Surrey and Sussex NHS Healthcare NHS Trust

Care Plan for the Patient in the Last Few Days of Life

Patient's Name:
Date:
Doctor's Signature:

REVIEW

Deterioration in patient's condition suggests the **patient has the potential to die** in hours/days or is imminently dying.

1. Exclude reversible causes eg.opioid toxicity, renal failure, infection, hypercalcaemia
2. Is there an Advance Care Plan or an Advanced Decision to Refuse Treatment (ADRT)?
3. Is preferred place of care known?

MULTIDISCIPLINARY TEAM ASSESSMENT

COMMUNICATE

COMMUNICATION

Where the Consultant (or SpR) has identified that a patient under their care is dying or has the potential to die, they must discuss the agreed care plan with the patient (if they have capacity and wish to be involved in decisions - not all patients wish to discuss they are dying).

- Suggest conversations involve a discussion that their condition is likely to be irreversible and the rationale for that decision.
- Some patients may wish their families to be involved in these discussions. It is seen as good practice to involve families in discussions. Document any concerns raised and your response to these.

For patients that lack capacity see notes on page 3.

DOCUMENT

DOCUMENTATION

The Consultant (or SpR) must ensure that the care plan and all conversations are clearly documented in the patient's medical records.
DNAR decisions need communicating and documenting.

RE-EVALUATE

Patient is NOT diagnosed to be dying

Explore patient's understanding and wishes for treatment and care

Treatment trials and timescale for review
- Escalation plans
- Define ceiling of care

Document review outcome

Patient is imminently dying and no reversible cause identified or patient opts for comfort care

See key areas to be addressed overleaf

Contact SASH Palliative Care Team for advice if needed (ext. 2660)