Palliative Care Template

National After death audit (from practice held registers) revealed:

- Only 27% of patients who died were identified.
- 75% of deaths were non-cancer but only 29% were identified prior to death
- Only 42% had ACP recorded
- Patients on registers received better coordinated care

UK Policy suggests all localities introduce an EPaCCs by 2020.

Why use this template?

- Caring for patients with EoL is complex and often requires multiple professionals, this uses the same codes as District nurses and the Macmillan team use (reduce duplication)
- Printable for OOH if not on system one
- Discussion and recording of preferences leads to reduced hospital deaths (option to add codes to summary for summary care record)
- It Works … (since used in our practice 85% of patients died in preferred place after template completed)

Non Cancer palliative patients

Patients Identified –
Long term condition reviews.
Frailty assessments
D1s / hospital letters
Adhoc

Housebound

Initial Assessment - ANP

Not Housebound

Initial assessment ANP or GPs

Medication Review
Care Needs assessment.
Advanced care planning and DNA CPR discussions if appropriate.
Manage symptoms

If stable / Green (AB):
*3 monthly reviews.
*Involve appropriate resources (DN, SW, Dietician , SALT Physio/OT, HF nurse etc.)

If Amber/Red or complex
* Involve GP +/- Macmillan services

Cancer Palliative patients

Patients Identified –
Frailty assessments
D1s / hospital letters
Clinical meetings
Adhoc

Initial Review by GP either in surgery (double appointment) or Home visit

Discuss oncology plan and letters if appropriate
Medication Review
Advanced care planning and DNACPR discussions if appropriate.
Manage symptoms
GSF category

GREEN
If stable / Green (ANP):
*3 monthly reviews.
*Involve appropriate resources (DN, SW, Dietician SALT Physio/OT,)

AMBER / RED
GP continues care & Involve appropriate resources (DN / Macmillan)

Barnsley: Palliative Care (v1.0) AMENDED

Overview | Patient / Carer Info | Depression Screening | ACP | ACP Continued | Medication / MDT Meetings | After Death

The Electronic Palliative Care Co-Ordination System (EPaCCS) / Palliative Care Register.

This template has been designed to assist professionals in the management of people to be at the end of their life. The template provides a structured way of recording key information about a patient at various stages of their illness. It is not expected that all sections of the template will be completed for all patients.

Consent to share patient information with other health professionals/hospice:

Consent Status

Palliative care plan review

Palliative Care Exception Reporting Codes

On gold standards palliative care framework

GSF prognostic indicator stage

GSF Prognostic Indicator Guidance Supportive & Palliative Care Indicator Tool(SPICT)

If Red, have you considered supporting care with **My Care Plan?**

Key Services Involved

- Community specialist palliative care (XalpR)
- Specialist palliative care treatment - daycare (Xalt6) QOF
- Under care of district nurse (XaAQq)
- Under care of community matron (XaLJP)
- Under care of palliative care specialist nurse (XaZhw) QOF
- Under care of social services (XaLKF)
- Hospice at home service (XaZLA) QOF

Record Sharing

In order to coordinate care, information must be shared with all health care professionals involved in the patients care.

BEST Palliative Care Barnsley End of Life Care

Consent Status

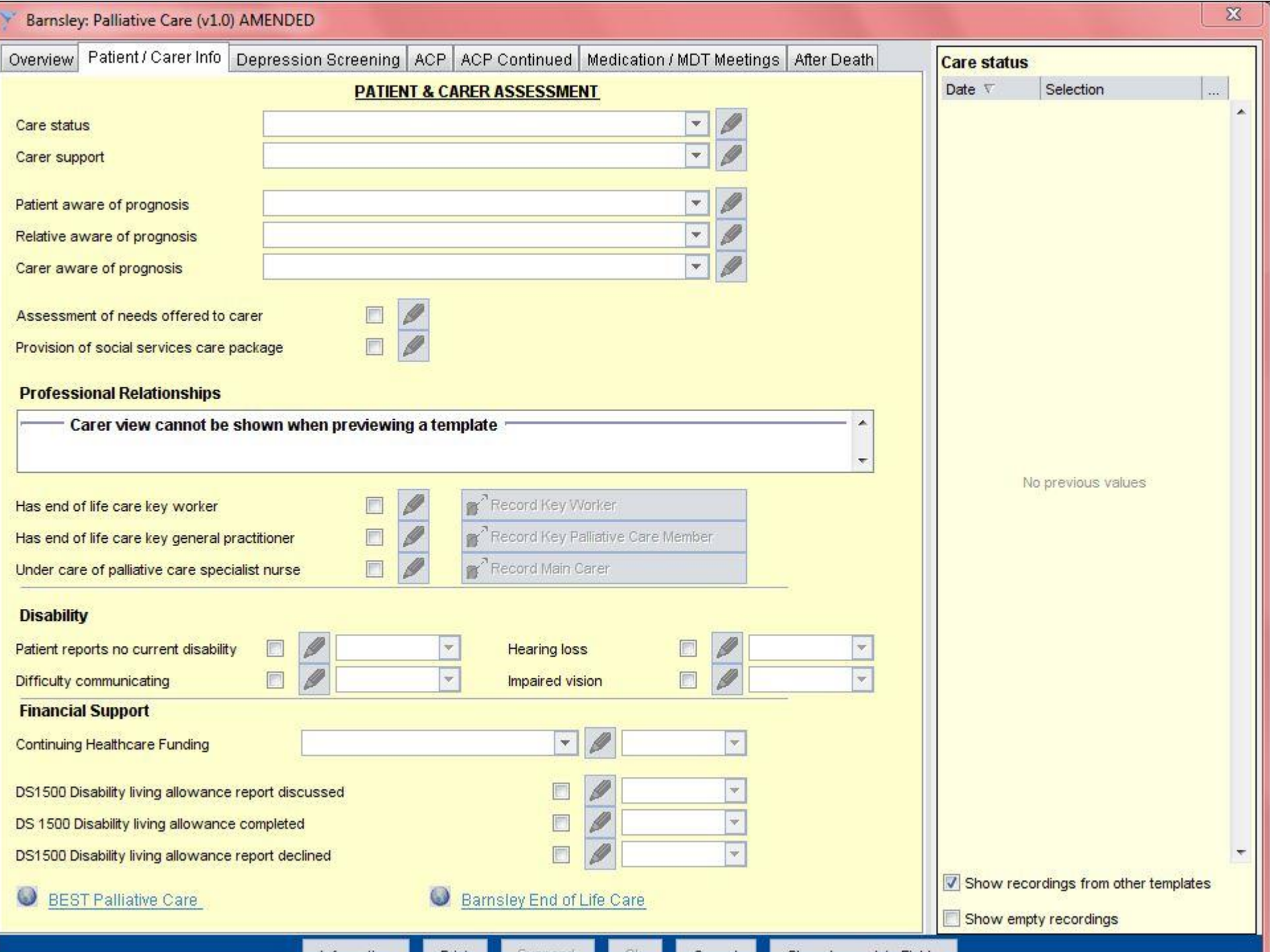
Date | Selection | ...

