



SCOTTISH AMBULANCE SERVICE
and
Scottish Partnership for Palliative Care

END OF LIFE CARE PLAN

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1. Palliative Care Guideline

Introduction

Palliative care is the total care of patients at a time when their disease is no longer responsive to curative treatment and when life expectancy is relatively limited. Some palliative patients requiring ambulance transport will have a prognosis of weeks or even days but it must be recognised that increasingly there are patients who are living for longer with their incurable and progressive illness but who still have great need for a palliative approach to their care. The needs of such patients include the needs of every patient, but there are added considerations and actions that must be adopted to ensure that the best possible care is given. This Care Plan is intended to provide practical guidance to Ambulance staff involved in caring, arranging transport for, and training staff in the needs of palliative care patients.

Aims

When dealing with people requiring palliative care, an Ambulance Service should aim to:

- work closely with other NHS and non-NHS disciplines
- deliver care that is tailored to each particular patient
- involve patients in their care-planning whenever possible
- consider the needs and requests of the patient's family whenever possible
- ensure that arrangements are sufficiently flexible to ensure delivery to the appropriate location in every case.
- provide patients with pain-relief, maintenance of drug-administration equipment, and positional support.
- ensure that the psychological and spiritual needs of patients are met.
- assist the family to manage illness and death.
- minimise time spent waiting for transport
- provide access to specialist care as appropriate
- minimise time spent in transit
- simplify ordering processes and respond rapidly to requests for transport
- comply with organised care preferences, e.g. chosen location for last days of life, DNAR orders, advance directives, living wills.

Requesting Transport for Patients with Palliative Care Needs

Health Care professionals requesting transport through the Scottish Ambulance Service should ensure that they are in a position to provide as much information as possible. A list of minimum requirements is included in Section 3 of this document. The priority level required should be decided purely on clinical need, and should be as flexible as is reasonably possible. Details of DNAR orders must be communicated, along with advice on where any orders can be viewed, the period they cover, the patient's/family knowledge of the order, and the circumstances to which they relate. The name of a senior clinician responsible for the patient, who can be contacted by the ASO or EMDC for advice during the journey time should be given. For routine transfer, the local Area Service Office (ASO) should be the main point of contact. For emergency care, and patients requiring advanced pre-hospital care, the relevant Emergency Medical Despatch Centre (EMDC) should be contacted.

Managing Transport for Patients with Palliative Care Needs

Ambulance Service staff responsible for despatch – whether ASO or EMDC staff – are also responsible for gaining all required information from clinicians whenever they are informed that the patient has palliative care needs. In such instances, they should always ensure that, if any DNAR orders are in place, operational staff are aware of this and where to obtain a copy. If such an order is verbal, for example over the telephone, the senior clinician taking responsibility for that decision should always be noted and ideally asked to forward a written and signed statement to that effect (e.g. fax/email) to the ASO or EMDC as soon as possible. Further details can be found in Section 3.

Unless such patients are attending routine day-care or outpatient clinics, they should be transported directly to their destination, and with no other patients unless absolutely necessary. Minimum facilities to be provided for such patients would include:

- ability for the patient to lie down if required
- oxygen equipment
- modesty requirements – eg vehicle blinds
- staff trained in first aid, including resuscitation
- staff trained to deliver comfort and supportive measures as appropriate
- equipment and training sufficient to deal with vomiting
- equipment and training sufficient to transport patients with syringe-driver/PCA units.

Transporting and Caring for Patients with Palliative Care Needs

For routine transfer of palliative-care patients, operational staff should, prior to arriving on scene:

- ensure they know if they are instructed to attempt resuscitation in the event of a cardio-pulmonary arrest.
- ensure they know the exact location for collection and delivery of the patient.
- ensure they know an alternative location for delivery should the patient with a DNAR order die en-route.
- ensure they know whether the patient/family is aware of any DNAR order (essential for patients being transported home).

Full procedures for DNAR orders are attached under Section 2. It must be stressed that, if there is any doubt concerning the existence or validity of a DNAR order for a patient who has a cardiopulmonary arrest, resuscitation must be attempted unless the crew are absolutely confident in their clinical judgment that CPR would not be successful. Acute injury, acute illness, pain, vomiting, distress or any other sign/symptom are unaffected by DNAR orders and must be dealt with as they arise.

Patients with palliative care needs have all the rights of any other patients. They must always be treated courteously and professionally, as should their families and carers. In addition, special care should be taken to ensure crews observe the following points:

- Consent guidance, duty of care, human rights and the right of refusal apply to palliative care patients exactly as they apply to all patients (refer to and comply with SAS Consent Policy and JRCALC Consent Guideline).

