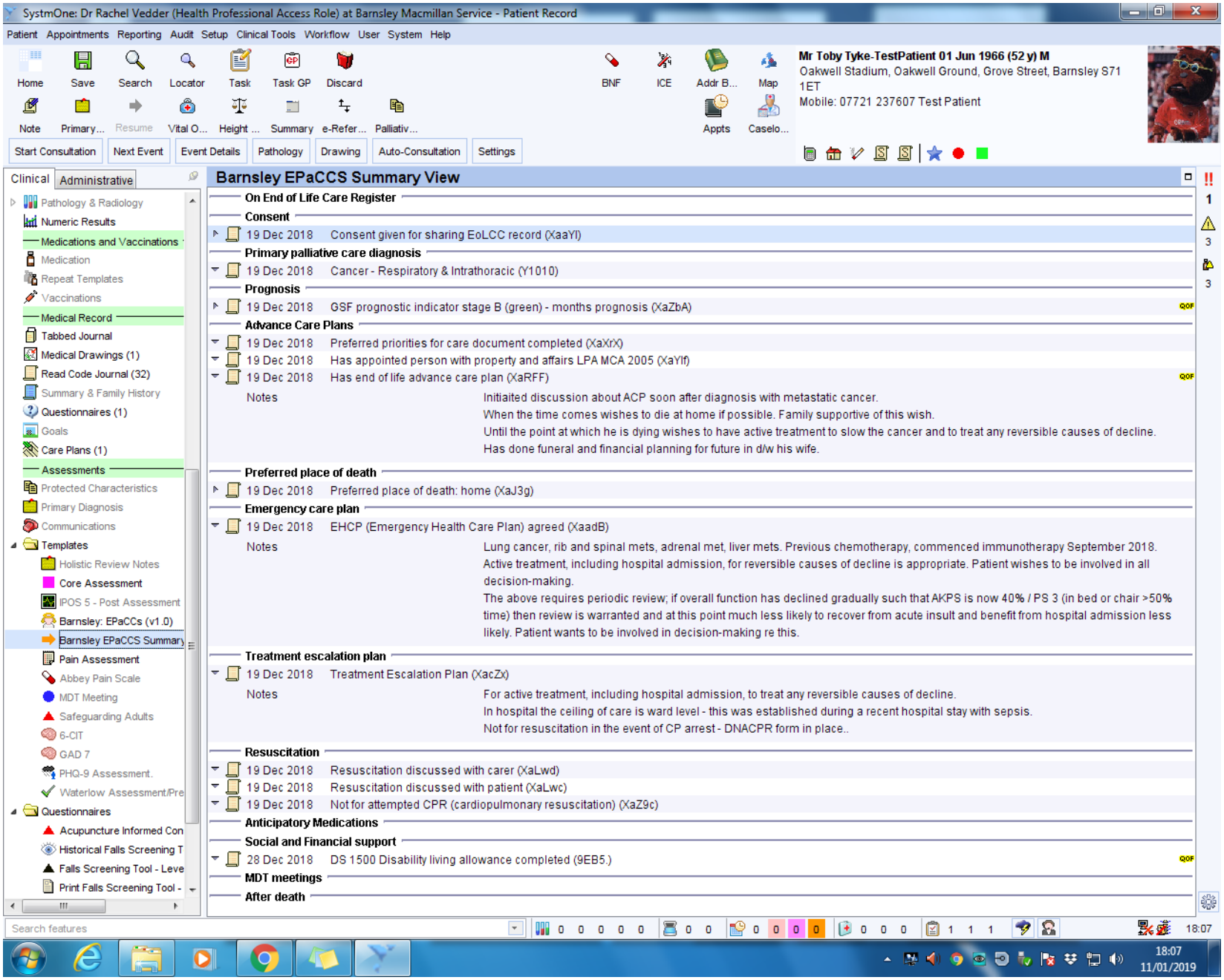
Cases to illustrate using EPaCCs

Dr Rachel Vedder, Consultant in Palliative Medicine, Barnsley Hospice

16th January 2019

Case 1

- Toby T - 52 yr old man
- Metastatic lung cancer – bone, adrenal, liver mets
- Wife brings him to urgent morning appt slot
- Appears slightly disorientated and breathless
- She has noticed odd behaviour in last few days, forgetful, vivid dreams
- Overnight got up agitated, pee’d in plant-pot, could not settle again until morning


