END OF LIFE CARE

MODULE: CORE MEDICINE: CARE OF THE ELDERLY / END OF LIFE CARE

TARGET: FY1/2 & CT 1/2; STAFF NURSES

BACKGROUND:

Approximately 500,000 people die in England each year. People with advanced life threatening illnesses and their families should expect good end of life care, whatever the cause of their condition. In addition to physical symptoms such as pain, breathlessness, nausea and increasing fatigue, people who are approaching the end of life may also experience anxiety, depression, social and spiritual difficulties. The proper management of these issues requires effective and collaborative, multidisciplinary working within and between generalist and specialist teams, whether the person is at home, in hospital or elsewhere. Information about people approaching the end of life, and about their needs and preferences, is not always captured or shared effectively between different services involved in their care, including out of hours and ambulance services.

Families, including children, close friends and informal carers, also experience a range of problems at this time. They play a crucial role and have needs of their own before, during and after the person's death: these too must be addressed. Many people receive high-quality care in hospitals, hospices, care homes and in their own homes but a considerable number do not. Up to 74% of people say they would prefer to die at home[1], but currently 58% of people die in hospital[2] There is considerable geographical variation. On average, people have 3.5 admissions to hospital in their last year of life, spending almost 30 days in bed in hospital[3].

[1] National Audit Office (2008) End of Life Care.

[2] National End of Life Intelligence Network (2010) Variations in place of death in England.

[3] National Institute for Health and Clinical Excellence (2011) End of life care quality standard: rationale for developing this quality standard.

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RELEVANT AREAS OF THE CMT CURRICULUM

Core Medicine J.20 Palliative Care	
Knowledge	Recognise that the terminally ill often present with problems with multi-factorial causes
	Recognise associated psychological and social problems
	Recognise the dying phase of terminal illness
	Manage symptoms in dying patients appropriately
	Practice safe use of syringe drivers
	Recognise importance of hospital and community Palliative Care teams
	Pharmacology of major drug classes in palliative care: anti-emetics, opioids, NSAIDS, agents for neuropathic pain, bisphosphonates, laxatives, anxiolytics
Skills	Break bad news appropriately
Behaviours	Recognise importance of sensitively breaking bad news to family members
Geriatric competences	
	Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately, and sensitively ensuring patients interests are paramount
	Rationalise individual drug regimens

INFORMATION FOR FACULTY

LEARNING OBJECTIVES

Recognise the dying phase of terminal illness

Manage symptoms in dying patients appropriately

Managing end of life care conversations with patient and relatives

SCENE SETTING

Location: A&E Resus

Expected duration of scenario: 20 mins Expected duration of debriefing: 40 mins

EQUIPMENT AND CONSUMABLES

Mannequin
Syringe pump
Liverpool Care Pathway document
DNACPR forms
50ml syringe
Drug Chart
Clinic letter from Oncology

PERSONNEL-IN-SCENARIO

FY1/2
CT1/2
Staff Nurse
Daughter/Son (faculty/actor)

PARTICIPANT BRIEFING

John Smith, 72-year-old man, with advance metastatic prostate cancer, who has been found at home by his carer, unconscious. She rang the out of hours GP, who advised her to ring an ambulance. He has been brought to A&E Resus, and needs to be clerked.

FACULTY BRIEFING

'VOICE OF THE MANIKIN' BRIEFING

You are John Smith; you have advanced metastatic prostate cancer, with bone and brain metastases. You are semi-conscious. You do not respond to voice, but respond to pain with moaning and groaning. You also occasionally moan and groan, and show signs of distress and agitation. You do not regain consciousness during the scenario.

IN-SCENARIO PERSONNEL BRIEFING

Daughter/Son –

You arrive at the scenario after 5 minutes, as the carer has called you in. You live locally, and see your father every other day. You are upset and angry, as you know your father did not want to be admitted to hospital if his condition were to get worse. He has made his wishes known, that if he were to become more unwell, then he would like to be looked after at home. His usual GP has all this information, and you are annoyed that the out of hours GP sent him in without coming to see him. You feel that your father is in a lot of pain, and you would like him to be made more comfortable. You have a clinic letter in your bag, from the oncologist at the last clinic visit, and a drug list (you say – I always worry that something like this may happen, so I always carry a list around with me).

Difficulty level:

Low difficulty: You are accepting of end of life care, and are willing to take your father home yourself, and look after him (the carers will support you)

Normal difficulty:
You recognise that end of life care is necessary; however find it difficult to accept. You want to respect your dad's wishes, but cannot provide the support yourself – you ask for him to be transferred to a hospice. You have also read about the negative press regarding the Liverpool Care Pathway, and wish to discuss this further.

