

Non-Pharmacological Care in the Last Hours or Days of Life One-pager (Version 5. 30.3.20)

Adherence to guideline recommendations will not ensure a successful outcome in every case. **For more detailed guidance, suggest**

<https://www.palliativecareguidelines.scot.nhs.uk> **AND/OR contact specialist palliative care team for advice.** It is the responsibility of all professionals to exercise clinical judgement in the management of individual patients. In the event of a patient unexpectedly stabilising / improving, reconsider the diagnosis of 'dying'.

SHIFT TO FOCUS ON COMFORT CARE:

General considerations

Discontinue unnecessary prescriptions, monitoring activities, and procedures. Consider stopping anything that doesn't focus on comfort and alleviating symptoms/distress unless there is a good reason to continue it. Common areas that require review include:

- ✓ I/V fluids, antibiotics, s/c heparin, insulin, enteral nutrition & TPN.
- ✓ O₂ masks and nasal prongs unless clear symptom benefit.
- ✓ Stop blood and radiological tests.
- ✓ Stop monitoring vital signs including oxygen saturation, fluid balance etc.
- ✓ Deactivate ICDs and remove cardiac monitors.
- ✓ Ensure DNACPR order signed / EWS stopped.

ENVIRONMENT:

General Physical environment:

- ✓ Where possible a quiet, peaceful environment is preferable.
- ✓ Minimise loud noises and bright lights (delirium is not uncommon in last days/hours of life).

Bedside environment:

- ✓ Calm, reassuring bedside presence.
- ✓ Inform patient (even if unresponsive) who you are and what you are doing or about to do.

PSYCHOLOGICAL / SPIRITUAL CARE:

Insight:

- ✓ Where appropriate, patient insight should be assessed and fears / wishes explored.
- ✓ Consider if formal pastoral care support needed / rituals which are important to patient & family.

PHYSICAL CARE:

Respiratory Secretions:

- ✓ Explain to family & reassure that it may not represent discomfort.
- ✓ Re-positioning patient on side may help.
- ✓ Assess need for pharmacological intervention.
- ✓ Suctioning is rarely useful or indicated in last hours/days of life and has all the associated infection risks of an aerosol-generating procedure (AGP). It should be avoided where possible.
- ✓ For AGP and PPE guidance refer to <https://www.hpsc.ie>

Bowel care:

- ✓ Invasive procedures for bowel care rarely needed when imminently dying.

Urinary care:

- ✓ Catheterise if in urinary retention or incontinence likely to cause loss of skin integrity or aids the general comfort level of patient.

Mouth care:

- ✓ Ensure mouth and lips are clean and moist.
- ✓ Regularly moisten oral cavity with sips of water /water-based gel when able to swallow or with moist mouth sponge when unable.

Food and fluid:

- ✓ Continue to offer variety of soft foods / sips of water through teaspoon / straw while conscious, able to sit up, and as appropriate.
- ✓ Accept when patient unable/declines to take as this is natural part of dying. Never force.

General comfort:

- ✓ Repositioning, regular turning 2 – 4 hourly to prevent pressure sores.
- ✓ Regular skin and eye care.

SOCIAL / FAMILY CARE * Physical presence will depend on infection control protocols

- ✓ Explain to family that death is approaching in sensitive yet clear way.
- ✓ Explain focus of care is on comfort and dignity.
- ✓ Explain the expected changes in physical and cognitive function as this will relieve distress for family.
- ✓ Check previous experiences and understanding of dying as it may allow you to correct misunderstandings.

QUESTIONS FAMILY MEMBERS OFTEN ASK

- ✓ How long has (s) he got?
"We can't be certain, but it's likely to be within a few hours or days at most. What would you like for her?"
- ✓ Can (s)he still hear?
"We don't know for sure but if you would like to say something, now is the time"
- ✓ How will you know if (s)he has pain?
"We will watch carefully for signs of distress. We will give whatever medication is needed to keep him/her pain free and comfortable"
- ✓ Is (s)he dying of dehydration or starvation?
"At this time, all of the vital organs including his heart and kidneys are shutting down. His/her body cannot cope with food or fluid right now."

Version 5. 30.3.20 Refer to <https://www.palliativecareguidelines.scot.nhs.uk/> for most up to date information.