

**Our purpose**

Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran



# The Introduction of a multidisciplinary personal care plan in ICU for the last hours and days of life

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**Our values**

Caring Safe Respectful

## Background

- There was no care plan or structure to EOL care within ICU
- We didn't use the Liverpool care pathway
- A distressed awake patient was the trigger to look closely at our practice



# Aims

- To ensure all patients receiving end of life care have a peaceful and dignified death
- To improve family involvement before, during and after death
- Giving choice to patients and family to ensure patient centred care

**Our definition of a peaceful death is : -**

**“Patient comfortable, free from pain and distress”**

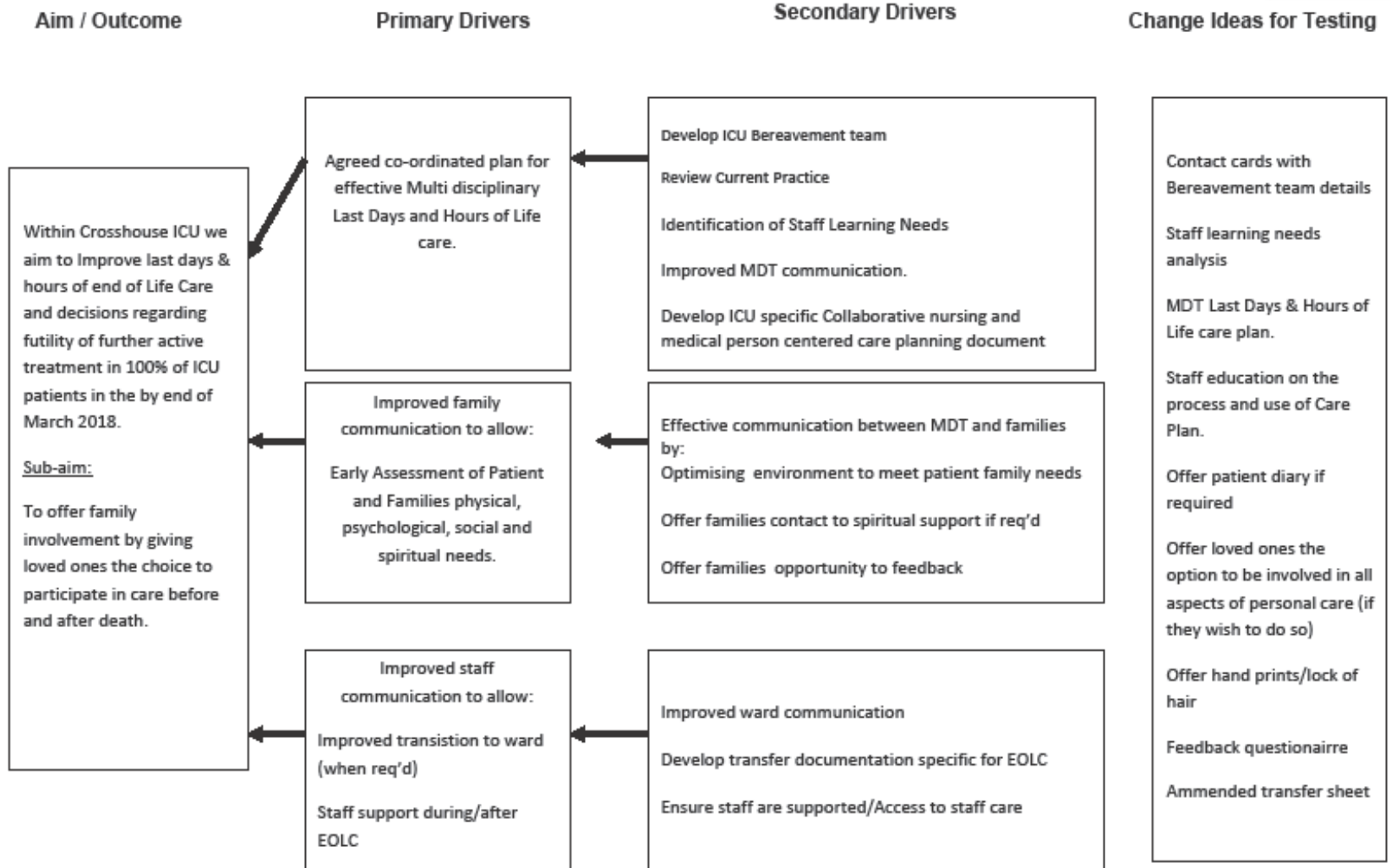
# Methodology

Using Model for Improvement we developed a driver diagram and progressed:

