


Rapid discharge is not appropriate for Patients who wish to act as organ donors, patients for whom it is anticipated that a coroner's post-mortem will be required, when patient's prognosis is greater than 72 hours, when the patient is lacking capacity to make the decision to return home to die and there is no advance statement of wishes OR the MDT do not consider it to be in the in the best interests of the patient lacking capacity.

Rapid Discharge for patients at End of Life who wish to die at home

Rapid discharge is appropriate for patients in the ***last hours of life*** whose choice is to die at home and their Family/Carers support their decision.

ROYAL DERBY HOSPITAL Protocol

MDT/senior medical decision documented that the patient is dying and prognosis is hours/days.
Rapid Discharge home discussed and agreed with patient/family/carer.
DNACPR and Recognised as Dying decision in place and patient/family aware.
Agreement with family of process if the patient dies "en route"

Refer to Ward Discharge Co-coordinator / Ward Discharging nurse to co-ordinate discharge process.
Add Rapid Discharge Icon to whiteboard 

Discharging Doctor

1. Review medication and discontinue unnecessary medications.

- Prescribe anticipatory medicines
- Prescribe syringe driver medication if necessary
- **Inform Pharmacy that that this a rapid discharge home to die. Pharmacy will prioritise the prescription**

2. Complete and print Discharge Summary to be sent with the patient and send a copy to the GP

3. Contact GP by phone to alert of impending discharge and that belief is that patient may die in coming hours.

4. If the patient dies in the ambulance during transfer the patient will be taken to ED and a senior doctor will confirm death in the ambulance. ED to request the patient's medical records are bought from the discharging ward to ED to document verification.
The patient will then be transferred to the mortuary.
The Ambulance Crew will alert the mortuary – 07799337690

Transporting the patient

Medication: anticipatory meds, syringe driver equipment and consumables
Printed copy of Drug Administration Chart
Documentation: e-discharge letter
DNACPR decision (on ReSPECT form)

Prescribe and arrange Oxygen If required (refer to Home Oxygen see flow chart below)

Discharge Nurse/Coordinator

1. Refer to Rapid Discharge Checklist on the Discharge Toolkit on the Trust intranet.

2. Liaise with pharmacy to prioritise TTO & syringe drivers.

3. Community Nursing Services

If the patient is returning to their own home, alert community nursing team and arrange a visit.

Derbyshire Patients

Tel: **01332 564900 (7-day service 8am-6.30pm)**
Out of Hours – Ring 111

East Staffordshire Patients

Tel: **0300 323 0930 (Monday to Fri 9am-5pm)**
Mob: **07966161780 (Within hours and out of hours)**

4. Order transport (**East Midlands Ambulance Service**)
0300 300 3434 stating the patient is **for Rapid Discharge Home to Die: in the last hours of life**

Discuss access to the patient's bed (Upstairs or Downstairs)

Discuss access to property, informing them of DNACPR order (Documented on the ReSPECT form) and if a syringe driver is in situ.

5. Refer to **Marie Curie/Treetops** support services if need Identified:

Treetops: Mon-Fri 7.30am - 5pm - 0115 9496940

Marie Curie Referral Centre - 8am - 10pm – 01217 529305

6. Refer to **CPCT** if required- complete electronic referral form
Via e-Case notes in Lorenzo (left hand side under the search bar within the patient notes)

Click the icon 'start form'

Click 'Search for a form'

Filter Box - type 'Palliative', click Community Palliative Care Team

7. Arrange home **Oxygen** (If prescribed) – refer to ImpACT+ Team
Tel: **07769 164099 (7 day service, 0830-1630)**