- Such patients must be treated with respect and dignity and allowed to air their views and needs (refer to and comply with SAS Clinical Care Standard No 1: Generic and Courtesy Care).
- Where possible, always deal directly with the patient in consensus with family and carers and not vice versa.
- These patients should spend the minimum time possible in transport and handover.
- Patient confidentiality guidance must be strictly adhered to (refer to and comply with JRCALC Patient Confidentiality Guideline).
- If a senior clinician (doctor or nurse) with medical responsibility for the patient advises in person or by telephone that resuscitation is not to be attempted, this should be respected. In such cases, sight of a written DNAR order should be requested, but is not necessary if it is clear that this individual is taking clinical responsibility for the decision.

For urgent/emergency transfer of patients with palliative care needs, the general rules outlined above apply. In addition, special care should be taken to ensure:

- Pain relief must be offered as appropriate, and existing medication taken into account.
- The views of relatives and carers should be sought and catered for whenever it is feasible to do so as long as it is clear that the patient's established wishes are given priority.
- A large degree of flexibility must be used to ensure that any relatives/carers who wish to escort the patient can do so. In such circumstances, there is no set limit on the number of escorts as long as the number complies with the safe-seating and legal requirements of the vehicle.
- All care must be fully documented and handed over to receiving clinicians.
- In the absence of a DNAR order, resuscitation should be attempted unless it is absolutely clear that the patient is in the terminal phase of illness and resuscitation will not be effective. In the emergency situation clinical judgement should be used to decide on what, if any, advanced life-support measures to offer, always acting in the best interests of the patient.
- In the case of death of a patient with a DNAR form en-route, the patient should be transported to the destination on the ambulance section of the form, and EMDC contacted. Where resuscitation was not attempted due to reasons given in the previous bullet point, EMDC should be requested to seek guidance from the clinician responsible for the patient. If advice cannot be gained, the patient should be taken to the nearest mortuary and EMDC should be requested to inform the Police – unless alternative local arrangements are in place.

2. DNAR (Do Not Attempt Resuscitation) Guidelines

Introduction

There is a moral and legal consensus about the right of patients to refuse treatment. This becomes more complex when the patient cannot express their views. Similarly, no patient can demand treatment that is likely to be ineffective. In order to simplify these areas in the event of cardiac arrest, strict guidelines exist that must be understood and adhered to by all health professionals.

This guideline is intended to provide practical guidance to Scottish Ambulance Service staff when dealing with patients who are the subject of a DNAR order. It should be read in conjunction with existing guidelines on Consent, Vulnerable Persons, Patient Confidentiality and JRCALC Clinical Guidelines.

It must be remembered that a DNAR decision does not override clinical judgement in the unlikely event of a clearly reversible cause of the patient's respiratory or cardiac arrest that does not match the circumstances envisaged.

Definition

Ambulance staff will be notified that there is a DNAR order on a patient in one of four ways:

1. They will see a completed NHS – DNAR form (see Section 5)
2. They will receive a signed letter from a Doctor / Senior Nurse, handed to them when they pick up the patient
3. They will be informed by telephone by a senior clinician (Doctor or Nurse), with responsibility for the patient, that resuscitation should not be attempted. (This should ideally be followed up with a signed written instruction faxed to the ASO or EMDC.)
4. They will access the Patients record on relevant electronic record (e-prf, ECS) where DNAR orders are noted.

Presumption in favour of CPR where there is no DNAR decision

When no explicit decision has been made about attempted resuscitation before a cardio-pulmonary arrest, or Ambulance Clinicians are uncertain whether a DNAR order is in place, they should assume that no such order exists and use their clinical judgement to provide full clinical care as appropriate. In such emergencies there will rarely be time to make a proper assessment of the patient's condition and the likely outcome of CPR and so attempting CPR will usually be appropriate.

However there will be some patients for whom attempting CPR is clearly inappropriate; for example a patient who is known to be in the final stages of a terminal illness where death is imminent and unavoidable and CPR would not be successful, but for whom no formal DNAR decision has been made. In such circumstances, Ambulance Clinicians who make a considered decision not to commence CPR should be supported by their senior colleagues and employers.

Patient History

Prior to any journey, it is the duty of the carer responsible for the patient to allow SAS staff to see any valid DNAR order that is in place.