SystmOne: Dr Rachel Vedder (Health Professional Access Role) at Barnsley Macmillan Service - Patient Record
Patient Appointments Reporting Audit Setup Clinical Tools Workflow User System Help
Home Save Search Locator Task Task GP Discard
BNF ICE Addr B... Map
Note Primary... Resume Vital O... Height ... Summary e-Refer... Palliativ...
Appts Caselo...
Mr Toby Tyke-TestPatient 01 Jun 1966 (52 y) M
Oakwell Stadium, Oakwell Ground, Grove Street, Barnsley S71 1ET
Mobile: 07721 237607 Test Patient
Start Consultation Next Event Event Details Pathology Drawing Auto-Consultation Settings
Clinical Administrative
Pathology & Radiology
Numeric Results
Medications and Vaccinations
Medication
Repeat Templates
Vaccinations
Medical Record
Tabbed Journal
Medical Drawings (1)
Read Code Journal (32)
Summary & Family History
Questionnaires (1)
Goals
Care Plans (1)
Assessments
Protected Characteristics
Primary Diagnosis
Communications
Templates
Holistic Review Notes
Core Assessment
IPOS 5 - Post Assessment
Barnsley: EPaCCs (v1.0)
Barnsley EPaCCS Summary
Pain Assessment
Abbey Pain Scale
MDT Meeting
Safeguarding Adults
6-CIT
GAD 7
PHQ-9 Assessment.
Waterlow Assessment/Pre
Questionnaires
Acupuncture Informed Con
Historical Falls Screening T
Falls Screening Tool - Leve
Print Falls Screening Tool -
Barnsley EPaCCS Summary View
On End of Life Care Register
Consent
19 Dec 2018 Consent given for sharing EoLCC record (XaaYl)
Primary palliative care diagnosis
19 Dec 2018 Cancer - Respiratory & Intrathoracic (Y1010)
Prognosis
19 Dec 2018 GSF prognostic indicator stage B (green) - months prognosis (XaZbA) QOF
Advance Care Plans
19 Dec 2018 Preferred priorities for care document completed (XaXrX)
19 Dec 2018 Has appointed person with property and affairs LPA MCA 2005 (XaYlf)
19 Dec 2018 Has end of life advance care plan (XaRFF) QOF
Notes
Initiaited discussion about ACP soon after diagnosis with metastatic cancer.
When the time comes wishes to die at home if possible. Family supportive of this wish.
Until the point at which he is dying wishes to have active treatment to slow the cancer and to treat any reversible causes of decline.
Has done funeral and financial planning for future in d/w his wife.
Preferred place of death
19 Dec 2018 Preferred place of death: home (XaJ3g)
Emergency care plan
19 Dec 2018 EHCP (Emergency Health Care Plan) agreed (XaadB)
Notes
Lung cancer, rib and spinal mets, adrenal met, liver mets. Previous chemotherapy, commenced immunotherapy September 2018.
Active treatment, including hospital admission, for reversible causes of decline is appropriate. Patient wishes to be involved in all decision-making.
The above requires periodic review; if overall function has declined gradually such that AKPS is now 40% / PS 3 (in bed or chair >50% time) then review is warranted and at this point much less likely to recover from acute insult and benefit from hospital admission less likely. Patient wants to be involved in decision-making re this.
Treatment escalation plan
19 Dec 2018 Treatment Escalation Plan (XacZx)
Notes
For active treatment, including hospital admission, to treat any reversible causes of decline.
In hospital the ceiling of care is ward level - this was established during a recent hospital stay with sepsis.
Not for resuscitation in the event of CP arrest - DNACPR form in place..
Resuscitation
19 Dec 2018 Resuscitation discussed with carer (XaLwd)
19 Dec 2018 Resuscitation discussed with patient (XaLwc)
19 Dec 2018 Not for attempted CPR (cardiopulmonary resuscitation) (XaZ9c)
Anticipatory Medications
Social and Financial support
28 Dec 2018 DS 1500 Disability living allowance completed (9EB5.) QOF
MDT meetings
After death
Search features
18:07
11/01/2019

