

**Non-Pharmacological Care in the Last Hours or Days of Life One-pager guideline for the duration of Covid-19**

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'.

This guideline is for all healthcare professionals.

**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.
- ✓ O<sub>2</sub> 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 6. 14.4.20 Refer to**

<https://hse.drsteevenslibrary.ie> for most up to date information. This guidance document was developed by the National Palliative Care Clinical Programme in accordance with HPSC guidance, <https://www.hpsc.ie>