No previous values

Show recordings from other templates

Show empty recordings

Information | Print | Suspend | Ok | Cancel | Show Incomplete Fields


Barnsley: Palliative Care (v1.0) AMENDED
Overview
Patient / Carer Info
Depression Screening
ACP
ACP Continued
Medication / MDT Meetings
After Death
PATIENT & CARER ASSESSMENT
Care status
Carer support
Patient aware of prognosis
Relative aware of prognosis
Carer aware of prognosis
Assessment of needs offered to carer
Provision of social services care package
Professional Relationships
Carer view cannot be shown when previewing a template
Has end of life care key worker
Has end of life care key general practitioner
Under care of palliative care specialist nurse
Record Key Worker
Record Key Palliative Care Member
Record Main Carer
Disability
Patient reports no current disability
Difficulty communicating
Hearing loss
Impaired vision
Financial Support
Continuing Healthcare Funding
DS1500 Disability living allowance report discussed
DS 1500 Disability living allowance completed
DS1500 Disability living allowance report declined
BEST Palliative Care
Barnsley End of Life Care
Care status
Date
Selection
No previous values
Show recordings from other templates
Show empty recordings

Barnsley: Palliative Care (v1.0) AMENDED

Overview | Patient / Carer Info | Depression Screening | ACP | ACP Continued | Medication / MDT Meetings | After Death

NICE guidance on Depression suggests that "screening should be undertaken in Primary Care...for depression in high-risk groups" and that "screening for depression should include the use of at least two questions concerning mood and interest".

During the last month, have you often been bothered by feeling down, depressed or hopeless?

During the last month, have you often been bothered by having little interest or pleasure in doing things?

Depression screening using questions

A "yes" answer to either question is considered a positive test.

If the test is positive, the patient should be further assessed for other symptoms.
This assessment should be informed by using a questionnaire measure of severity such as the PHQ-9, HADS, or BDI, as used for the DEP2 indicator.

To proceed to the PHQ-9 click the button below.

Barnsley: PHQ-9 Assessment (v2.0)

Patient health questionnaire (PHQ-9) score

Referral to GP

Depression resolved

Patient given advice about management of anxiety

Patient given advice about management of depression

Depression screening using questions

Date	Checked	...

No previous values

Show recordings from other templates

Show empty recordings

Barnsley: Palliative Care (v1.0) AMENDED

Overview | Patient / Carer Info | Depression Screening | ACP | ACP Continued | Medication / MDT Meetings | After Death

ADVANCED CARE PLANNING

Use this section to record whether the patient has:

Had a discussion about advance care planning

Discussion about advance care plan

Discussion Outcome

Preferred priorities for care document completed

Has advance statement (Mental Capacity Act 2005)

Has ADRT (advance decision to refuse treatment) (MCA 2005)

Barnsley: Mental Capacit...

Barnsley: Best Interest D...

Appointed a **Lasting Power of Attorney** to make decisions on their behalf (record details of the person appointed).

Lasting power of attorney personal welfare

Lasting power of attorney property and affairs

Preferred Place of Care

Preferred Place of Care Discussion

- Preferred place of care - discussed with patient (XaR4x)
- Preferred place of care - discussed with family (XaR4y)
- Preferred place of care - discussion not appropriate (XaX2M)
- Preferred place of care - patient declined to participate (XaR7D)
- Preferred place of care - patient undecided (XaasH)
- Preferred place care - patient unable to express preference (Xa...

Preferred Place of Care

- Preferred place of care - home (XaQTk)
- Preferred place of care - relative's home (Xaad6)
- Preferred place of care - hospice (XaQU3)
- Preferred place of care - hospital (XaQU5)
- Preferred place of care - nursing home (XaQU7)
- Preferred place of care - care home (XaaYt)
- Preferred place of care - mental health unit (XaR4n)
- Preferred place of care - learning disability unit (XaR4m)
- Preferred place of care - community hospital (XaQU4)
- Preferred place of care - patient undecided (XaasH)

continued....