Case 1

- What's your differential diagnosis?
  - Infection – LRTI/UTI
  - Hypercalcaemia
  - Hypoxia
  - Side-effects of medication including analgesia
  - Brain metastases
  - Complication of immunotherapy

Case 1

- What actions do you want to take?
  - Examination and obs
  - Decide whether hospital admission indicated now
  - Mental capacity assessment
    - Discussion with patient OR
    - Best interest decision making in d/w wife
  - Bloods, urinalysis
  - Additional support required at home?

Case 1

- Toby cognitively slowed but able to understand enough to participate in decision-making supported by his wife.
- Current deterioration has happened over 2-3 days – prior to that had been active, getting out to go fishing, though tires easily and breathless.
- In view of concerns about hypercalcaemia, brain mets or side-effects of immunotherapy hospital admission was arranged.

Case 1

- During 8 day hospital admission was treated for hypercalcaemia and LRTI.
- Recovered cognitive function but left hospital more frail.
- Repeat CT scan demonstrated disease progression and immunotherapy discontinued.
- Discharge summary suggests review of ACP be undertaken in d/w patient.

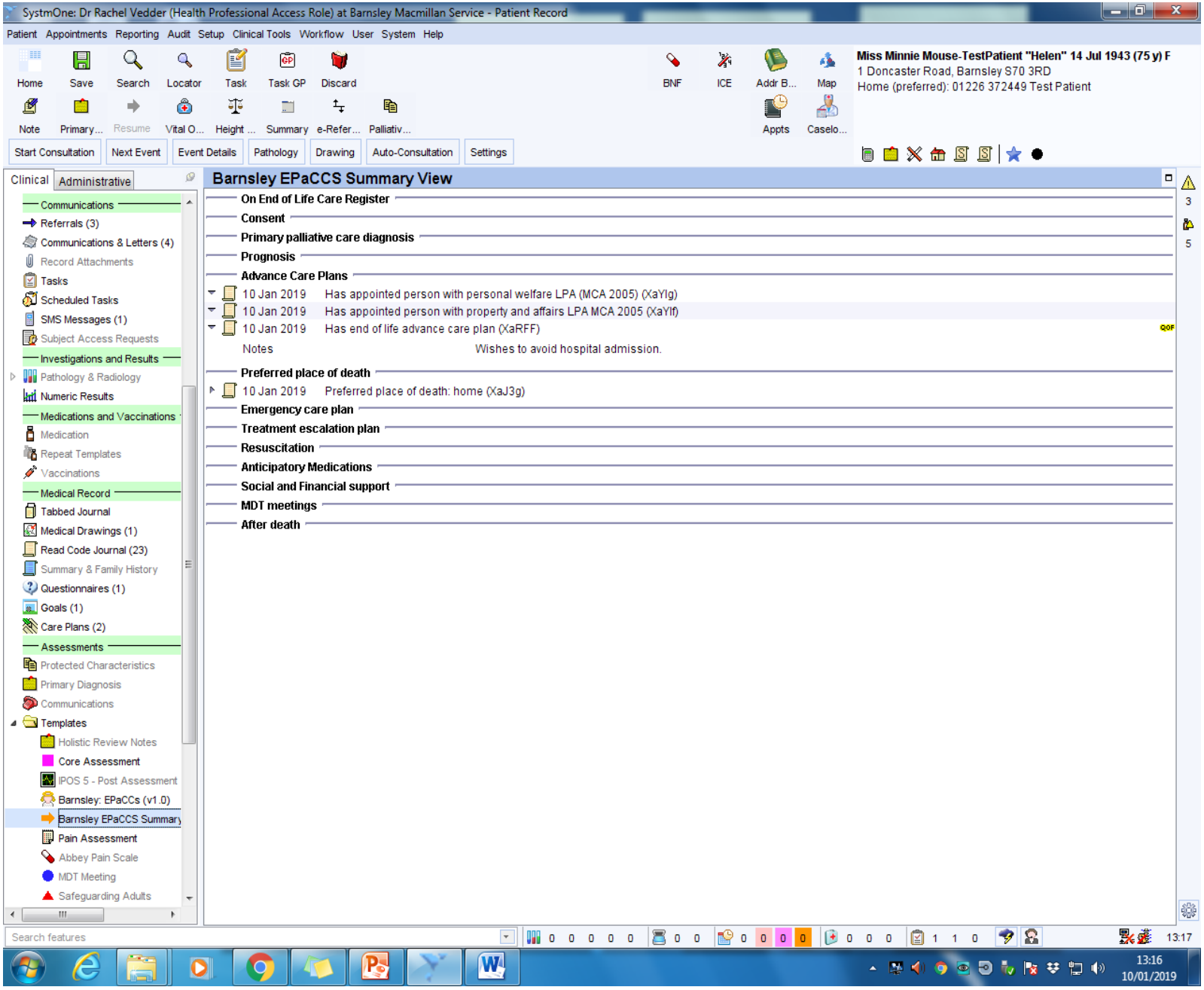
Case 2

- Minnie M - 75 yr old woman
- Lives with sister – 70yrs, OA, bilateral knee replacements
- HF, renal impairment
- AKPS 40%/PS 3, NYHA 4
- On maximal tolerable therapy for HF
- Leaky oedematous legs
- Gradual onset of intermittent confusion

- Wishes to die at home and avoid hospital admissions
- Sister has LPA for healthcare decision-making and finances

