Clinical Excellence Queensland

No

Decision-making and End-of-Life-care in Emergency (DandELinE) Pathway

Non ieMR sites

Deterioration in patient's condition indicates the patient could be dying

Consider the reversibility of this condition

Treat condition as required MO - Discuss and record future management options and ARP with patient / SDM

Yes

Will providing active treatment or life sustaining measures:

- Align with the Substitute Decision Maker (SDM) or patient wishes?
- Lead to a meaningful outcome for this patient?
- Be consistent with 'good medical practice'?

Seek consensus opinion and discuss with senior medical officer

- 1. Discuss options and overall treatment plan with patient / SDM
- 2. Consensus agreement that the person is likely to be dying
- 3. Clinical decision to provide palliative approach to care
- 4. Document in health record
- 5. If required contact social worker <Ph No. X> or ATSI HLO <Ph No. X>

Under the law patient with capacity may refuse life-sustaining treatment, even if this results in their death or would cause it to happen sooner.

Commence the Care Plan for the Dying Person

- Minim 2 hourly symptom assessment and comfort observation
- Follow the Care Plan for the Dying Person Ongoing Assessment form

Treating Medical Officer

- Complete / review ARP
- Contact Consult Palliative Care team as needed
- Review Medications
 - Stop those not required for comfort (including IV fluids)
 - Aim for subcutaneous administration route
 - o Chart end-of-life PRN meds

Dignity and comfort are the priority

No

Does the patient prefer to die at home?

Is the patient imminently dying?

Yes

Discharge

Contact:

- Pall Care <Ph No. X> or switch A/H re: - Advice re meds (Reg/Consultant A/H) - Arrange community follow-up (Nurse)
- Pharmacy <Ph No. X> in hrs., consider - 'Scripts for subcut infusion & PRNs - EDDMAR or IMAR (if Nursing Home patient) -Subcut Medication Infusion Device Chart for Nursing Home patient
- GP for follow-up / notification
- Provide required pain / symptom relief
- Provide Information Pack inc. copy of the ARP and "Not for CPR" letter

Admit

- Contact PACH <Ph No. X> to confirm / arrange fast track admission to relevant ward/facility
- Refer for admission under appropriate specialist
- Complete IMP and R/V end-of-life PRN meds
- Subcut Medication Infusion Device Chart for inpatient
- Cont. Care Plan for the Dying Person and Ongoing Ax form

Immediate transfer to single room - SSU Rm 15

- Continue as per Care Plan for the Dying Person and Ongoing Ax form
- Provide adequate pain and symptom relief – consider subcut infusion
- Transit Unit <Ph No. X> as an alternative if required / appropriate
- Complete Deceased Body Checklist as per local procedure - Deceased patient care and management: adult and paediatric patients

Transit unit may be appropriate

Transport – <*Ph No. X>* may be available for <*X>* transfers or <*X>* to <*X>*Utilise the Surefuser™+ for transfers to other facilities

Ensure bereavement support for the family / carer Support / debrief with staff as necessary Resources available in DandELinE trolley

Complete required documentation for deceased patients - see DandELinE trolley