Discussion about advance care plan

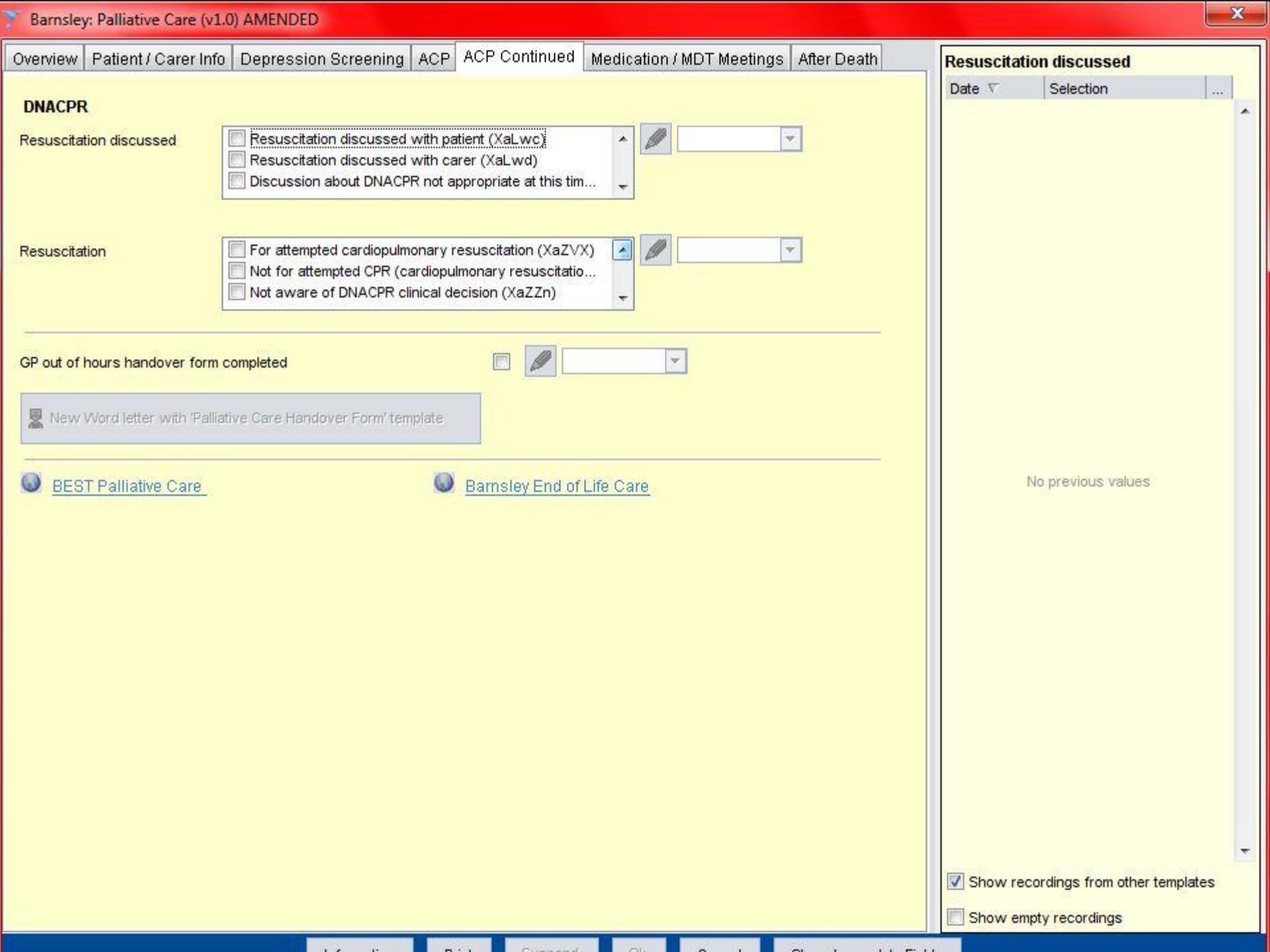
Date	Selection	...

No previous values

Show recordings from other templates

Show empty recordings

Information | Print | Suspend | Ok | Cancel | Show Incomplete Fields


Barnsley: Palliative Care (v1.0) AMENDED
Overview
Patient / Carer Info
Depression Screening
ACP
ACP Continued
Medication / MDT Meetings
After Death
DNACPR
Resuscitation discussed
Resuscitation discussed with patient (XaLwc)
Resuscitation discussed with carer (XaLwd)
Discussion about DNACPR not appropriate at this tim...
Resuscitation
For attempted cardiopulmonary resuscitation (XaZVX)
Not for attempted CPR (cardiopulmonary resuscitatio...
Not aware of DNACPR clinical decision (XaZZn)
GP out of hours handover form completed
New Word letter with 'Palliative Care Handover Form' template
BEST Palliative Care
Barnsley End of Life Care
Resuscitation discussed
Date
Selection
No previous values
Show recordings from other templates
Show empty recordings

Barnsley: Palliative Care (v1.0) AMENDED

Overview | Patient / Carer Info | Depression Screening | ACP | ACP Continued | Medication / MDT Meetings | After Death

MEDICATION

Prescription of palliative care anticipatory medication

Medication review

Discussed with district nurse

Prescribing Anticpatory Medications

BEST Palliative Care

Last 3 months acute medication, current repeat medication, allergies & sensitivities.

Medication Sheet view cannot be shown when previewing a template

MDT MEETINGS

Palliative care plan review

If the GSF Prognostic indicator stage has changed, or if at indicator stage D (red), does the patient have a care plan? Consider using **My Care Plan - BEST Website.** Please also ensure that the GSF Indicator has been amended on the Overview page if necessary.

Multidisciplinary meeting

Multi-agency action plan

Prescription of palliative care anticipatory medication

Date	Checked	...

No previous values

Show recordings from other templates

Show empty recordings

Record Acute Medication

Ok | Cancel

Mr Mickey David Mouse-TestPatient "Dave" 15 Mar 1981 (36 y)
M
7 Carr Green Lane, Mapplewell, Barnsley S75 6DY
Home (preferred): 01226 876543 Alternate: 01226 654321 Test Patient, Boots Cortonwood

Other Details... | Exact date & time | Mon 18 Dec 2017 | 13:00

Select Drug or Appliance

Drug & Appliance Browser | Formularies | Free Text Drugs & Appliances | Settings

Available Formularies

- Barnsley Formulary 2016
- End of life care
- Lidocaine
- Local antibiotics dosages
- Miscellaneous Local Pr...
- Non formulary miscella...
- Non formulary Opioid P...
- Non formulary Personal...
- Woundcare 2011