Before setting off with a patient who has a DNAR order, the SAS crew should confirm that the following information is provided:

- 1 The form is given to the crew to transport in an open envelope
- 2 Patient details are clear and correct on the form or letter
- 3 The DNAR form has been signed by the responsible senior clinician (doctor or nurse). A junior doctor or registered nurse may also sign the form and indicate that the GP or Consultant has taken responsibility for this decision.
- 4 The form is recently dated or recently reviewed (within past month) to ensure it is still valid.
- 5 The Ambulance Crew Instructions section of the form states who to contact and where to take the patient if they die or appear to be imminently dying in the ambulance. The crew should confirm with staff that these details are still valid.
- 6 The crew are informed whether the patient and family are aware of the DNAR order -
 - If the form is going home with the patient the patient and family ***must be*** aware of the form – do not leave the form in the patients house unless this is certain. Where the patient/family are not aware of the DNAR order the original form should not be taken and a photocopy can be used for the journey if appropriate.
 - Patients being transferred between hospitals or to hospice or care home may have a DNAR form without having had specific discussion about this. In this circumstance it would be inappropriate for the crew to disclose the DNAR information to the patient.
- 7 Although SAS staff should always ask for a DNAR order if it is indicated that resuscitation should not be attempted, it is not necessary that a DNAR order is seen. A verbal confirmation by a senior clinician responsible for the patient (this can include a senior nurse) is sufficient evidence as long as it is clear to all that this clinician is taking responsibility for the decision. This should always be documented by SAS staff on the e-prf or PTS record as appropriate. Where possible the clinician should be requested to follow this up with written confirmation at the earliest opportunity.

Patient Examination

If a patient with a DNAR order is being transported and appears to die, the crew should stop the vehicle, at the first available, safe location, and carry out an examination;

Response – speak to the patient to ascertain response. Pinch the earlobe if no verbal response. If there is a response, commence oxygen therapy.

Airway – if there may be foreign objects involved (eg the patient has been eating or gag-reflex has been weak) open the airway using head-tilt/chin lift or re-positioning. Otherwise, move on to Breathing.

Breathing – Check for breathing using chest movement and audible checks. If the patient is breathing, commence oxygen therapy.

Circulation – check carotid and radial pulses. If there is a pulse, manage the patient as per JRCALC Guidelines for unconscious patients.

If the patient is pulseless, and family are present, actions should be dictated by the emotional state of those present. Usually, a simple statement (“I’m sorry, he/she has died”) should be sufficient. If not, the actions listed below should be taken.

Management

Immediately the crew confirm that the patient has died EMDC should be notified and the contact number on the form should also be informed. If this is a PTS crew, the patient is travelling alone and a destination is stated on the DNAR form, the crew should take the patient to that destination. If the stated destination is the patients home the PTS crew should consider whether they have the equipment to deliver the body to the home and if not they should request EMDC to dispatch an operational crew to do this.

If the patient was travelling with other patients, EMDC should dispatch an operational crew to the scene. The operational crew should remove the body to the facility designated on the DNAR form or, by agreement with the clinician noted on the form, to an appropriate mortuary. If the body is to be taken to a mortuary the EMDC should liaise with the clinician to ensure the mortuary is prepared to accept the body and arrange the death certification. Every effort should be made to remove the other patients from the vehicle to an appropriate place whilst awaiting the operational crew, or at least screening the body away from the view of the other patients. The safety of the remaining patients is paramount.

It should be remembered that the DNAR order only applies to CPR. A living patient with a DNAR order must be cared for with all the consideration given to any other patient. If there is any doubt about a specific element or case, NHS 24 can be contacted through EMDC to give advice.

If Ambulance Clinicians are called to attend an emergency where a patient is clearly dying or has died they do not need to initiate resuscitation if there is a DNAR form in existence and the family of the patient is not requesting attempted resuscitation.

If Ambulance Clinicians are aware that a DNAR order exists but the family in attendance is requesting that resuscitation be attempted, they may use their discretion over what actions to take - but should take the earliest opportunity to explain to the family that CPR would not be/has not been successful and that transfer of the body to an acute hospital is not appropriate. In such circumstances, attempted resuscitation would be a last resort where the ambulance clinicians feel it is the right thing to do for that particular patient and their family.

If a DNAR form is present and the Ambulance Clinician is happy to declare that death has taken place, then provided there are no suspicious circumstances the police do not need to be called to attend. The OOH medical and/or District Nursing Service, however, should be called to attend to support the family and provide guidance about after-death care.

Children have the same rights as adults in these circumstances: a valid DNAR order must be in place and observed unless a senior clinician has instructed that one is in existence. Parents do not have the right to demand that resuscitation does not go ahead unless such directives exist.