- Phase 1 Staff learning – needs questionnaire/ study day
- Phase 2 Implementation of care plan – PDSA cycles
- Phase 3 Process measure audit
- Phase 4 Family involvement in patient care before and after death (current)



# Driver Diagram for Last Days & Hours of Life Care Care Plan



# Learning Needs Analysis

- Questionnaire to staff “how well do we do end of life care?”
- Researched how other units deliver end of life care
- Attended study days on end of life care





# Phase 1 Medical Care Plan

**Personal Care Plan**  
Last Days and Hours of Life  
Intensive Care Unit  
University Hospital Crosshouse

Patient details

Consultant:	Date	Time	
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Basis for clinical opinion that death is expected in hours or days

Team members in agreement that death is expected in hours or days (names & designation)

Does the person have capacity for decision making in current circumstances? Yes/ No  
Who else should be involved in decision making?

Patient aware of care plan? Yes/No      Family aware of care plan? Yes/ No

Date & Time if care plan discontinued in the event of patient stabilisation or recovery:

Is there an advance care plan or other relevant record of person's wishes? Yes/ No

In respecting the person's wishes should organ/ tissue donation be considered? Yes/ No  
Notes:

This must be considered after the decision that interventional treatment is not of benefit and death is expected.  
For organ donation contact donation referral line: 03000 20 30 40  
For tissue donation contact SNBTS: 07623 513 987 (radiopage)

INTENSIVE CARE

Initial Assessment & Plan

Patient details

What matters most today? Priorities and agreed goals of care

Symptom screening: *Consider reversible causes for each*

Pain        Breathlessness        Anxiety        Delirium   

Secretions        Bowel disturbance        Other   

Symptom details & management plan

**Plan for specific interventions: *Continue only those that contribute to agreed goals of care.***

Bedside monitoring	Y / N	Oxygen	Y / N
Visitor Mode on monitor	Y / N	High flow oxygen	Y / N
Routine observations	Y / N	Ventilatory support	Y / N
Blood tests (specify if Y)	Y / N	Vasopressors/ inotropes	Y / N
Blood sugar monitoring	Y / N	IV or subcutaneous fluids	Y / N
Antibiotics	Y / N	ICD requiring deactivation	Y / N
Nasogastric feeding	Y / N	Sedation	Y / N
Mechanical ventilation	Y / N	Insert subcutaneous line	Y / N

Endotracheal tube	Remove / Retain	Nasogastric Tube	Remove / Retain
Arterial Line	Remove / Retain	Central Line	Remove / Retain

Notes:

INTENSIVE CARE

# Nursing Care Plan

## Nurse assessment & plan

Print Name .....  
 Signature .....  
 Date. ....

Patient details

Has medical care plan been completed?  
*If not, please discuss with team*

Yes/ No

## Family Support and Communication

Name of NOK .....

Telephone number.....

Patient/ Family aware of diagnosis and care plan Yes/ No

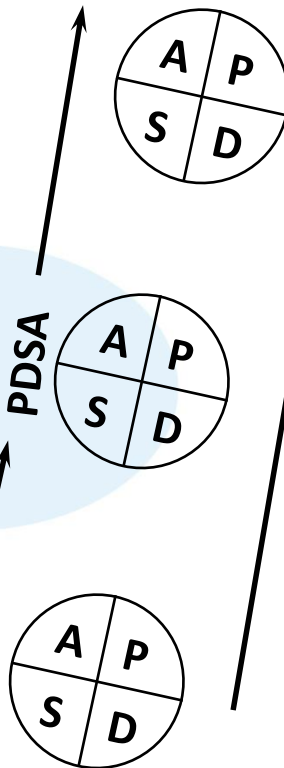
- o Make sure family are comfortable and have access to a quiet area for rest
- o Make family aware of ICU / hospital facilities
- o Ask family if they wish to be involved in any aspect of personal care
- o Consider patient's own personal nightwear
- o Offer help if needed for family to be close to loved one, e.g. resting in bed
- o Address patient / family religious and spiritual needs
- o Are there any special requests for today? (e.g. music, visitors)
- o If appropriate, ask preferred place of death
- o Create a calm and peaceful environment: side room if available; consider lighting / noise levels / personal music
- o Clear bed space of unnecessary equipment
- o Offer signposting to additional support services

