

Fast Track Discharge Plan for Patients with a Rapidly Deteriorating Illness

AIMS

- Seamless discharge from hospital to preferred place of care within normal working hours
- Provide support for family and carers • Facilitate a peaceful death at preferred place of care

STEP 1 – COMMUNICATION AND ANTICIPATORY CARE PLANNING

MEDICAL and NURSING (See guidance overleaf)

- Holistic assessment – physical including optimising symptom control, psychological, emotional and spiritual needs
- Significant conversations with patient (if appropriate) and relatives/friends, clearly document within medical and nursing notes
- Communicate above conversations and decisions to appropriate teams
- Assess urgency of discharge and identify potential estimated discharge date
- Refer to discharge liaison team

- Regularly review patient's condition
- Identify risks of discharge and discuss with patient (if appropriate)/relatives/friends and primary health care team

STEP 2 – SYMPTOM CONTROL AND 24 HOUR CARE NEEDS

MEDICAL

- Contact GP and update them on clinical condition and DNACPR status
- Rationalise medications
- Identify continuing need for oxygen and nebulisers – refer to respiratory nurses
- Prescribe anticipatory drugs on 'Anticipatory Drugs and Syringe driver chart'.
- Order anticipatory drugs as TTO's (for quantities see guidance overleaf).
- Fill in EDN 24 hrs prior to discharge if possible to prevent delay in discharge (refer to prescription guidance overhead)

Discharge Liaison Nurse/NURSING

- Liaise with DN and OT/Physio re: patient's clinical condition, care needs of patient and carer, care package required and need for essential equipment
- Communicate significant conversations with DN
- If patient is on a syringe driver- (refer to guidance overleaf)

OT/PHYSIO

- Assess physical, cognitive and functional abilities if problems have been identified.
- Assess for and provide equipment for discharge if required.
- Provide advice re breathing techniques, pacing activities and energy conservation
- Refer patient on to community palliative care therapists if appropriate

PHARMACY

- Ensure appropriate anticipatory prn drugs are prescribed (see Algorithms in Care Plan for the Last Days of Life)
- Minimum/maximum 7 days supply – original packs where possible (refer to prescription guidance overleaf)

STEP 3 – DOCUMENTATION

MEDICAL

- Complete DNACPR form as per policy (refer to guidance overleaf)
- If patient is on the Care Plan for the Last Days of Life ensure it is comprehensively completed – (refer to guidance overleaf)

NURSING

- Comprehensively complete the discharge checklist.
- Send **original** Anticipatory drugs and Syringe Driver Chart home with patient.
- If patient is on the Care Plan for the Last Days of Life ensure it is comprehensively completed, send **original** care plan home with patient/relative.
- If patient goes to a nursing home, send copies of above documentation with patient.
- Send **original** DNACPR form with patient if going home or to a Nursing Home.

STEP 4 - TRANSPORT

- Discharge liaison team will make arrangements for transport

STEP 5 – IMMEDIATE DISCHARGE

MEDICAL and NURSING

- Regularly review patient's condition. Identify risks of discharge and discuss with patient (if appropriate), relatives/friends and primary health care team.
- If patient deteriorates further review Discharge Plan, identify risks for transfer and discuss with patient if appropriate, relatives/friends.
- Contact GP/DN re estimated arrival home where appropriate
- If patient to be discharged out of hours contact OOH GP service and DN
- If discharge cancelled contact relevant teams

STEP 1 – COMMUNICATION and ANTICIPATORY CARE PLANNING

Significant conversations:

- Conversations should be done as sensitively as possible and should include patients' current condition, estimated prognosis and 24 hour care needs.
- Conversations should include plan for symptom control, discussing with relative/friends if there is an identified risk of a significant event.
- Inform relatives/friends that they will be given contact numbers for out of hours advice and support.
- They should also include conversations with the patient where appropriate and relatives/friends about preferred place of care and the agreement of a plan if home is not appropriate. This may include discussion of hospice admission if this is what the patient would like and if a bed is available.

DNACPR

- The patient/relatives/friends should be informed that the DNACPR form will go home with them to ensure that the patient has a natural death.
- Conversations should take place with the patient (if appropriate), patients relatives/friends, GP and DN regarding arrangements should the patient die in the ambulance.
- The GP/OOH service must be aware of the decision to ensure emergency services are not called inappropriately where the patient's death is expected.
- If the decision is not to send the DNACPR form home with patient the ward doctor should speak to the GP and the ambulance crew.

STEP 2 – SYMPTOM CONTROL and 24 HOUR CARE NEEDS

NURSING

Syringe Driver

- Refill syringe pump just prior to patient discharge – notify DN when pump has been changed.
- Record date of Saf – T - Intima/line change on syringe pump documentation.
- Ensure McKinley syringe pump is correctly labelled.

MEDICAL

- If patient is not on a syringe driver, **please prescribe anticipatory drugs on the Anticipatory drugs and Syringe Driver Chart** to allow staff to administer prn meds
- If patient is already stable on an opioid and pain is controlled prescribe current dose and route.
- If oral route still in use ensure parenteral opioid medication is also prescribed on discharge prescription – sample opioid prescription below is for opioid naïve patients.

Sample Controlled Drug prescriptions – doses quoted are suggested starting doses

Pain (if opioid naïve)	Opioid (Controlled Drug)
Morphine Sulphate 10mg/1ml injection 3-5mg SC every four hours pm Supply 10 (Ten) ampoules	<ul style="list-style-type: none"> In own hand writing Must state formulation and strength Must state dose and frequency Total amount must be specified in words and figures

Anticipatory Drugs and Quantities

Drug	Available Injections	Dose	Supply	Comments
Opioid				Controlled drug handwritten
Midazolam	10mg in 2ml	2 to 5mg subcut 4 hourly PRN	10 (TEN) ampoules	Controlled drug handwritten
Levomepromazine	25mg in 1ml	5mg to 6.25mg subcut 4 hourly PRN	10 ampoules	Prescribe on eDN
Hyoscine Butylbromide	20mg/ml	20mg subcut 4 hourly PRN	20 ampoules	Prescribe on eDN
Haloperidol	5mg/ml	0.5 to 1mg subcut 4 hourly PRN	10 ampoules	Prescribe on eDN
Water for injection	10ml	Diluent for syringe driver	10 x 10ml ampoules	Prescribe on eDN

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