

Guidelines for the Rapid Discharge of Patients for End of Life Care

Introduction and Rationale

The NICE guidance *Improving Supportive and Palliative Care for Adults with Cancer* in 2004 recommends that people who have an incurable illness should be allowed to make choices relating to end of life care, including where to die.

On a small number of occasions when an acute situation changes rapidly, with a sudden deterioration in condition, a patient and family are informed that death is imminent.

- The patient chooses to die at home
- Family / carer support patient decision
- Alternative options to home have been discussed with patient / family / carer

Definition of End of Life Care

All possible reversible causes for current condition have been considered: the multidisciplinary team have agreed that the patient is dying – hours / days to live.

Palliative Care Team

These guidelines have been developed for use by Health Care Professionals to achieve the rapid discharge of a patient to enable a home death.

Make a referral to the Hospital Palliative Care Team if you require help and support in the discharge process utilising their expertise in local networking to achieve a rapid discharge:

- Advice on discharge medication
- Liaising with patient, family and carers
- Liaising with District Nursing Service
- Liaising with ambulance service

Key contact numbers for palliative Care Teams:

(Monday – Friday 08.30 – 16.30)

Freeman Hospital	-	Ext. 37221
NCCT	-	Ext. 23615
RVI	-	Ext. 24019

Ambulance Control Office
Northumbria Ambulance Trust
Scotswood House
Amethyst Road
Newcastle Business Park
Newcastle upon Tyne
NE4 7YL
Tel: (0191) 226 0280
Fax: (0191) 430 2080

Dear Ambulance Controller

Re: Category 1 discharge of:

Name _____

Ward _____ Hospital _____

Date of Discharge _____

Thank you for agreeing to transport this patient to (destination address):

Should his/her condition deteriorate, or should he/she die during ambulance transfer, resuscitation should not be commenced.

This has been discussed with the patient, family and carers as appropriate.

Instead, the crew should take the patient to the planned destination, and also alert the GP who has agreed to attend under these circumstances.

The GP to contact is: Dr. _____

Tel no _____

I take responsibility for this course of action.

Signature (of doctor) _____
(May be signed by F2, or above, with consultant's approval)

Print name _____

Position _____

Date _____

Contact number _____

When completed:

- Fax to Ambulance Control
- Master Copy to Ambulance Crew (when collecting patient)
- Copy in patient case notes

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