Summary of NICE guidelines and why this has come about

'More care less Pathway'

'One chance to get it right'

'Priorities of Care for the Dying Person'

'NICE Guidance-Care for the Dying Adult in the Last Days of Life' -270 page document + 360 page appendices. 26 page summary

- Based on priorities of care principles
- Concentrates on communication/hydration/sedation following concerns around this assoc with LCP
- Not as prescriptive as the draft guidelines hinted at-centered around individualized care

Set out in Themes based on priorities of care

- Recognition of dying
    - look for reversible causes
    - gather persons wishes-aim for best but plan for worst approach
    - review 24 hourly
- Communication
    - Establish the communication needs of the patient/family
    - Consider most appropriate professional to have these discussions
    - Gauge level of communication
- Shared decision making
    - Takes into account the mental capacity act and capacity
    - Relies on the first 2 themes being done well
    - Identify a lead healthcare professional responsible for the patients care
- Maintaining hydration
    - Support the person to drink as able
    - Mouth care offered frequently
    - Assess daily for the need for assisted hydration
    - Discuss the pros and cons of assisted hydration

  This should be achieved no matter what setting the patient is in

  Full document highlights the lack of evidence for or against clinically assisted hydration

  Need to weigh up ?will help with thirst/agitation/confusion or ?will make symptoms worse (secretions/vomiting/raised ICP). Risks of site reaction need to be considered too.

  If clinically assisted fluids are commenced they need to be reviewed every 12 hours- need to agree a trial length.

- Pharmacological interventions
    - Identify and treat reversible causes
    - Consider non drug interventions
    - Communication
    - Base choice of drug on suspected cause of symptom
    - Carefully assess-use of validated assessment tools
    - Monitor response to the drug 4 hourly
    - Not prescriptive-individualized prescribing
    - Lack of good evidence to support one drug over another for each of the symptoms except buscopan vs octreotide in vomiting due to intestinal obstruction and Mx of agitation-agitation related to anxiety-BDZ/ agitation due to delirium- antipsychotics (aiming for less sedation where possible)
- Anticipatory prescribing
    - Need to weigh up pros and cons
        - Cons
            - reversible causes being missed/
            - risks of blanket prescriptions/
            - psychological effects on patient
            - waste of drugs
            - potential for abuse
        - pros
            - prompt symptom relief
            - avoidance of family stress chasing for drugs OOHs
    - Individualized approach
        - What is the person already on
        - Risks of abuse/young children in the house
        - Renal/liver impairment
        - Common symptoms
        - Probability of uncommon symptoms
    - Review as the persons needs change
    - Consider the likelihood of symptoms occurring
    - Consider risks of sudden deterioration
    - Consider risks/harms of having meds in the house

<u>Predictable issues arising from the document</u>

- Lead healthcare professional
    - what happens if not in work
    - risk of deferring urgent decisions until this person next on duty
    - risk of deskilling others

- Engagement of medics
- Logistics of individual prescriptions in anticipation
- Hydration assessment and EOLC
    - difficult to teach about decreased interventions if encouraging it
    - how do we achieve this in the community
    - How do we teach assessment skills?

<u>How can we help each other?</u>

- Share resources-if develop a way of training certain aspects of this-share
- Collection of outcome data/audits-sharing the process if develop a good way of collecting useful data.