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.

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 bought 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 certification. The patient will then be transferred to the mortuary. The Ambulance Crew will alert the mortuary – 07799337690

Discharge Nurse/Coordinator
1. Refer to Rapid Discharge Checklist on the Discharge Toolkit on the Trust intranet.
2. Liaise with pharmacy to prioritise syringe drivers.

For Derby City Patients
3. Contact 01332 564912 to arrange for a district nurse to visit if the patient is returning to their own home.

For Derbyshire County Patients
Contact 01332 258200 to arrange for a district nurse to visit the patient at home.

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

4. Order transport (EMAS PTS) 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: 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 form via Flo.

7. Arrange Oxygen (If prescribed) – refer to Home Oxygen Team following the flowchart for palliative/EOLC
Palliative care / End of Life Care Oxygen provision on discharge from Hospital

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

**In Hours**
- 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**
- 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