....

Date..... Time.....

# NURSE TO COMPLETE

## Communication with Patient

Is the patient able to take part in active communication? *(Please circle)* YES / NO / UNCONSCIOUS

Is the patient aware that they are dying? *(Please circle)* YES / NO / UNCONSCIOUS

What is the patient's preferred place of death? .....

Comments.....

.....

## Communication with family/ main carer

Is the NOK aware the patient is dying? Please circle YES/NO

Is the NOK in agreement with the plans for discharge? Please Circle YES/NO

Is the discharge address and date confirmed with the family/carers? Please circle YES / NO

Name of relative/carers involved in discussion.....

Relationship to patient.....

Address (if different from usual place of residence.....

.....

Comments.....

## Oxygen therapy

	Yes/ No	Initials
Will the patient require oxygen to be in place at home? If yes, document below the oxygen requirements of the patient currently .....		
Oxygen can be ordered for discharge by the Specialist Palliative Care Team or the Lung Cancer Nursing Team if the patient is already known to them. If they are not known to these teams or you require oxygen Sat-Sun please contact the Integrated Respiratory Team on ext 5553 Document below the team arranging the oxygen at home and when it will be in place..... .....		

**Community Referrals**

	Yes/ No	Initials
District nurse referral completed via Extramed? Telephone contact made to inform district nurses of discharge plans? Comments:		
Out of hours District Nurses contacted and informed of discharge plans <i>(only if discharge occurs between 5pm-8am M-F. The usual DN team covers Sat &amp; Sun during daytime hours)</i> Tel no. for OOH District Nursing Team 01625 430906 Comments:		
Referral sent to East Cheshire Hospice @ Home if required <i>(available on www.eastcheshirehospice.org.uk)</i> Tel 01625 664999 Comments:		
Is the patient already known to the Specialist Palliative Care Team/Lung Cancer Nursing Team or any other Specialist Nursing/Community Matron Team? Please indicate team..... Have they been informed of discharge? Comments:		
If not already known are the Specialist Palliative Care Team/Lung Cancer Nursing Team required? Please refer if so Comments:		

**Care Package**

	Yes/No	Initials
Does the family/carer understand the level of support required?  <i>NB it may be acceptable for a patient to be discharged without a formal care package in the last days of life provided the family/carers are fully aware of patient needs</i>  Please consider referral to Hospice@Home as needed Comments:		
Has 'Fast Track' Continuing Healthcare (CHC) funding been applied for?  Outcome:		
Has a care package been arranged or restarted?  Date/ Time of first visit.....  Contact details of care agency.....		

### Equipment

	Yes/ No	Initials
<p><b>Does the patient have all the equipment they require for the last few days of life at home?</b></p> <p style="background-color: #e0e0e0; padding: 5px; text-align: center;">Minimal equipment may be acceptable in the last few days of life if it enables that patient to be cared for in the place of their choice, if safe to do so.</p>		
<p><b>Is an OT/ Physiotherapy assessment required?</b></p> <p><b>Equipment required:</b></p>		
<p><b>Hospital bed required?</b> <b>Order via OT if needed</b></p>		
<p><b>Pressure relieving mattress required?</b> <b>Order via TVN if needed</b></p>		
<p><b>Ward- Please supply the following products for 5 days, if required</b> <i>(Please circle)</i></p> <p><b>Catheter supplies      Contenance pads      Dressings</b></p> <p><b>Stoma bags              Other:</b></p>		

### Transport

	Yes/No	Initials
<p><b>Have North West Ambulance Service (NWAS) (0151 261 4322) been contacted and informed of need for an ambulance for a patient to be discharged from hospital for end of life care?</b></p> <p><b>Booking Number..... Time of booking.....</b></p>		
<p><b>Is the property accessible for a stretcher transfer?</b></p> <p><b>Are there steps up to the property?</b></p> <p><b>Will the patient be going into a bedroom upstairs?</b> <b>Comments:</b></p>		
<p><b>Does any of the family wish to escort the patient in the ambulance? If so, are transport aware of this and able to accommodate?</b></p> <p><b>Comments:</b></p>		