9 Formularies

Selected Formulary Contents

Enter text to search for | Search | Clear

I...	Drug	Dose	Quantity	Cou...	Indicative...	Flags
	Haloperidol 5mg/1ml solution for injection ampoules	0.5 - 1mg sc 2-4 hourly PRN for nausea or agitation/delirium. MAX 5mg/24 hours. Seek advice over 5mg/24 hours	5 ampoule	7	35.00	
	Hyoscine butylbromide 20mg/1ml solution for injection ampoules	20mg sc hourly PRN for respiratory secretions or colic	5 ampoule	7	2.92	
	Midazolam 10mg/2ml solution for injection ampoules	2.5 - 5mg sc hourly PRN for agitation, distress or dyspnoea	5 ampoule	7	5.85	CD
	Morphine sulfate 10mg/1ml solution for injection ampoules	2.5-5mg sc hourly PRN for pain of dyspnoea	5 ampoules	7	9.36	CD
	water for injections injection	10 ml ampoules. Use as directed	50 millilitres	7	1.73	

5 Drugs in this formulary

Sensitivities & Allergies: SODIUM LAURYL SULFATE AMOXICILLIN ATENOLOL ATENOLOL CEFALEXIN PARACETAMOL LACTULOSE ATENOLOL ATENOLOL SOTALOL ATENOLOL AMOXICILLIN PENICILLIN G PENICILLIN G ATENOLOL PENICILLIN G IBUPROFEN BENZYLPENICILLIN PARACETAMOL PARACETAMOL ATENOLOL ASPIRIN PARACETAMOL ASPIRIN CODEINE ATENOLOL Lansoprazole allergy (Xa5ex) Penicillin allergy (Xa5sH) Penicillin allergy (Xa5sH) Wheat Allergy (Y06ac) Nut allergy (Xa7IJ) Nut allergy (Xa7IJ) Lentil Allergy (Y2199) Latex allergy (Xa7IR) Latex allergy (Xa7IR) Allergy to strawberries (Xa7II) Surgical tissue adhesive allergy (Xa5nQ) Allergy to pollen (Xa7IL) Latex allergy (Xa7IR) Egg allergy (Xa1nm) Penicillin allergy (Xa5sH) Food allergy (Xa1aX) Egg allergy (Xa1nm) Penicillin allergy (Xa5sH)

Overview | Patient / Carer Info | Depression Screening | ACP | ACP Continued | Medication / MDT Meetings | After Death

AFTER DEATH

It is not permitted to issue a death certificate unless a patient has been seen by a doctor within the last 14 days of life. If they have not, the Coroner must be informed. If a patient dies at home, this may lead to police visiting the house, delays moving the body and the possibility of a postmortem.

Please ensure place of death has been recorded. This will enable audit as to whether patients died in their place of choice. If preferred place of death was not achieved, please record the reason why below.

Patient died - place

Patient died in usual place of residence

If PPD not achieved select reason

Bereavement support

BEST Palliative Care

Barnsley End of Life Care

Patient died - place

Date	Selection	...

No previous values

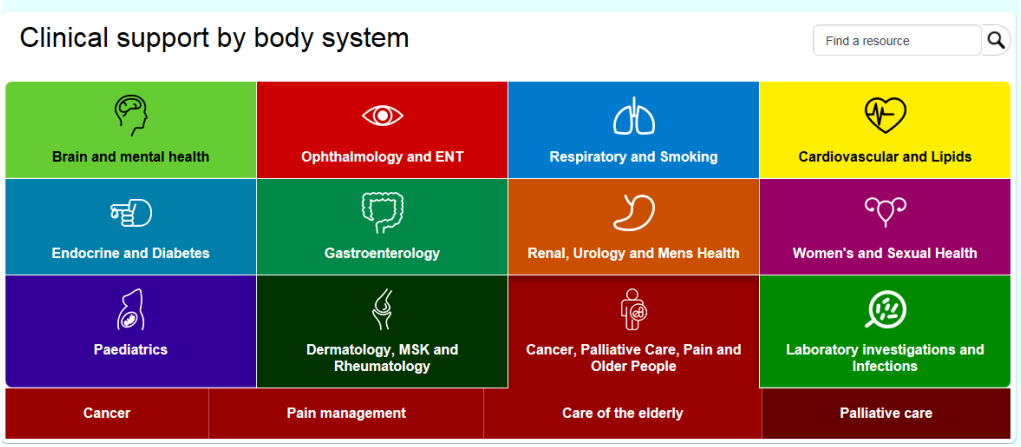
Show recordings from other templates

Show empty recordings

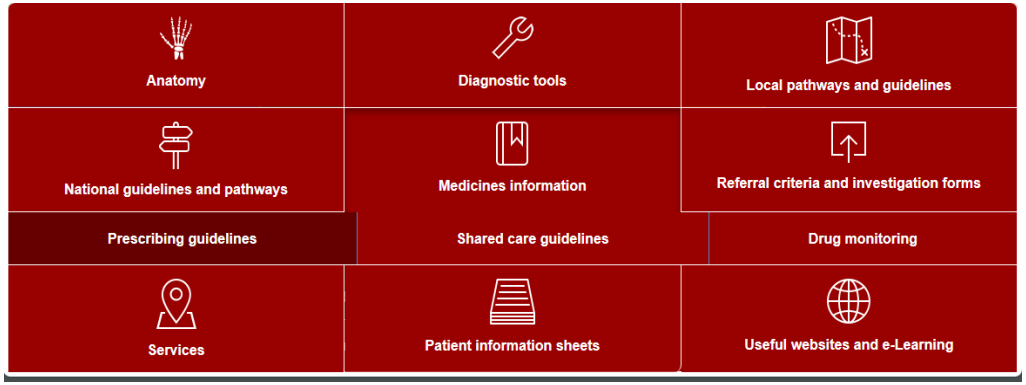
Information | Print | Suspend | Ok | Cancel | Show Incomplete Fields

Where to find advice and guidance on Palliative care medications

BEST portal
http://best.barnsleyccg.nhs.uk/



Click on Cancer, Palliative Care, Pain and Older People / Palliative care



Click on medicines Information / Prescribing guidelines

Prescribing anticipatory subcutaneous medications for the last days of life general advice (July 2016)