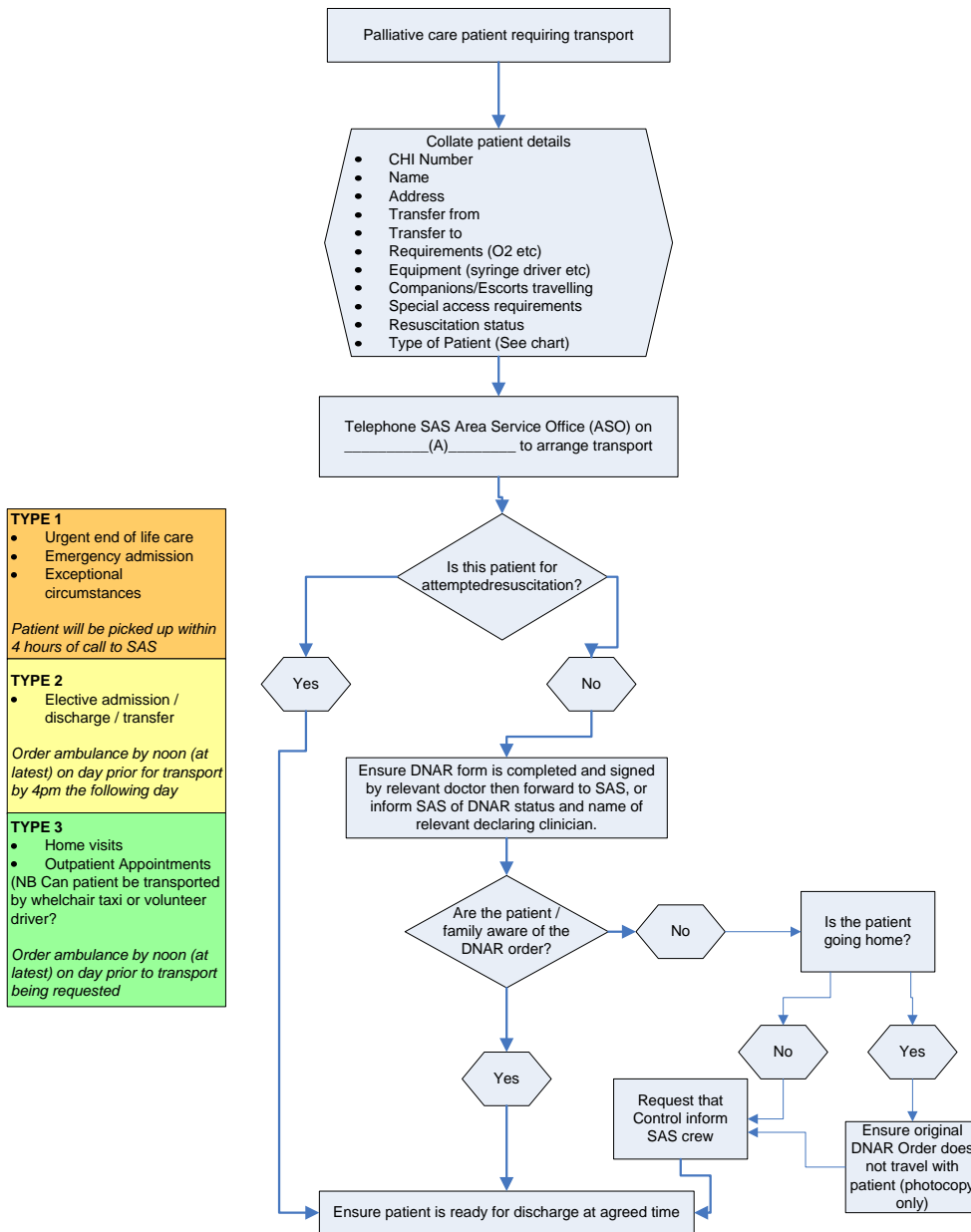
If the patient with a DNAR form is being transported home the form may be left in the home in the envelope for the GP or District Nurse or placed at the front of the District Nursing folder or Care Plan folder if these are present. The Ambulance crew must have already ascertained that the family and patient are aware of the DNAR form as above. If the form is not to be left in the house it should not be collected with the patient and a photocopy can be used for the journey which may then be destroyed.

None of the above affects the application of current Recognition of Life Extinct/Declaration of Death procedures.