Case 2

- Sister explains that
  - Minnie has expressed strong wish never to go to hospital again, and to die in her own home
  - sister can't cope with current care demand but wants to support her wishes
  - Minnie needs help with personal care, continence issues, leaking legs getting worse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Note Primary... Resume Vital O... Height ... Summary e-Refer... Palliativ...
Appts Caselo...
Start Consultation Next Event Event Details Pathology Drawing Auto-Consultation Settings
Miss Minnie Mouse-TestPatient "Helen" 14 Jul 1943 (75 y) F
1 Doncaster Road, Barnsley S70 3RD
Home (preferred): 01226 372449 Test Patient
Clinical Administrative
Communications
Referrals (3)
Communications & Letters (4)
Record Attachments
Tasks
Scheduled Tasks
SMS Messages (1)
Subject Access Requests
Investigations and Results
Pathology & Radiology
Numeric Results
Medications and Vaccinations
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Consent
Primary palliative care diagnosis
Prognosis
Advance Care Plans
10 Jan 2019 Has appointed person with personal welfare LPA (MCA 2005) (XaYIg)
10 Jan 2019 Has appointed person with property and affairs LPA MCA 2005 (XaYIf)
10 Jan 2019 Has end of life advance care plan (XaRFF)
QOF
Notes Wishes to avoid hospital admission.
Preferred place of death
10 Jan 2019 Preferred place of death: home (XaJ3g)
Emergency care plan
Treatment escalation plan
Resuscitation
Anticipatory Medications
Social and Financial support
MDT meetings
After death
3
5
Search features
13:17
13:16
10/01/2019

