Managing the last few hours or days of life

The principles outlined are not diagnosis specific; they can be used for any person who is considered to be in the last few hours or days of life.

Assessment

Recognising that a person is coming to the end of their life can be difficult. The clearest signs of approaching death are picked up by day-to-day assessment of deterioration. In the absence of reversible causes of deterioration in people with advanced life-limiting disease the following signs and symptoms are indicative of death approaching:

- Increased weakness and loss of mobility
- Confusion
- Increasing drowsiness
- Decreased ability to take orally

Goals for the last few days of life

- To use an approach in line with national guidance outlining five priorities of care for dying people
  - Recognising the dying phase
  - Communicating clearly and sensitively with the dying person and those important to them
  - Involving the person in decisions about treatment and care to the extent that the dying person wants
  - Supporting the needs of the family
  - Developing an individual plan of care for the person
- To ensure the person's comfort physically, emotionally and spiritually
- To ensure the person dies peacefully and with dignity
- By care and support given to the dying patient and their carers, make the memory of the dying process as positive as possible

Common symptoms in the last few days of life and suggested medications, usually administered via a syringe pump

Nausea and vomiting	Regular anti-emetics
Pain	Opioids, adjuvant analgesics e.g. hyoscine butylbromide (Buscopan) for colic, midazolam for muscle spasm, NSAID (PR/syringe pump) for bone pain
Respiratory secretions	Hyoscine butylbromide (Buscopan) or glycopyrronium (both non-sedating) or hyoscine hydrobromide (sedating)
Agitated delirium and Restlessness	Think of potentially reversible causes for distress: consider urinary retention, constipation, hypercalcaemia, infection, fear. Use benzodiazepines e.g. midazolam or rectal diazepam and/or sedative antipsychotics e.g. haloperidol or levomepromazine.
Breathlessness	Consider opioids and/or benzodiazepines.

General tips for prescribing

- The subcutaneous route is preferable in palliative care patients rather than intramuscular. Although some of the drugs listed are not licensed to be given subcutaneously, they are all commonly used by this route in palliative care
- The rectal route can be useful for some patients
- Transdermal opioid patches should not be started in the last few days of life since it takes too long to titrate against a patient's pain. If the patient is already established on a patch it may be appropriate to continue with it and add in additional medications via the syringe pump.
- If symptoms are not controlled on usual dose range, please seek advice from your local Specialist Palliative Care Team
- For patients dying with renal failure, alternative medication regimes may be required. Guidance is available on the palliative care chapter of the local joint formulary website, the Rowcroft hospice website and/or seek specialist advice.
- Substance misuse patients, particularly those on maintenance treatment, require a co-ordinated prescribing approach. Please seek advice from your local Specialist Palliative Care Team.

Guidance is available on the palliative care chapter of the local joint electronic formulary and on the Rowcroft hospice website.

For more detailed guidance refer to Torbay and South Devon Care of the Dying Resources (includes information about symptom control, use of syringe pumps and patient information): ***https://www.rowcrofthospice.org.uk/how-we-can-help/referrals-access-services/clinical-resources/***

Checklist

- **Review current medication** and discontinue non-essentials, focusing on comfort care
- **Prescribe prn subcutaneous medications**
  - This will be Just in Case Bag (JICB) medication if the patient does not yet currently need a syringe pump but is at risk of breakthrough symptoms requiring a subcutaneous injection.
  - If the patient needs or already has a syringe pump, as needed (prn) subcutaneous injectable medication must be prescribed on the syringe pump prescription form. Prescribing JICB medication is therefore not necessary
- **Assess the need for a syringe pump** to deliver necessary medication; a syringe pump should be started when clinically indicated and should not be delayed because JICB medications are already available.
  - There is no requirement to use JICB medication prior to setting up a syringe pump.
    - Ideally there should be no more than a 4 hour delay between the request for starting a syringe pump and it being set up for the patient
  - It is not good practice to prescribe a syringe pump in advance of when it is needed
- **Establish the patient's wishes**: does the patient have an Advance Care Plan? Where is their preferred place of care?
- **eTEP form;** ensure this is completed and up to date
- Consider **additional support** the patient and family might need e.g. Hospice at Home, chaplaincy, carers
- **Explain** your decision making and plan to the patient (if appropriate) and family or carers. Keep them informed
- **Review** the patient regularly
- **Document** your decisions, plan and discussions

FOR FURTHER INFORMATION

24 hour advice line (Rowcroft Hospice) tel no: **01803 210800** Calls go through to the hospice. The senior nurse will be able to answer queries or ask the doctor on call to ring you back.

Rowcroft Community Specialist Palliative Care Team
Mon – Fri 9-5 tel no: 01803 210811
Sat – Sun, bank holidays 9-1 (tel advice) tel no: 01803 210812

Hospice at Home
Service available to support patients at home or in care homes for the last week or two of life, 7 days a week, tel no: 01803 217620

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