

MORE than the LAST BREATH

The SPECTRUM of PALLIATIVE CARE

LIVING with LIFE LIMITING CONDITION (INCLUDING ADVANCED FRAILTY +/- DEMENTIA)



CHECK we KNOW...

What MATTERS to ME...

Start ANTICIPATORY CARE PLANNING with **RESPECT** or similar tool

Are PRESCRIBED DRUGS still needed? STOP unnecessary or harmful medication.

Is patient and family aware FOCUS is on GOOD PALLIATIVE CARE?

Consider RESUSCITATION STATUS

PERIOD of DECLINE and INDICATORS of DECLINE*

Can be HOURS, DAYS, MONTHS or YEARS

DECREASING

- Activity
- Mobility
- Function



INCREASING need for carer support

Choice of no further active treatment

Low mood

increasing confusion or delirium

incontinence

stage 3/4 pressure sores

recurrent infections

ADVERSE EVENT? eg. fall or hospital admission

INCREASING SYMPTOMS or COMPLICATIONS of underlying illness

DECREASING ORAL INTAKE and WEIGHT LOSS

MEDICAL/NURSING REVIEW to look for reversible causes of decline

REVIEW ACP with patient and family

Request JUST in CASE medication

LIASE with GP/DN

MEDICINES BETTER CRUSHED? (where allowed) or other form

Resuscitation form DISCUSSED and COMPLETE

LAST DAYS or HOURS

Unnecessary meds. stopped?

JIC meds. in place?

Family supported and updated?

GP/DN courtesy call

In place?

wishes accounted for?

Recognise possible SIGNS of ACTIVE DYING

- L**ETHARGY - weak, bed-bound, increasingly sleepy
- A**LTERED MENTAL STATE - confused, restless, agitated
- S**KIN CHANGES - pale, blue, mottled, cold hands or feet
- T**ABLETS and oral intake diminished or stopped
- B**REATHING CHANGES - rattly, rapid, intermittent

* Gold standards Framework 2011



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