- http://www.spict.org.uk/the-spict/

- What actions?
  - Assessment of mental capacity
  - D/w patient, or Best Interest decision-making with LPA input
  - Consider causes of confusion
  - Check pules, bp, sats, urine dip/MSU, chest exam
  - review oral medication and rationalise if possible

- What other support is needed?
  - D/N
  - Social care + OT/physio if equipment needed
  - ?fast-track

- What goes onto EPaCCs?
  - DNACPR decision
  - Not for transfer to hospital – treatment of potentially reversible causes of decline eg infection, appropriate within the limits of treatment deliverable at home.
  - Checking of renal function at home as appropriate to inform prescribing
  - If subcut diuretics indicated for symptom management at end of life d/w HF CNS and/or SPC team

Case 2

- Treated for UTI, diuretics adjusted, renal function monitored.
- Emergency package of care at home.
- D/N support.

- Minnie then makes some recovery not quite back to baseline.
- Medical emergency care planning on this occasion will be useful for subsequent similar deterioration.

Case 3

- John S - 64yr old man
- Early onset dementia – Pick's disease (fronto-temporal dementia)

- Has lost verbal ability and executive function, is still mobile, but unsteady on feet, needs assistance with all cares, limited ability to follow instructions, no mental capacity for healthcare decision-making.

- Lives in a care home, daughter and family live locally and visit twice a week

- Agitated at times, spending more time sleeping (>50%)

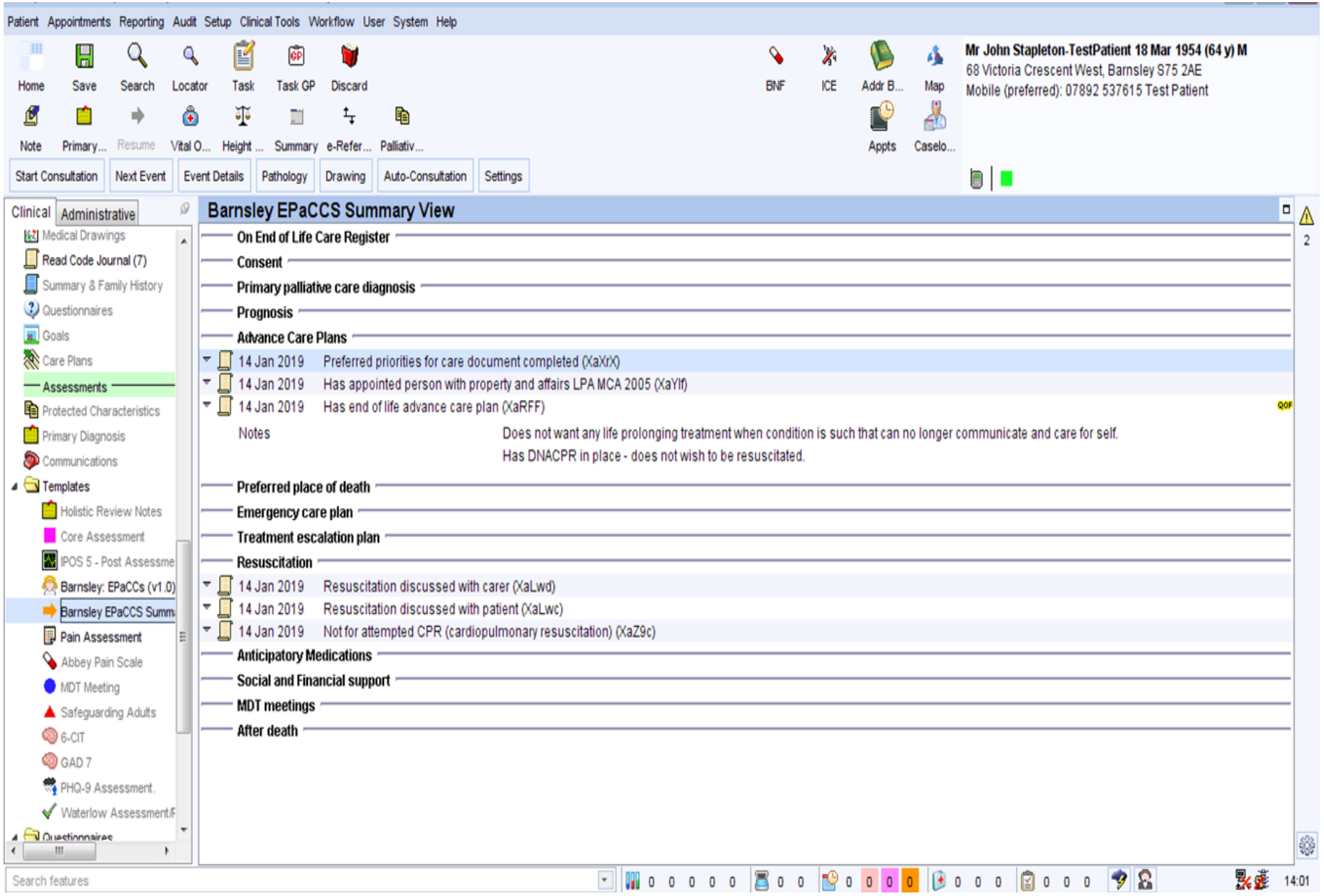
- Oral intake is starting to decline, reduced interest in diet, pockets food, chews ++ without swallowing, sometimes coughing after drinks or meals, losing weight.

