

# 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 when they are anticipated to be in the last days of life (usually felt to be in the final week of life).

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 \_\_\_\_\_

**In-hours advice / support:**

Integrated Discharge Team (IDT) Ext: 1459 Bleep #4515  
 Lung Cancer Nursing Team Ext: 1997 Bleep #9602  
 Specialist Palliative Care Team Ext: 3177 Bleep #1004  
 Palliative Care Pharmacists Ext: 3833 Bleep #4012  
 Acute Palliative Care Associate Nurse (A&E/MAU) Ext: 1761 Bleep #1353

**Out of Hours advice / support:**

Site Manager Bleep # 7203  
 East Cheshire Hospice 24/7 Advice Line  
 01625 666999

Please inform the duty integrated discharge nurse of **ALL** rapid discharges of patients from Care Homes/Home/ Out of Area who are in the last week to days of life on **EXT 1459 OR BLEEP 4515**

If they are not on duty, it is still important to inform IDT of this discharge for Audit purposes. **Email patient details to:** [ecn-tr.integrateddischargeteam@nhs.net](mailto:ecn-tr.integrateddischargeteam@nhs.net)

**If the discharge was started but not successfully completed i.e. d/c to place of choice, please inform the IDT and complete below;**

Date/ time.....

Reason that the discharge was discontinued.....

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/to week 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 3) 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) 4) 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		
5) The uDNACPR form is completed 6) (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)		
7) The Medications have been reviewed and unnecessary medications have been discontinued?		
8) 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>		
9) The End of Life Medications have been prescribed on TTO?		
10) 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 has 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.....

PATIENT NAME

NHS NUMBER



# 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 3380 Bleep 3080 Document below the team arranging the oxygen at home and when it will be in place.....		

Community Referrals

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

Care Package

	Yes/No	Initials
<b>Does the family/carer understand the level of support required?</b>  <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:		
<b>Has 'Fast Track' Continuing Healthcare (CHC) funding been applied for?</b>		
<b>Has a care package been arranged or restarted?</b>  Date/ Time of first visit.....  Contact details of care agency.....		

PATIENT NAME

NHS NUMBER

**Equipment**

	Yes/ No	Initials
<p>Does the patient have all the equipment they require for the last few days of life at home?</p> <p><b>*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, discuss with patient/ Family</b></p>		
<p>Is an OT/ Physiotherapy assessment required?</p> <p>Equipment required:</p>		
<p>Hospital bed required? Order via OT</p>		
<p>Pressure relieving mattress required? Contact the OT</p>		
<p>Ward- Please supply the following products for 5 days, if required (Please circle)</p> <p>Catheter supplies    Contenance pads    Dressings    vomit bowls</p> <p>Stoma bags    urinal Bottle    bed/Slipper pan (Order)</p> <p>Mouth care products Other:</p>		

**Transport**

	Yes/No	Initials
<p>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? 2 hour Response Required</p> <p>Booking Number..... Time of booking.....</p>		
<p>Is the property accessible for a stretcher transfer?</p> <p>Are there steps up to the property?</p> <p>Will the patient be going into a bedroom upstairs? Comments:</p>		
<p>Does any of the family wish to escort the patient in the ambulance? If so, are transport aware of this and able to accommodate?</p> <p>Comments:</p>		

PATIENT NAME

NHS NUMBER

**PLEASE COMPLETE PRIOR TO DISCHARGE**

	Yes/ No	Initials
Discharge medications obtained and given to patient or carer with explanation		
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. Please provide family with the "What to Expect" Leaflet		
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)		
Inform Family/Community Teams that Patient has left hospital		
<p>Does patient have a syringe pump in situ? YES/NO</p> <p>Syringe pump serial number (if applicable).....</p> <p>Syringe Pump asset number .....</p> <p>What time does the syringe pump need to be changed by the community team on discharge? .....</p> <p>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.</p> <p>Comments</p> <p>.....</p> <p>Please ensure that there is at least 75% battery charge available for the pump and that the medication has been renewed prior to discharge</p>		
<p>Consider administration of PRN medication prior to transfer of the patient to minimise discomfort</p> <p>If given:</p> <p>Drug and Dose..... Date and Time.....</p> <p>Drug and Dose..... Date and Time.....</p>		

**Date / Time of discharge:**

**Discharging Healthcare professional:**

Name:

Signature:

Role:

PATIENT NAME

NHS NUMBER

Organization	Contact Details
Northwest Ambulance Service (NWS)	Tel: 0151 2614322 (Remember to state that the patient is for a rapid discharge home for end-of-life care and a 2 hour response is required)
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>
Palliative Care Pharmacy Team	Tel: 01625 66(3833) Bleep: 4012
Integrated Discharge Team (Mon-Fri 8.00-4.00pm)	Tel: 01625 66(1459) Bleep: 4515 <a href="mailto:ecn-tr.integrateddischargeteam@nhs.net">ecn-tr.integrateddischargeteam@nhs.net</a>
Integrated Respiratory Team	Tel 01625 66(3380) Bleep:3080
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.

PATIENT NAME

NHS NUMBER

Useful Contact Details for Patient/Carer

Organization	Contact Details
GP 9am-5pm	
GP 5pm-9am	
District Nurse 9am-5pm	
District Nurse 5pm-9am	
Specialist Palliative Care Team/Lung Cancer Nursing Team	
East Cheshire Hospice at Home	
Care Agency	