High difficulty:
You are extremely angry that your father has been brought to hospital. You hate hospitals. You have read all the negative press about the Liverpool Care Pathway, and don't trust anything the doctors are saying. Now your father is in hospital you want everything possible done for him, including admission to ICU, and do not accept a DNACPR. You feel that he is in significant pain, and keep pushing for more pain relief to be given. You are deeply religious, and demand that the chaplain is called in immediately to see your father.

Palliative care team (phone) Answer phone message – please leave a message with the patient details, and we will get back to you.

Medical SpR (phone)

You are busy, and cannot come to see the patient for the next 15 minutes, but advise that a syringe driver should be written up, bloods/venous blood gas should be taken to check for hypercalcaemia, and a DNACPR form should be completed. (If participant says that they cannot sign the form, respond

that you will countersign it with them when you arrive, but for them to complete it in the first instance)

ADDITIONAL INFORMATION

Clinic letter

Drug history

NKDA
Oxycontin 30mg BD
Diclofenac 75mg BD
Paracetamol 1g QDS
Laxido ii BD
Senna ii ON
Salbutamol inh ii PRN
Simvastatin 40mg ON
Ramipril 5mg OD
Citalopram 20mg OD

CONDUCT OF SCENARIO

INITIAL SETTINGS

Initial Settings, monitoring not attached
A: Patent
B: RR 26, Sats 95% RA
C: BP 91/62 HR 95
D: GCS V4 E1 M1 (6/15) PERLA, BM 6.2
E: In hospital gown

EXPECTED ACTIONS
Attach monitoring
Take bloods
Start IV fluids
Assess patient
Attempt history

Daughter arrives

Daughter arrives in scenario after 5 minutes
She is distressed

EXPECTED ACTIONS
Explain situation to daughter
Gather background information from daughter inc. drug history
Elicit patient's wishes
Attempt to check out of hours GP database

Results/Other information:

VBG results –

pH 7.32
pO2 9.44
pCO2 4.2

cCa2+ (ionised) 1.7

Bloods in lab - pending

Increasing pain & agitation

A: Patent
B: RR 26, Sats 95% RA
C: BP 91/62 HR 95
D: GCS V4 E1 M1 (6/15) PERLA, BM 6.2
E: Increased moaning and groaning

EXPECTED ACTIONS AND CONSEQUENCES

- Phone for advice
- Recognise terminal phase of illness
- Start medication for symptom control - e.g convert oxycontin to oxycodone 30mg in driver, with haloperidol 1.5mg for nausea, midazolam 5mg for agitation; and PRN pre-emptive medications e.g oxynorm, hyoscine butylbromide, additional midazolam & levomepromazine
- Stop unnecessary medications
- Communicate to daughter
- Consider DNACPR
- Prepare LCP documentation

LOW DIFFICULTY

- Daughter is helpful & understanding
- Agrees to starting LCP
- Keen to take father home, and will move in to spare bedroom to look after him

NORMAL DIFFICULTY

- Daughter is upset, however will agree to starting LCP after significant explaination

HIGH DIFFICULTY

- Daughter is verbally aggressive
- She wants her father to be for full resuscitation (inc. ICU)
- Patient is very agitated

RESOLUTION:
LCP initiated
Symptom control initiated
Consideration of appropriate location for end of life care

DEBRIEFING

POINTS FOR FURTHER DISCUSSION

Recognise the dying phase of terminal illness

Manage symptoms in dying patients appropriately

Managing end of life care conversations with patient and relatives

DEBRIEFING RESOURCES

http://www.endoflifecare.nhs.uk/

GERIATRIC MEDICINE > SCENARIO 4

INFORMATION FOR PARTICIPANTS

KEY POINTS

Recognise the dying phase of terminal illness

Manage symptoms in dying patients appropriately

Managing end of life care conversations with patient and relatives

RELEVANCE TO THE CURRICULUM

	Core Medicine J.20 Palliative Care
Knowledge	Recognise that the terminally ill often present with problems with multi-factorial causes
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FURTHER RESOURCES

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PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

PARTICIPANT FEEDBACK

Date of training session:.....

Profession and grade:.....

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	
Secondary Participant (e.g. 'Call for Help' responder)	
Other health care professional (e.g. nurse/ODP)	
Other role (please specify): ..... Observer	

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful					
I understand more about the scenario subject					
I have more confidence to deal with this scenario					
The material covered was relevant to me					

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants? This is especially important if you have ticked anything in the disagree/strongly disagree box.

FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?