# 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 documented 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 overhead)
- If patient is on the Care Plan for the Last Days of Life ensure it is comprehensively completed – (refer to guidance overhead)

### 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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Available Injections</th>
<th>Dose</th>
<th>Supply</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine Sulphate</td>
<td>10mg/1ml injection</td>
<td>3-5mg SC every four hrs pm</td>
<td>10 (TEN) ampoules</td>
<td>Controlled drug handwritten</td>
</tr>
<tr>
<td>Midazolam</td>
<td>10mg in 2ml</td>
<td>2 to 5mg subcut 4 hourly PRN</td>
<td>10 (TEN) ampoules</td>
<td>Controlled drug handwritten</td>
</tr>
<tr>
<td>Levomepromazine</td>
<td>25mg in 1ml</td>
<td>5mg to 6.25mg subcut 4 hourly PRN</td>
<td>10 ampoules</td>
<td>Prescribe on eDN</td>
</tr>
<tr>
<td>Hyoscine Butylbromide</td>
<td>20mg/ml</td>
<td>20mg subcut 4 hourly PRN</td>
<td>20 ampoules</td>
<td>Prescribe on eDN</td>
</tr>
<tr>
<td>Haloperidol</td>
<td>5mg/ml</td>
<td>0.5 to 1mg subcut 4 hourly PRN</td>
<td>10 ampoules</td>
<td>Prescribe on eDN</td>
</tr>
<tr>
<td>Water for injection</td>
<td>10ml</td>
<td>Diluent for syringe driver</td>
<td>10 x 10ml ampoules</td>
<td>Prescribe on eDN</td>
</tr>
</tbody>
</table>

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