Indication	Drug	Dosing	Frequency	Strength	Quantity	Notes regarding syringe driver use
Pain - 1st line (Doses may be different for patients already on background opioids and existing need should be considered) In renal failure ask specialist palliative care advice	**Morphine Sulphate**	**2.5mg -5mg** (if no existing opiate medication) If already taking oral morphine to calculate the sub cutaneous PRN dose calculate the 24 hour dose and divide by 6	**2 hourly PRN**	**10mg/ml**	10 x 1ml amps	If no existing opiates the syringe driver should only be used if PRNs have been required If converting from oral Morphine, use ½ of the 24hr oral Morphine dose in a syringe driver over 24 hours
Pain alternative to morphine	**Oxycodone** (alternative to morphine)	1mg - 2.5mg (if no existing opiate medication) If already taking oral morphine to calculate the sub cutaneous PRN dose calculate the 24 hour dose and divide by 6	2 hourly PRN	10mg/ml	5 x 1ml amps	If converting from oral Oxycodone to subcut use ½ of the 24 hour oral oxycodone in a syringe driver over 24 hours
Nausea, vomiting – 1st line (Haloperidol also indicated for delirium, hallucinations and paranoia)	**Haloperidol** **(extra pyramidal side effects and sedation in high doses)**	**0.5mg –1.5mg** **(max 5mg/24hr)**	**4 hourly PRN**	**5mg/ml**	**5 x 1ml amps**	Syringe driver dose should be according to PRN need. Tendency to precipitate.
Nausea, vomiting (in Parkinson's disease or extrapyramidal side-effects)	**Cyclizine** (alternative to haloperidol for N+V)	50mg (max 150mg/24hr)	4-6 hourly PRN	50mg/ml	10 x 1ml amps	50-150mg in 24 hrs according to PRN need (maximum 150 mg)
Nausea, vomiting (Alternative if Haloperidol not available or appropriate or Haloperidol not effective)	**Levomepromazine**	6.25 mg	4-6 hourly PRN	25mg/1ml	5 x 1ml	Dose for syringe driver should be according to PRN use
Anxiety, restlessness, panic,	**Midazolam**	**2.5mg-5mg** (starting dose – if not effective speak to specialist palliative care)	**hourly PRN**	**10mg/2mls**	**10 x 2ml amps**	Syringe driver use will be according to PRNs used
Respiratory tract secretions	**Hyoscine butylbromide** (Buscopan)	**20mg**	**2 hourly PRN**	**20mg/ml**	**10 x 1ml amps**	If symptoms start syringe driver 60-120mg/24hours Seek specialist palliative care if higher doses needed

EXAMPLES OF FP 10 PRESCRIPTIONS FOR ANTICIPATORY MEDICATIONS AND SYRINGE DRIVER IN END OF LIFE CARE

PRN HALOPERIDOL inj AND HYSOCINE BUTYLBROMIDE inj

3/3/10

Mr Joe Bloggs

15 Nowhere Street S00 3PP

NHS No: 12345

HALOPERIDOL 5mg/mL for injection

To have 500 micrograms -1.5mg by subcutaneous injection every 4 hours as required

Supply 5 ampules

HYOSCINE BUTYLBROMIDE 20mg/ml for injection

To have 20mg by subcutaneous injection every 2 hours as required

Supply 5 ampules

SIGNATURE | DATE

PRN MORPHINE inj AND MIDAZOLAM inj

3/3/10

Mr Joe Bloggs

15 Nowhere Street S00 3PP

NHS No: 12345

MORPHINE SULFATE 10mg/mL for injection

To have 2.5mg -5 mg by subcutaneous injection every 2 hours as required

Supply 5 (five) ampules

MIDAZOLAM 10mg/2mL for injection

To have 2.5mg – 5mg by subcutaneous injection every 1 hour as required

Supply 5 (five) ampules

SIGNATURE | DATE

DON'T FORGET WATER And FILM

3/3/16

Joe Bloggs

WATER for injection 10ml ampules to be used as directed

Please supply 10 ampules

VAPOUR PERMEABLE FILM DRESSING

6cm x 7cm To use as directed.