**PLEASE COMPLETE ON DAY OF DISCHARGE**

	Yes/ No	Initials
Discharge medications obtained and given to patient or carer.		
Last days of life discharge plan (this document) photocopied and filed in medical notes. Original to accompany patient.		
Patient/Carer Information (back page of this document) given to patient or main carer.		
uDNACPR form (original copy) to accompany patient. File copy in hospital medical notes.		
Integrated Discharge Team Informed of Discharge for audit purposes (if not already involved)		
Does patient have a syringe pump in situ? YES/NO		
Syringe pump serial number (if applicable).....		
Syringe Pump asset number .....		
What time does the syringe pump need to be changed by the community team on discharge? .....		
It is the responsibility of the district nursing teams to return the hospital syringe pump to the medical equipment library at MDGH. It is particularly important that out of area community teams are aware of this – please inform them prior to discharge if the patient resides outside of the East Cheshire locality. Comments .....		
Please ensure that there is at least 75% battery charge available for the pump and that the medication has been renewed prior to discharge		
Consider administration of PRN medication prior to transfer of the patient to minimise discomfort.		
If given:		
Drug and Dose..... Date and Time.....		
Drug and Dose..... Date and Time.....		

**Date / Time of discharge:**

**Discharging Healthcare professional:**

Name:

Signature:

Role:

Organisation	Contact Details
North West Ambulance Service (NWAS)	Tel: 0151 2614322 (Remember to state that the patient is for a rapid discharge home for end of life care)
Carers Trust for 4 all	Tel: 0333 323 1990 <a href="mailto:cheshireeast@carerstrust4all.org.uk">cheshireeast@carerstrust4all.org.uk</a>
Macmillan Specialist Palliative Care Team (Mon-Fri 9am-5pm)	Tel: 01625 66(3177) Bleep: 1004 <a href="mailto:ecn-tr.palliativecareteam@nhs.net">ecn-tr.palliativecareteam@nhs.net</a>
Macmillan Lung Cancer Clinical Nurse Specialists (Mon-Fri 9am-5pm)	Tel: 01625 66(1997) Bleep: 9602 <a href="mailto:ecn-tr.macmillanlungcancernurses@nhs.net">ecn-tr.macmillanlungcancernurses@nhs.net</a>
Macmillan Pharmacy Team	Tel: 01625 66(1183) Bleep: 4013
Integrated Discharge Team (Mon-Fri 8.30-4.30pm)	Tel: 01625 66(1459) Bleep: 3524 <a href="mailto:ecn-tr.integrateddischargeteam@nhs.net">ecn-tr.integrateddischargeteam@nhs.net</a>
Integrated Respiratory Team	Tel 01625 66(5553)
District Nurse Evening and Night Service	Tel: 01625 430906
Out of Hours GP	Via switchboard – 0 Or NHS 111 (if outside hospital)
East Cheshire Hospice 24 hour advice line	Tel: 01625 666999
East Cheshire Hospice@Home	Tel 01625 664999



## Information for Patients/Carers About a Discharge in the Last Days of Life

You will have had a discussion with your health care team that you or someone close to you is felt to be nearing the end of their life.

For many people it is important that they have the opportunity to spend those last days in a place where they feel most comfortable, this may be their own home or a care home. For this reason, plans have been put in place to allow you or the person close to you to spend those last days out of hospital.

The ward team will have spoken to you about the care, equipment and medication that you or the person close to you needs to make this time as safe and as comfortable as possible.

In order to care for somebody at home in the last days of their life a number of different health care teams are often involved. On the next page is a list of the teams (with contact details) that may be involved in caring for you or the person close to you. If there is no contact telephone number provided please check with your ward team – it may be that this team is not involved at present.

If care is taking place at home and you require help or support, the ***usual first contact would be the district nursing team***. The district nurses should also be your first contact at the time when the person close to you dies. You don't need to call an emergency ambulance at this time. The district nurses can help and advise you on next steps.

If there is anything about the discharge from hospital that you feel unsure about or would like more information about, please ask your ward team before discharge takes place.

**Useful Contact Details for Patient/Carer**

Organisation	Contact Details
<p style="text-align: center;">GP 9am-5pm</p>	
<p style="text-align: center;">GP 5pm-9am</p>	
<p style="text-align: center;">District Nurse 9am-5pm</p>	
<p style="text-align: center;">District Nurse 5pm-9am</p>	
<p style="text-align: center;">Specialist Palliative Care Team/Lung Cancer Nursing Team</p>	
<p style="text-align: center;">East Cheshire Hospice at Home</p>	
<p style="text-align: center;">Care Agency</p>	