

uDNACPR Discussed?

GREEN
Monthly deterioration Or Symptom Control Issues PS > 60%

- Gain consent for & start Future Planning Templates record. Upload relevant info to Summary Care Record, particularly AUA info.
- Consider DS1500, Blue Badge, Lasting Power of Attorney & finances (CAB?).
- Community Nursing Team introduction visit.
- OT &/or Physio referral if current or anticipated needs.
- "Rescue Medications" considered (e.g. antibiotic, steroid, antiemetic, diuretic)
- Leaflets for local Hospice services offered.

uDNACPR completed, if wanted

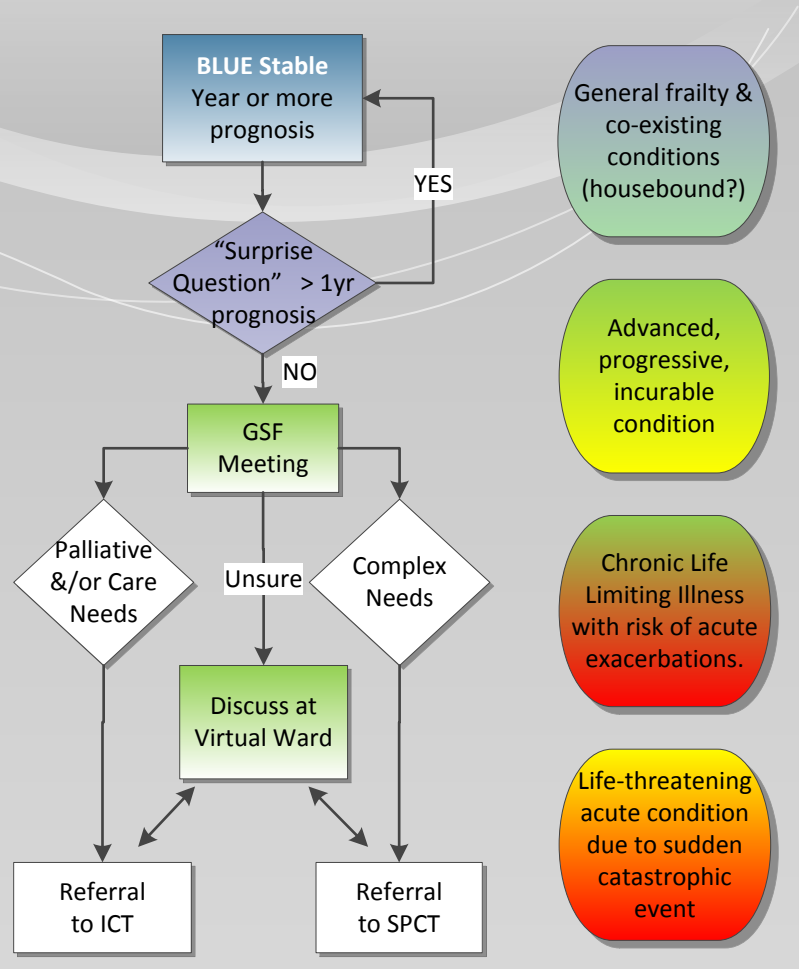
YELLOW
Weekly change Or Potential Sudden event PS 60 – 30%

- Ensure Future Planning Templates are up to date.
- Discuss Preferred Place of Death. Is this achievable with current care/equip.?
- Offer patient & family opportunity to discuss tissue donation or provide info.
- Clear care plan for each anticipated problem. E.g. Antibiotics for COPD exacerbation – oral, IV or neither? – care in Hospital, Hospice or Home?
- Ensure DS1500 completed or higher rate allowances in place.
- Community Nursing in regular contact. Is CHC funding required – Fastrack?
- GP visit every couple of weeks. Also enables death certificate completion.

uDNACPR Kept with patient, if agreed.

