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

For ieMR sites

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

Consider the reversibility of this condition

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'?

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

No → 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 A&TSI 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.

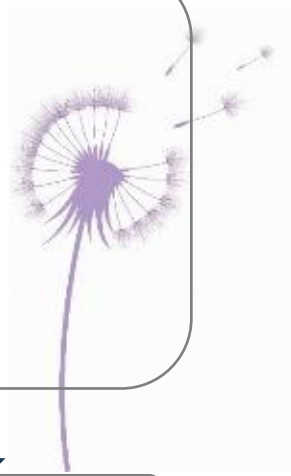
Commence the Care Plan for the Dying Person

- Min 2hrly 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
  - Chart end-of-life PRN meds

Dignity and comfort are the priority



Does the patient prefer to die at home?

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

No → Is the patient imminently dying?

No →

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

Yes →

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