When time appropriate

- o Ask if they would like hand prints or locks of hair
- o Ask family if they wish to be involved in care after death

INTENSIVE CARE

PDSA



Patient details

## Summary of patient/ family needs

What matters most today?

Name/ Signature:



# Keepsakes





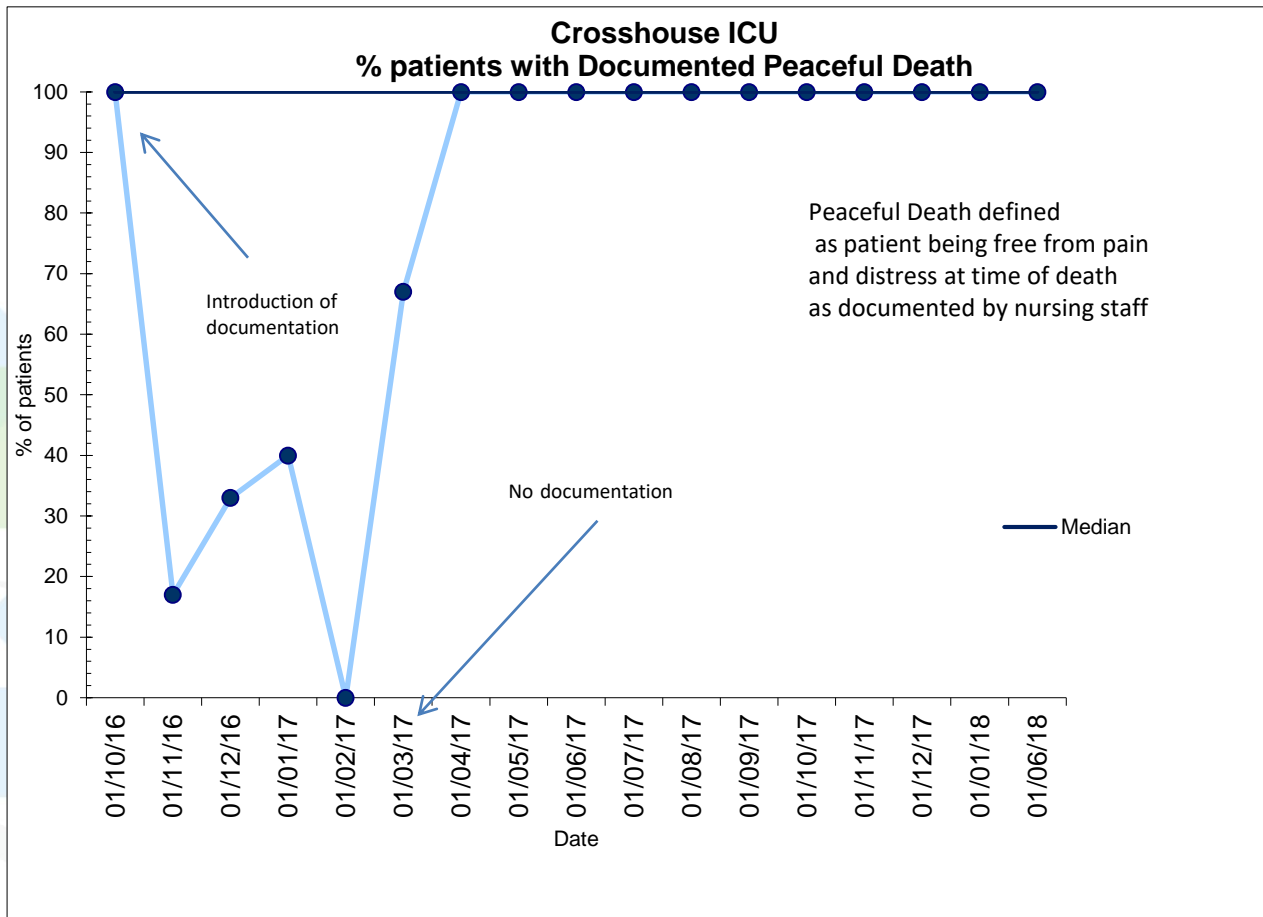
# Care after death checklist

<b>Care after Death</b>		Patient Details					
<b>Verification of Death*</b>							
Confirm there is no cardiac or respiratory activity:							
Absent central pulse on palpation		Absent heart sounds on auscultation					
No spontaneous return of cardiac or respiratory activity over 5 minutes							
After all of the above confirmed:							
Absent pupillary response to light		Absent corneal reflexes					
Absent motor response to supraorbital pressure							
Supplementary evidence. Use one of these if potential organ donation after cardiac death							
Asystole on ECG		No pulsatile flow on arterial line					
		No heart contraction on echo					
Date of death		Time of death**					
Place of death		Time of verification					
Name, Grade, GMC no. of verifying doctor		Signature					
**The time recorded should be as close an approximation as possible to the actual time of death.							
*OR Death verified by neurological criteria (see separate forms) Date _____ Time _____							
PF involvement Y <input type="checkbox"/> N <input type="checkbox"/> (detail below)		PF information provided to family? Y <input type="checkbox"/> N <input type="checkbox"/>					
Post mortem Y <input type="checkbox"/> N <input type="checkbox"/> (detail below)		PM information provided to family? Y <input type="checkbox"/> N <input type="checkbox"/>					
Additional notes (more space overleaf)							
<b>Certification of the Cause of Death</b>							
Cause of death (as recorded on MCCD)		Signature					
