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 patients 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.

There should be MDT/senior medical decision documented that the patient is dying and prognosis is hours/days. Rapid Discharge home to be discussed and agreed with patient/family/carer
DNA/PCR in place and patient/family aware
Agreement with family what to do if the patient dies en route

Is patient being discharged as part of 4 hour discharge?
- YES
- NO: initiate Fast track referral using Fast Track Process

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.

If the patient dies en route, the discharging doctor will be called by the mortuary staff to certify the patient’s death

Transporting the patient

Medication: anticipatory meds, and syringe driver equipment, Printed copy of Drug Administration Chart,
Documentation: e-discharge letter, Top copy of DNA/PCR.

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

Discharge Nurse/Coordinator

1. Refer to Rapid Discharge Pathway Checklist
2. Liaise with pharmacy re Syringe drivers as necessary.

For Derby City Patients
3. Contact single Point of Access (SPA) 01332 258258 to arrange a district nurse to visit the patient at home. (SPA will contact the Clinical Team Leader for that locality who will then ring the ward to give their name and contact number to the discharging nurse and discuss the patient’s needs)

For Derbyshire County Patients (DCHS)
Contact District Nursing Liaison 01332 258200 to arrange a District Nurse to visit the patient at home. Inform District Nurse Liaison which ward the patient is being discharged from and the name of the discharging nurse (this will enable the District Nurse to ring the discharging nurse to discuss the patients needs)

For Patients living in East Staffordshire
Tel: 0300 323 0930 (Monday to Fri 9-5pm)
Mob: 07976835163
Out of Hours Contact the Rapid Response Team 07736 722362
TRANSPORT
4. Order transport (EMAS PTS) using the EMAS Fast Track process - 0300 300 9988. Ensure transport crew are aware of arrangements if the patient dies in the ambulance, Return the patient to the mortuary for certification of death by the discharging doctor.
   Ambulance Crew to alert the mortuary – Tel 07799337690

   Discuss access to the patient’s bed (Upstairs or Downstairs)
   Discuss access to property, informing them of DNA/PCR order and if a syringe driver is in place.

5. Refer to Marie Curie/Treetops support services if need identified
   Treetops: 7.30-5pm - 0115 9496940
   Out of hours - 07729 891615
   Marie Curie Referral Centre - 8am - 10pm - 08450 567 899

6. Refer to CPCT if required/ complete electronic referral
Palliative care / End of Life Care Oxygen provision on discharge from Hospital

**In Hours**

Patient found to have Sats less than 92% or Oxygen found to be beneficial with symptom management

- Oxygen required between the hours of 9 – 5 Mon - Friday
  - Refer on ICM to Home Oxygen Service – assessing patients smoking status and falls risk
  - Oxygen Nurse will visit the Ward to review & educate the patient. If referred before 2pm same day. If after 2 pm could be next day dependant on caseload

**Out of Hours**

Patient found to have Sats less than 92% or Oxygen found to be beneficial with symptom management

- Oxygen required out of hours for fast track or patients being discharged on the Rapid Discharge Home to Die process At weekends or Bank Holidays.
  - Refer on ICM ensuring questions regarding smoking and falls risks are answered If at weekends this form will be picked up by ART Team (07769164099). Who will advise on how / what to prescribe (Part A HOOF on intranet) Ensure consent Form is signed
  - If Bank Holiday refer on ICM. If the patient smokes or is at risk of falls – do not prescribe Oxygen. Either wait for Oxygen Team to assess on next working day, or discharge home without Oxygen. Stating on referral form urgent assessment for Oxygen req. Part A Hoof & consent if required can be accessed on Intranet. Ensure copy of HOOF & consent sent to Home Oxygen Office