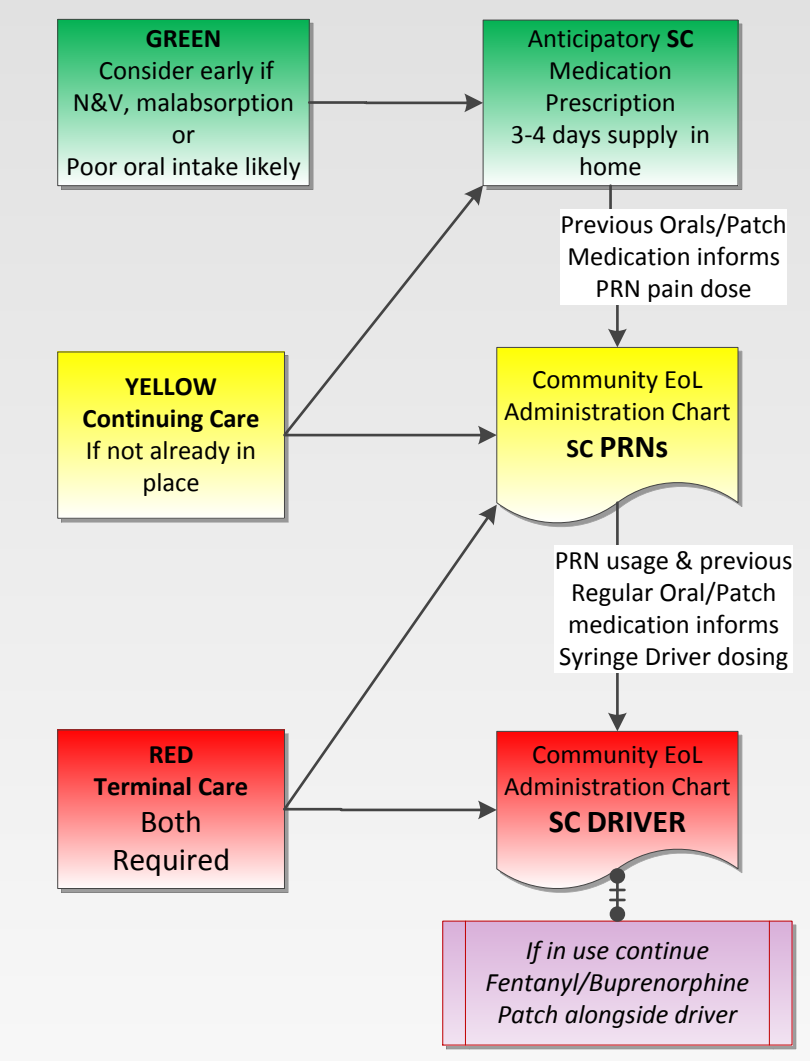
RED Terminal Care
Daily Deterioration PS < 30%

- Future Planning Templates are up to date. Is PPD noted & achievable?
- Has Package of Care sufficient to support needs. Fastrack funding eligible.
- GP visiting at least weekly. Community Nursing, frequent input.
- Syringe Driver box in place.
- Verification of Death Form completed by GP if appropriate.
- Pressure relief equipment in place. Hospital bed & mattress if accepted.
- Consider referral to local Hospice at Home Team.



Consider Advance Care Planning Conversations whenever opportunities arise.

If in doubt, refer to the The Palliative Care Handbook 8th Edition – Green Book. Or seek Specialist Palliative Care Advice 24/7.



Anticipatory Subcutaneous Medications

First Line PRN Medication

Haloperidol Inj. 5mg/ml (1ml Amps) 0.5-1.5mg PRN
For Nausea & Vomiting. *Also good for delirium, opioid hallucinations & nightmares.* Maximum by all routes 5mg / 24hrs.
There is an increased risk of delirium & other central SE's if any intracranial pathology is present. In these cases seek SPC telephone advice or consider Levomepromazine first line.

Hyoscine butylbromide Inj. 20mg/ml (1ml Amps) 20mg PRN
For Bronchial Secretions. *Also colicky pains.* Maximum by all routes 120mg / 24hrs.

Midazolam Inj. 10mg/2ml (2ml Amps) PRN
Maximum dosing depends upon previous BDZ use, frailty and other co-morbidities. 1.25mg PRN may be a safe starter dose.
For anxiety. *Also breathlessness with anxiety.*
In severe renal failure (eGFR <10ml/min) half-life may increase 10-20 fold. In these cases only use PRN.

Morphine Sulphate Inj. Ampule Strength, PRN
Maximum dosing will depend upon previous opioid use & renal function.
For pain and breathlessness.
In renal failure (eGFR <30ml/min) side effects may increase. Provide Alfentanil as anticipatory opioid for syringe driver use. Total daily oral Morphine 30mg = Alfentanil SC 1mg. (30:1)

WATER for Injections (10ml amps) is required in all cases.

Response to PRNs and frequency of use will be useful in guiding Syringe Driver doses.

Glossary	
"Surprise Question" – Would you be surprised if your patient died in the next year?	AUA – Avoiding Inappropriate Admissions CAB – Citizens Advice Bureaux
PS – Modified Karnofsky Performance Status (%)	
100 – Normal, no complaints; no evidence of disease.	70 – Cares for self; but unable to carry on normal activity or to do active work.
90 – Able to carry on normal activity; minor signs or symptoms of disease.	60 – Able to care for most needs, but requires occasional assistance.
80 – Normal activity with effort; some signs or symptoms of disease.	50 – Considerable assistance and frequent medical care required.
40 – In bed more than 50% of the time.	
30 – Almost completely bedfast. Death not imminent.	
20 – Totally bedfast and requiring extensive nursing care by professionals and/or family.	
10 – Comatose or barely arousable; disease progressing rapidly. EoL care.	