

Nursing End of Life Care Plan

Patient name:	NHS No.
	Hospital No.

Patient Problem

The MDT/Senior clinician agree that the patient is likely to be approaching end of life and the patient therefore requires high quality, holistic end of life care.

Date:

Sign:

Goal

To facilitate dying with dignity and comfort for patient and provide carers with support.
To ensure good communication with the patient and family/carers regarding the deterioration in their relative's condition.

Interventions

1. Physical

Assess symptoms regularly, e.g. pain, breathlessness, agitation, nausea and vomiting, retained secretions and review **at least every 4 hours**.

In the event of symptoms being present, provide appropriate non-pharmacological and pharmacological interventions.

Maintain excellent basic care, regular mouth care, turning for comfort.

Monitor bowel and bladder function.

Encourage and support oral food-hydration as patient is able.

In conjunction with medical team review appropriateness of on-going observations and nursing interventions.

Ensure dignity and compassion in all care.

2. Psychological

Assess psychological needs of the patient and monitor for any psychological distress.

Ensure good communication at all times with the patient.

Encourage patients and carers/relatives to express their emotions.

Encourage patients and carers/relatives to ask questions.

3. Spiritual/religious

Assess spiritual/religious beliefs and needs with the patient.

If the patient is unable to communicate their needs, discuss with next of kin.

Refer to hospital chaplain or own minister as requested.

Aim to address other spiritual needs as able.

4. Patient Preferences

Has the patient expressed any wishes regarding end of life care, e.g. tissue donation?

Try to ascertain patient's preferred place of care and death.

Consider alternative care setting if patient is stable enough to be transferred out of hospital.

5. Care of the Family/Carers

Ensure up to date contact numbers are available for key family members and when they would want to be contacted.

Explain facilities available, e.g. parking permits, folding bed for relatives.

Consider single room.

6. After Care

Follow procedure in the care of the dying policy, certification of death.

Family bereavement booklet.

Inform GP and other clinicians involved.

7. Additional Interventions

Consider referral to the specialist Hospital Palliative Care Team (HPCT) on ext. 2660 with the agreement of the medical team.