- Previous SALT assessment recommended fork mashable diet and usual fluids.

- Preferred Priorities of Care document (from 2016) states patient doesn't want any life prolonging treatment when has become unable to care for himself or communicate.

- Care home staff are concerned about his swallow, nutrition and hydration and how he will decline towards his death.

- They have had a difficult conversation with daughter about feeding him orally and whether artificial diet or fluids have been considered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Appts Caselo...
Mr John Stapleton-TestPatient 18 Mar 1954 (64 y) M
68 Victoria Crescent West, Barnsley S75 2AE
Mobile (preferred): 07892 537615 Test Patient
Start Consultation Next Event Event Details Pathology Drawing Auto-Consultation Settings
Clinical Administrative
Medical Drawings
Read Code Journal (7)
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14 Jan 2019 Preferred priorities for care document completed (XaXrX)
14 Jan 2019 Has appointed person with property and affairs LPA MCA 2005 (XaYIf)
14 Jan 2019 Has end of life advance care plan (XaRFF)
QOF
Notes
Does not want any life prolonging treatment when condition is such that can no longer communicate and care for self.
Has DNACPR in place - does not wish to be resuscitated.
Preferred place of death
Emergency care plan
Treatment escalation plan
Resuscitation
14 Jan 2019 Resuscitation discussed with carer (XaLwd)
14 Jan 2019 Resuscitation discussed with patient (XaLwc)
14 Jan 2019 Not for attempted CPR (cardiopulmonary resuscitation) (XaZ9c)
Anticipatory Medications
Social and Financial support
MDT meetings
After death
2
Search features
14:01

- How do you approach these concerns?
  - Needs best interest decision-making meeting
  - Involve family and care home staff
  - Specialist palliative care input may be useful
  - Request repeat SALT review

- What specific issues can be covered in discussions and recorded on the EPaCCs summary?
  - Approach to vulnerable swallow and aspiration risk
  - Reduced oral intake and weight loss is part of end stage of dementia
  - Evidence does not support use of enteral feeding in end stage dementia
  - Talk through options at end of life regarding fluid supplements (subcut) if dehydration is causing symptoms
  - Discuss approach to managing infection – treatment with oral antibiotics may be appropriate to prevent distress and treat symptoms
  - Explain measures to treat symptoms in last weeks and days of life
  - DNACPR