Please supply 3 dressings

MORPHINE FOR SYRINGE DRIVER

Mr Joe Bloggs

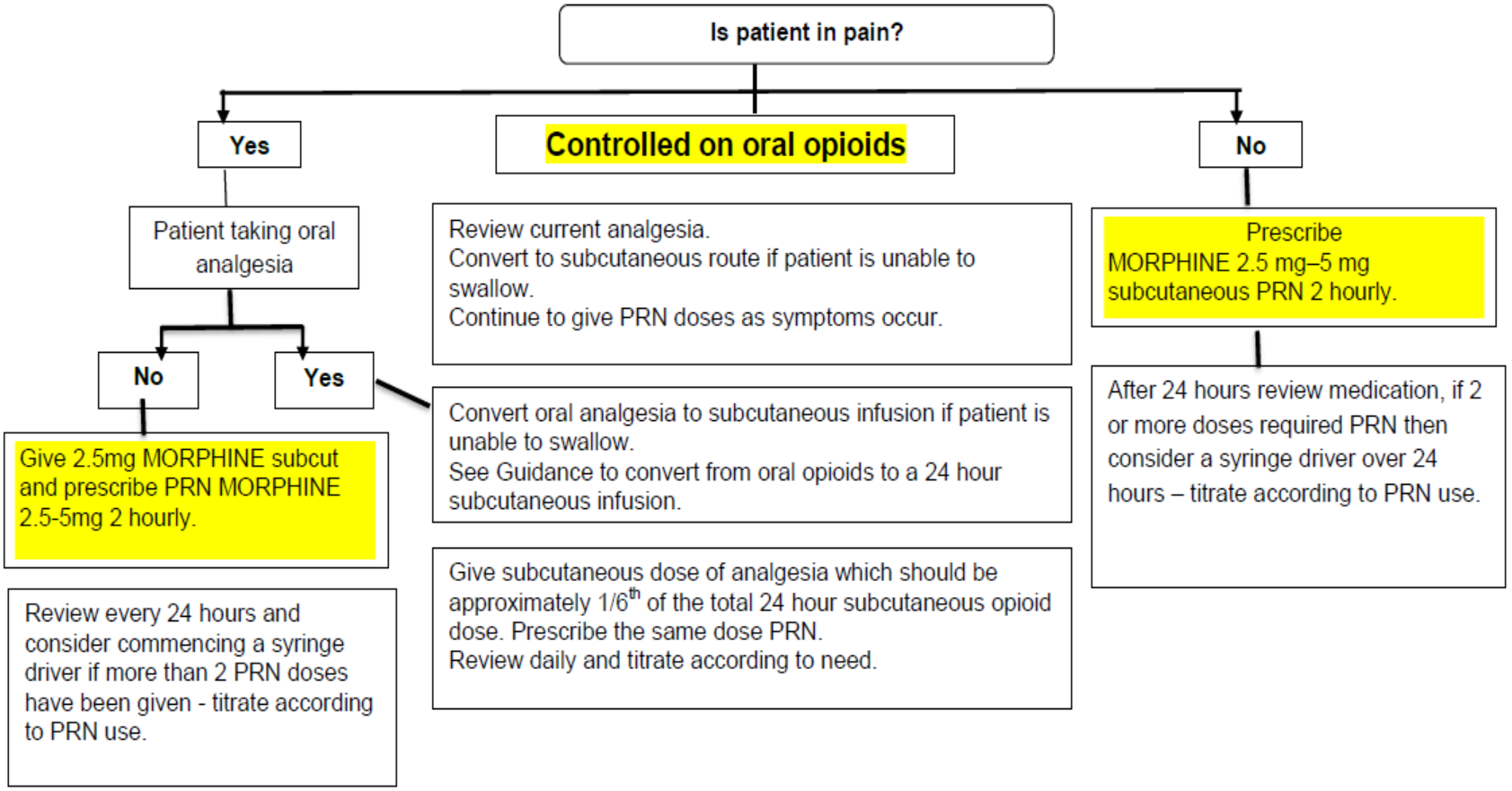
MORPHINE SULFATE 10mg/mL for injection

To have 10mg over 24 hours via continuous subcutaneous infusion by syringe driver

Please supply 10 (ten) ampules

SIGNATURE | DATE

Pain (Morphine,Oxycodone)



Supporting information

- If further information is needed contact the Specialist Palliative Care Team
- If on a fentanyl patch maintain the patch, do not remove it and prescribe breakthrough opioid doses as attached guidance
- Please note a syringe driver may take up to 4 hours to become effective
- **If patients have known renal failure, please contact the Specialist Palliative Care team for advice.**

Guidelines for Converting Oral Analgesia to Subcutaneous

Converting from	To	Factor
Oral Morphine	Subcutaneous Morphine	Divide by 2
Oral Morphine	Subcutaneous Oxycodone	Divide by 3
Oral Oxycodone	Subcutaneous Oxycodone	Divide by 2

Conversion of Step 2. Analgesia (weak opioids) to sub cut Morphine in 24 hours

Weak Opioids	Usual Max 24 hour Dose	Dose of Morphine for continuous subcutaneous infusion via syringe driver over 24 hours	Dose of subcutaneous Morphine for breakthrough
Tramadol	400mg	10mg - 20mg	2.5mg – 5mg
Codeine Phosphate	240mg	10mg	2.5mg – 5mg

For alternative step 2 conversions, e.g. BuTrans, Transtec
Please seek Specialist Palliative Care advice

Fentanyl patch in situ

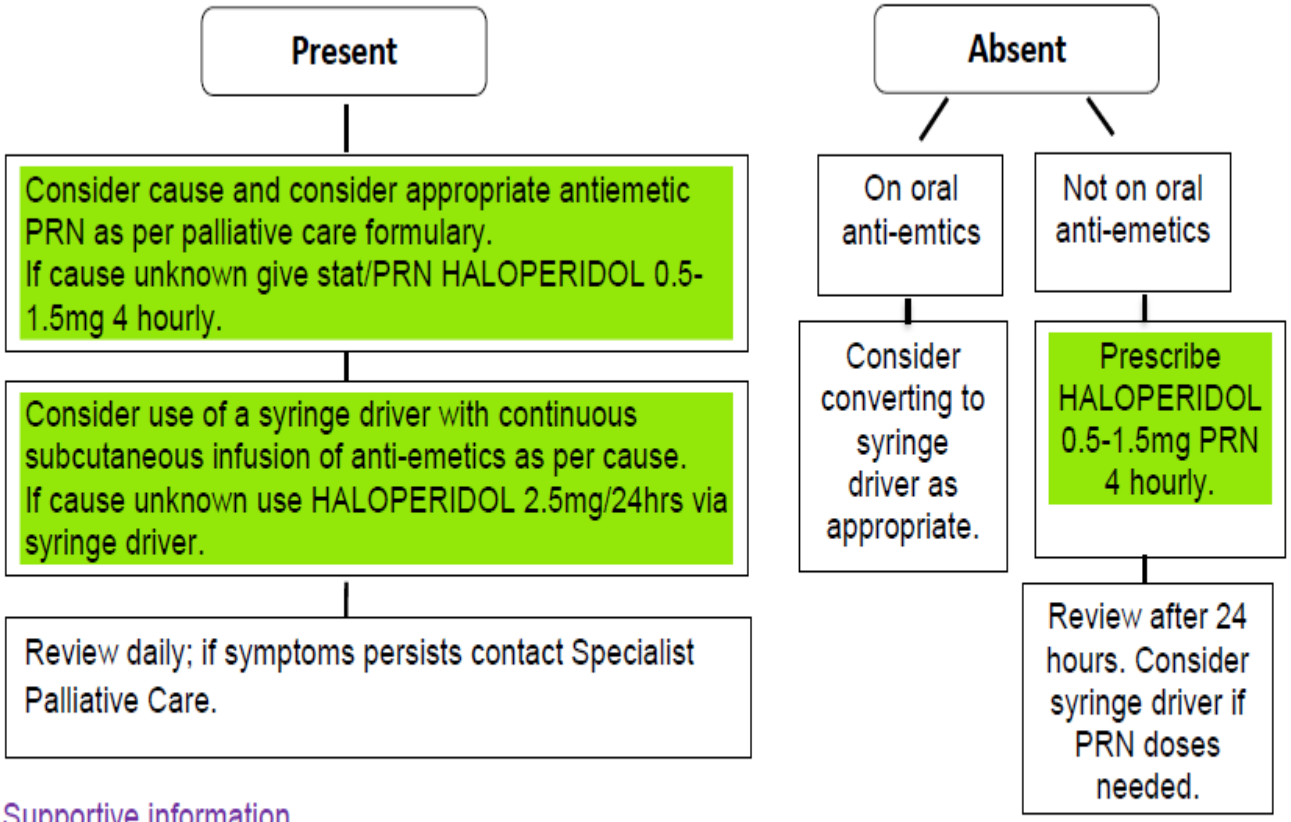
Do not remove the patch as this will complicate management