<table border="1"> <tr><td><u>la</u></td></tr> <tr><td><u>lb</u></td></tr> <tr><td><u>lc</u></td></tr> <tr><td><u>ll</u></td></tr> </table>		<u>la</u>	<u>lb</u>	<u>lc</u>	<u>ll</u>	Date/ Time	
<u>la</u>							
<u>lb</u>							
<u>lc</u>							
<u>ll</u>							
Certifying doctor							

<b>Care After Death</b>		Patient details			
<b>Multidisciplinary Checklist</b>					
	Yes	N/A	Comments	Date	Initial
<b>Sensitive management of belongings</b>					
Last offices carried out					
Infection control sheet completed (Accompanies body to mortuary)					
Patient's belongings placed in a cream bag and returned to family					
Record jewellery worn by patient in notes and infection control sheet					
Keepsakes offered e.g. handprints					
<b>Communication of Death</b>					
Inform GP (DeNS)					
Referring speciality informed					
MCCD completed					
MCCD given to family					
Family aware of follow up arrangements and contact details					
Outstanding MCCD highlighted in safety brief until collection					
Booklets given to family					
When Someone Has died <input type="checkbox"/>					
ICU Bereavement Leaflet <input type="checkbox"/>					
Other					
Place Death certificate in folder with these booklets					
End of Life Diary completed with confirmed NOK name and address for questionnaire					
Discharge from Ward Watcher					
Discharge letter completed					

INTENSIVE CARE

# Measurement



As a team we acknowledge the difficulties involved in measuring the quality of EOL care provided however focussing on completed documentation allowed us to ensure that appropriate care had been provided.

# Phase two

- Introduction of family feedback
- Leaflet given with death certificate

We are **not** bereavement counselling



# Questionnaire

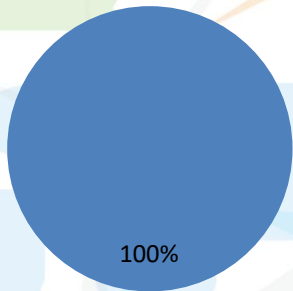
- Adapted from National Voices campaign
- 2 questions -
  1. Communication with patient/ family and the MDT
  2. Care at end of life in ICU
- Space left for any comments
- Sent out 6 weeks after bereavement



