

Recognising Dying in the Last Hours or Days of Life One-pager

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.

This guidance is for health care professionals to support patients who are in the last hours or days of life during the Covid-19 pandemic.

RECOGNISING THAT A PERSON IS DYING

Imminently dying is a term used to describe patients who are rapidly approaching end of life. The prognosis is expected to be some hours or short days and the patient is likely to be unresponsive. A senior and experienced Clinician and Senior Nurse, as part of a team, will determine that there is no prospect of achieving reversibility and now the focus is exclusively on ensuring comfort.

The diagnosis of dying can be challenging and if any doubt persists the team should be open to reviewing it at any stage.

COMMUNICATION:

Clear and sensitive communication should take place between staff, the person who is dying and those identified as important to them. A diagnosis of dying must be shared sensitively with close family as appropriate. Once a diagnosis of dying is made the decision must be recorded in the clinical record and disseminated with the multidisciplinary team.

INVOLVE:

The dying person and those identified as important to them are involved in decisions about care to the extent that the dying person wishes.

SIGNS AND SYMPTOMS:

Diagnosing dying is not easy, there is no one feature that can diagnose dying, a range of symptoms may be present, but varies from individual to individual.

Consider the patient's trajectory of the clinical course and the response to supportive therapies and if there is a meaningful and sustained response to supportive treatments.

Predicting when somebody is going to die is infrequently simple and often complex.

Signs of approaching death are picked up by the day-to-day assessment of deterioration, some but not all of the signs listed may occur:

- ✓ Diminished intake of food and fluids
- ✓ Difficulty swallowing medications
- ✓ Decreased level of consciousness
- ✓ Bed-bound/full nursing assistance required
- ✓ Apnoeic periods
- ✓ Peripheral cyanosis
- ✓ Cheyne-Stokes respirations
- ✓ Audible respiratory secretions
- ✓ Impalpable radial artery
- ✓ Mandibular movement on respiration
- ✓ Oliguria

Should symptoms develop suddenly, it is important to exclude a reversible cause of the deterioration such as infection, hypercalcaemia or adverse effects of medication changes.

SUPPORT:

The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible. It is important to be sensitive to the patient and/or family's possible beliefs. If in doubt, ask a family member to avoid offence.

Clear guidance (based on visiting policy currently in place) should be offered to the family. Visits should be facilitated as per the guidance.

DO:

An individual plan of care is agreed, coordinated and delivered with compassion.

There can be challenges and difficulties but reassure families that the exclusive focus is on comfort measures.

In the event of a patient unexpectedly stabilising / improving, reconsider the diagnosis of 'dying'.

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