- Ensure that patch is adherent to patient's skin.
- Reassess patient to identify any other causes for increased pain.
- Continue to change patch every 72 hours.
- If pain is uncontrolled commence subcutaneous infusion of opioid **in addition to Fentanyl patch** according to the PRN doses that have been required
- Administer breakthrough analgesia as required according to dose regime below.

Transdermal Fentanyl Patch currently in use	Breakthrough doses of subcutaneous Morphine when Fentanyl Patch in use only
12mcg	2.5-5mg
25mcg	5-10mg
50mcg	10-15mg
75mcg	15-20mg
100mcg	20-30mg

Adapted from: PCF4 Palliative Care Formulary (2011) Contact Specialist Palliative Care Team for additional advice if required

Nausea and vomiting (Haloperidol,Cyclizine,Levopromazine)

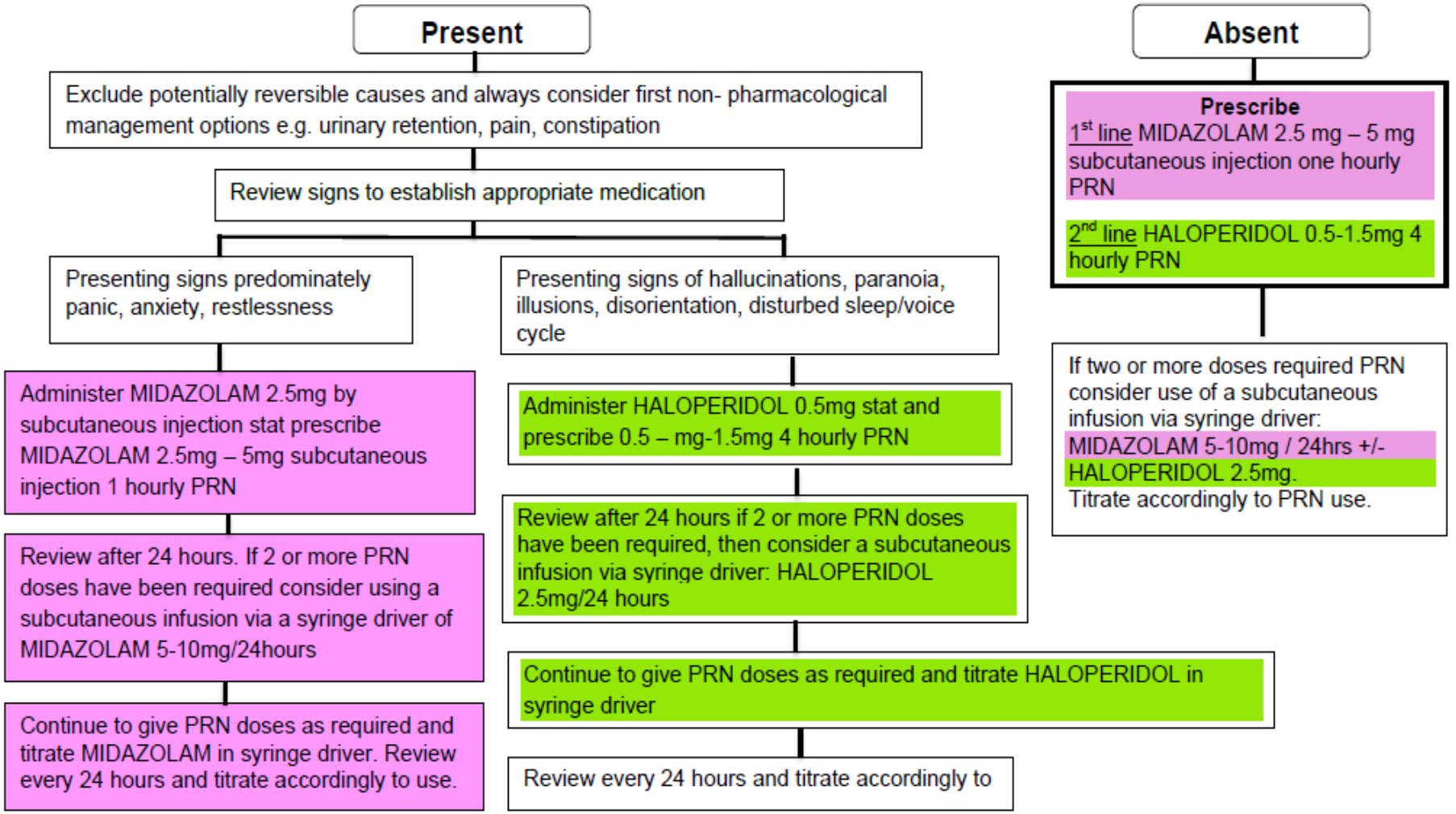


Supportive information

- **If symptoms persist or further advice is needed contact the Specialist Palliative Care Team**
- HALOPERIDOL is not recommended for patients with Parkinson's Disease, first line Cyclizine would be suggested.
- For alternative anti-emetics see Palliative Care Formulary or contact the Specialist Palliative Care team.
- If HALOPERIDOL is not available or ineffective, consider Levomepromazine.