# Results from questionnaire

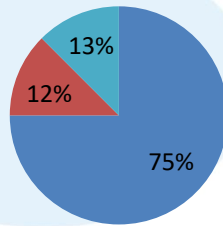
## Kept Informed

- Strongly Agree
- Agree
- Neither agree or Disagree
- Disagree
- Strongly Disagree



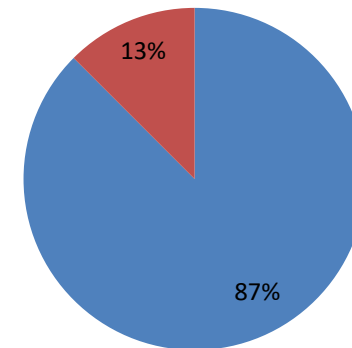
## Have a supportive relationship

- Strongly Agree
- Agree
- Neither agree or Disagree
- Disagree
- Strongly Disagree



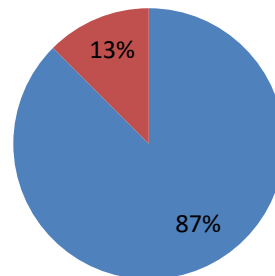
## Treated with Dignity and Respect

- Always
- Most of the time
- Some of the time
- Never
- Don't know



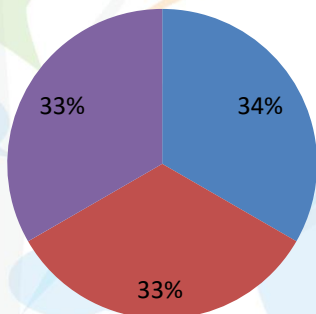
## Enough Time to ask Questions

- Strongly Agree
- Agree
- Neither agree or Disagree
- Disagree
- Strongly Disagree



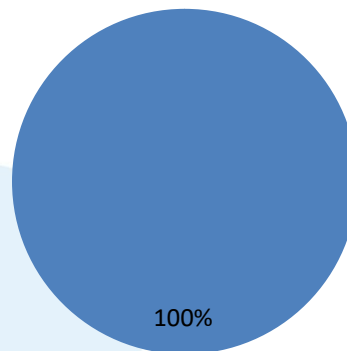
## Were you asked to be involved in care

- I was asked and I wanted to participate
- I was asked but I didn't want to participate
- I was not asked but I would have liked to participate
- I was not asked and would not have wanted to participate
- Not sure



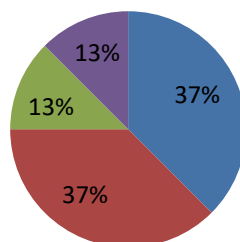
## Were you given enough support

- Yes definitely
- Yes to some extent
- No not at all
- Not sure



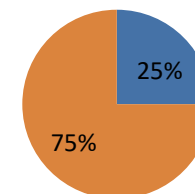
## Bed area had adequate privacy

- Strongly Agree
- Agree
- Neither Agree or Disagree
- Disagree
- Strongly Disagree
- Don't Know



## Were their emotional and spiritual needs met

- Strongly Agree
- Agree
- Neither agree or Disagree
- Disagree
- Strongly Disagree
- Does Not Apply
- Not Sure





Families have said...

So grateful for  
the time care  
and  
compassion  
shown to my  
father

Nurse was truly  
outstanding not  
only caring for my  
mum but the  
whole family

I will not forget  
the inspirational  
care and  
kindness shown  
to him to the  
last

We were very  
grateful and  
reassured by  
the quality of  
care provided

Compassion  
shown was  
outstanding

Some nurses were  
angels, they could not  
do enough to reassure  
his family that he was in  
safe hands  
At times I felt he was an  
imposition

I witnessed  
professional  
nursing care at  
its best

Although he received the  
best possible care due  
consideration should have  
been paid to our  
circumstances, I felt  
rushed into making end of  
life decisions

# Challenges

- Merging document
- Compliance with documentation
- Perception of peaceful death
- Staff initially uncomfortable inviting families to participate
- Not getting used on a daily basis therefore unfamiliar



# Thank you for listening

## Any Questions?



“Those who have the strength and love to sit with a dying patient in the silence that goes beyond words will know that this moment is neither frightening or painful but a peaceful cessation of the functioning of the body”

Elizabeth Kubler Ross