0240-Recognising Dying- DISC/EOL/DCHS	
Version No	11
Version Date	25.6.21
Review Date	25.6.24

DERBYSHIRE ALLIANCE FOR END OF LIFE CARE

DCHS/DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST/ASHGATE HOSPICE/ CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST/SDCCG/NDCCG/EREWASH CCG/HARDWICK CCG

This form is not valid unless completed by a senior doctor responsible for this patient's care.

NHS Derbyshire Community Health Services NHS Foundation Trust

Please affix patient's sticker here
(if available)
To include name, address, GP, D.O.B and Hospital or NHS number

Named Consultant/GP:

Patient location:

Date and time:

Recognising dying

It is the belief of_____GP/Consultant/Registrar (delete as appropriate**) that _____is likely to be dying and may be in the last hours to days of life.**

This decision has been made based on the following considerations (see over for guidance):

Summary of discussion with patient and/or family (continue on further page if necessary):

Professionals involved in this shared decision making		
Name	**Designation**	**Signature**

When this person dies an appropriately trained professional may verify/confirm death

Endorsed by named consultant/GP ……Date…..

Recognising Dying document to be reviewed on (date) ……

REVIEW THIS PATIENT DAILY. RE-CONSIDER AND DOCUMENT: IS THE PATIENT STILL BELIEVED TO BE DYING? ARE ALL THE RIGHT PEOPLE (PATIENT, CARERS, PROFESSIONALS) AWARE OF THE SITUATION?

Ensure this patient has access to 'as required' or 'anticipatory' medications to manage any predictable symptoms. Seek advice from senior colleagues or the palliative care team if needed.

Guidance to support the completion of this document

Why do you consider the patient is dying within hours to days?

- What is this person's health like normally? Is this deterioration unexpected or a predictable consequence of a known illness?
- Is there any treatable problem that has caused this deterioration?
- What interventions have been tried and what was the response? *OR (patients at DTHFT only) Has the patient been supported by the AMBER care bundle but failed to respond to active medical intervention?*
- Would providing support with nutrition and/or hydration be likely to lead to long term improvement?
- Is the person showing new physical signs suggesting that death may occur within hours, for example:
  - taking hardly any food
  - managing only sips of fluid
  - having difficulty with oral medication
  - becoming increasingly weak
  - more time asleep than awake
  - becoming unrousable
  - the person believes he/she is dying

Who has been involved in recognising the patient may be dying?

Recognising dying can be difficult. The decision that a patient is likely to die within hours to days should be made after a discussion between the **most senior doctors and nurses** caring for the patient. If there is uncertainty, further opinions may be sought. Some patients improve unexpectedly; the plan for care must then be reconsidered and explained to the patient, carers and professionals.

Sensitive communication with patient and family

- Identify (with patient if possible) who is important to share information with. If there is a wish that issues are not discussed this should be respected but channels of communication should remain open.
- Establish contact details for carers, including information about when to contact individuals (eg at night).
- Explain what you think is happening and the reasons why you think the patient is dying.
- Discuss that the patient is likely to in the next few hours to days (and the difficulty of making an accurate prognosis).
- Discuss **the patient's priorities for their care** at this time, including if appropriate whether they are happy to be cared for where they are or whether they wish to be cared for elsewhere.
  - Does the patient have an advance care plan or statement?
  - Does the patient have an advance decision to refuse treatment?
  - Is there a lasting power of attorney for health and welfare?
  - Is there any expressed wish for organ tissue donation?

  If the patient lacks capacity, according with the Mental Capacity Act: establish priorities for care that are in the patient's best interests.

- Discuss that observations, investigations, interventions or treatments which do not enhance comfort, dignity and peace may be stopped if they are no longer benefitting the patient.
- Ask if there are any spiritual, cultural or psychological issues that need addressing for the patient or family.
- It may be important to discuss the possible benefits and burdens of oral or clinically assisted nutrition and hydration.
- Ask if the patient has any physical symptoms to address (eg pain, shortness of breath, nausea, vomiting, restlessness, confusion, urinary retention, dry mouth, respiratory secretions).
  - Consider reversible causes for these symptoms.
  - **Refer to guidelines for symptom control (www.derbyshire.eolcare.uk)**

REVIEW THIS PATIENT DAILY. RE-CONSIDER AND DOCUMENT: IS THE PATIENT STILL BELIEVED TO BE DYING? ARE ALL THE RIGHT PEOPLE (PATIENT, CARERS, PROFESSIONALS) AWARE OF THE SITUATION?

Ensure this patient has access to 'as required' or 'anticipatory' medications to manage any predictable symptoms. Seek advice from senior colleagues or the palliative care team if needed.