

Appendix 3. CHECKLIST FOR RAPID DISCHARGE OF A PERSON WHO WISHES TO DIE AT HOME

Please refer patient to the palliative care service before using this list

- Discuss discharge with patient if appropriate
- Confirm discharge date with family, preferably key contact or next of kin

Medical Team

1. Prescriptions:
 - If possible scripts to be issued at least 24 hours in advance of discharge date
 - Ensure all relevant regular and PRN medications prescribed
 - Make sure all MDA scripts are correctly written (on MDA prescription)
 - Tell family to bring prescriptions to pharmacy IMMEDIATELY in order to ensure medications in the house before patient's arrival
 - If a patient has a medical card (GMS) the pharmacist will require also the GP to re prescribe the medication on a GMS prescriptions but a short term supply can be dispensed by the pharmacy at the outset without this if the hospital prescription is presented to the pharmacy within 24 hours of the date it is written.
2. Home Oxygen:
 - If necessary, organise Home Oxygen/nebulisers
3. Resuscitation Status:
 - Clarify resuscitation status
 - Document resuscitation status for the ambulance staff (use Hospital headed notepaper)
 - Has patient ICD device? If so, is it and the alarms switched off?
4. G.P. and Documentation:
 - Discuss discharge with G.P. by telephone in advance of discharge- notifying a GP of a rapid discharge by letter after the event is not acceptable.
 - Organise discharge letter
 - Complete Community Palliative Care referral form
 - Complete documentation for Night Nurse if required

Nurses & Ward Staff

1. Transport:
 - Organise ambulance transfer
2. PHN:
 - Discuss discharge with Public Health Nurse, including proposed date and request all necessary equipment (e.g. hospital bed, pressure relieving mattress, dressings, suction if required)
3. Prescriptions:
 - Ring community pharmacist on day before discharge to make sure all drugs are available to dispense to family
 - If community pharmacist perceives any delay with medications being in house on discharge, contact ward pharmacist who may dispense a short supply
4. Syringe Pump:
 - Replenish pump prior to leaving ward
 - New battery to be put into syringe pump

5. Ensure documentation & equipment for Night Nurse is provided

Palliative Care Team

- Communicate with Community Palliative Care Team to agree date of discharge and care plan
- Make a request to the Irish Cancer Society for a night nurse, if needed

Irish Cancer Society Night Nurse:

A patient who has cancer and who is under the care of the specialist palliative care team is eligible to night nursing support from the Irish Cancer Society but is NOT guaranteed a nurse. A patient without cancer may have a Night Nurse funded by the Irish Hospice

Foundation. This is organised by the Irish Cancer Society but is also NOT guaranteed.

- Request for night nurse usually is made by the hospital palliative care team
- Nursing transfer letter by ward staff should be given to family for night nurse
- Written documentation of drugs and dosages, to be administered to the patient if required, signed by a doctor should be included in Palliative Care Night Nurse Letter
- Community palliative care team should be advised of name of Night Nurse and contact details by the hospital specialist palliative care team or ward staff

Equipment to be supplied by ward and given to family to facilitate provision of personal care at home:

- Gloves X 6 pairs
- Aprons X 3

Equipment required when a patient is on a Syringe Driver (also known as McKinley pump)

- 1 Small sharps box.
- 6 Orange needles, green and blue needles
- 6 2ml syringes
- 2 10ml Luer Lock syringes
- 6 Alcohol wipes (e.g. Mediswabs)
- 1 Giving set for subcutaneous pump and 9 volt battery
- 2 Transparent adhesive dressings
- 4 Water for Injection 10ml vials

If you have any queries regarding any aspect of this checklist please do not hesitate to contact any member of the Hospital Specialist Palliative Care Team