Last days of life symptom management guidance

Agitation, delirium and anxiety (Midazolam and Haloperidol)



Supportive information

- HALOPERIDOL is not recommended for patients with Parkinsons Disease, in this case use MIDAZOLAM or seek Specialist Care advice.
- Please be aware that MIDAZOLAM can cause a paradoxical increase in agitation, in this instance use HALOPERIDOL
- **If symptoms persist or any further advice is needed contact the appropriate Specialist Palliative Care team**

Respiratory tract secretions (Hyoscine butylbromide)

Present

Try turning the patient first and explain to family that as they are semi-conscious/unconscious the patient may not be distressed by secretions.

Also consider administering HYOSCINE BUTYLBROMIDE
20 mg subcutaneous bolus injection and prescribe HYOSCINE BUTYLBROMIDE PRN 2 hourly.
Consider commencing a syringe driver of HYOSCINE BUTYLBROMIDE 60 mg over 24 hours.

Continue to give PRN dosage accordingly and titrate doses in the syringe driver as necessary to a maximum dose of 120mg over 24 hours.

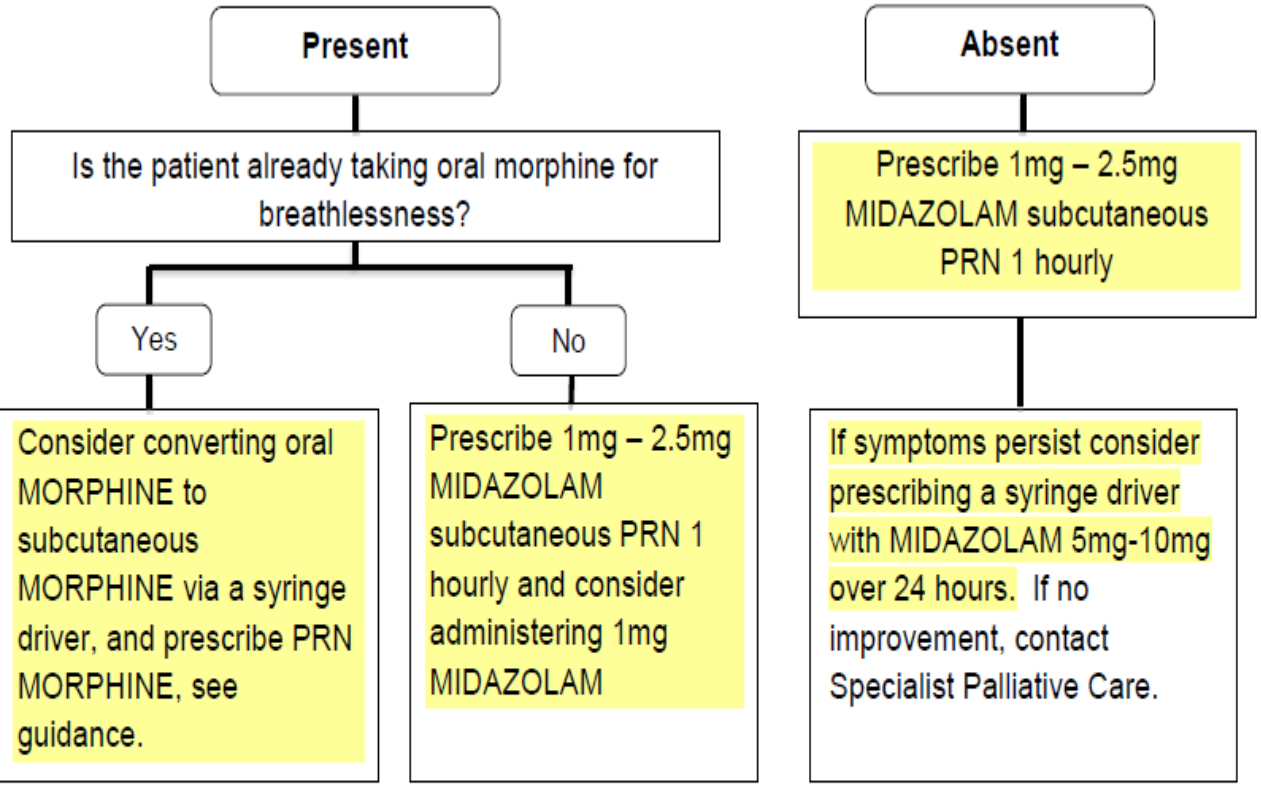
Absent

Prescribe HYOSCINE BUTYLBROMIDE 20mg PRN 2 hourly.

If two or more doses of PRN HYOSCINE BUTYLBROMIDE required, then consider a subcutaneous infusion of HYOSCINE BUTYLBROMIDE (60-120mg) over 24 hours .

- Consider changing or stopping medicines if noisy respiratory secretions continue after 12 hours (medicines may take up to 12 hours to become effective)

Dyspnoea (Midazolam and Morphine lower dose and this needs to be specific on the drug chart for dyspnoea)



Supportive information

- An alternative to Midazolam would be to use low dose subcutaneous Morphine 1.25mg - 2.5mg this may be more useful in patients with heart failure.
- **If symptoms persist, contact Specialist Palliative Care team.**
- Identify and treat reversible causes of breathlessness in the dying person, for example pulmonary oedema or pleural effusion.
- Consider non- pharmacological management of breathlessness in a person in the last days of life. Do not routinely start oxygen to manage breathlessness. Only offer oxygen therapy to people known or clinically suspected to have symptomatic hypoxaemia.

Contact numbers

- Community Macmillan Service Advice Line

  01226 644755 (Mon – Fri 9am – 5pm)

  01226 644575 (weekend and bank holidays)

- Rapid Response

  07747 794698 (Evening and night)

- i-Heart 365 Out of hours GP service

  01226 242471

- Pall Call advice for health care professionals

  01226 244244