If there is any doubt about the existence or validity of a DNAR order and a patient appears to expire, resuscitation must be carried out using the appropriate resuscitation guidelines unless the crew are certain that CPR will not work for that patient for example where a patient is in the final stages of a terminal illness.

3. Palliative Care Algorithms – Ordering Authorities

HEALTH CARE PROFESSIONALS How to book transport for palliative patients

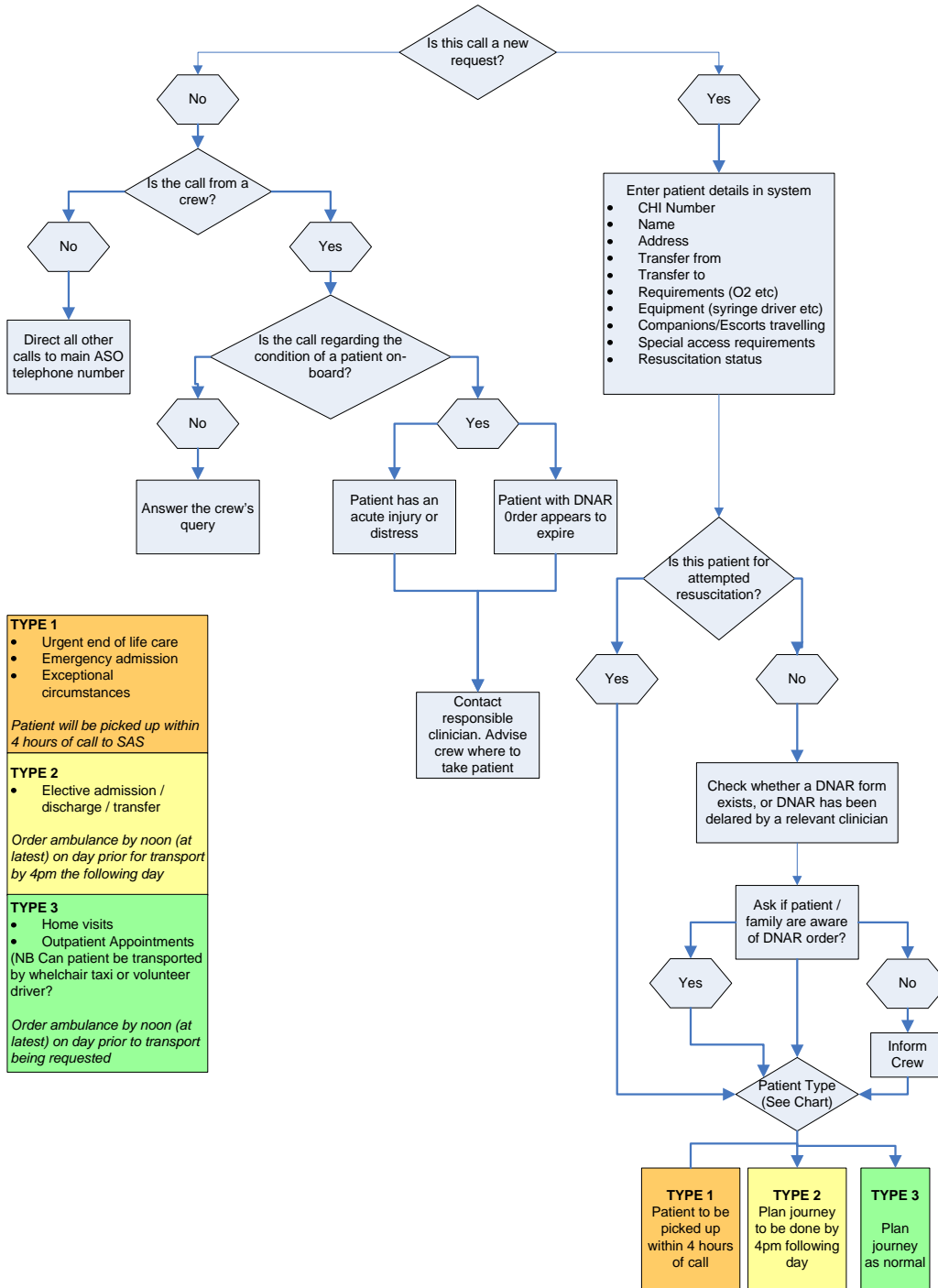


NB All requests will be audited and any apparent inappropriate use investigated

ALL SCOTTISH AMBULANCE SERVICE CREWS SHOULD BE TRAINED IN THE SAFE TRANSPORT OF SYRINGE DRIVERS, OXYGEN AND COMFORT MEASURES

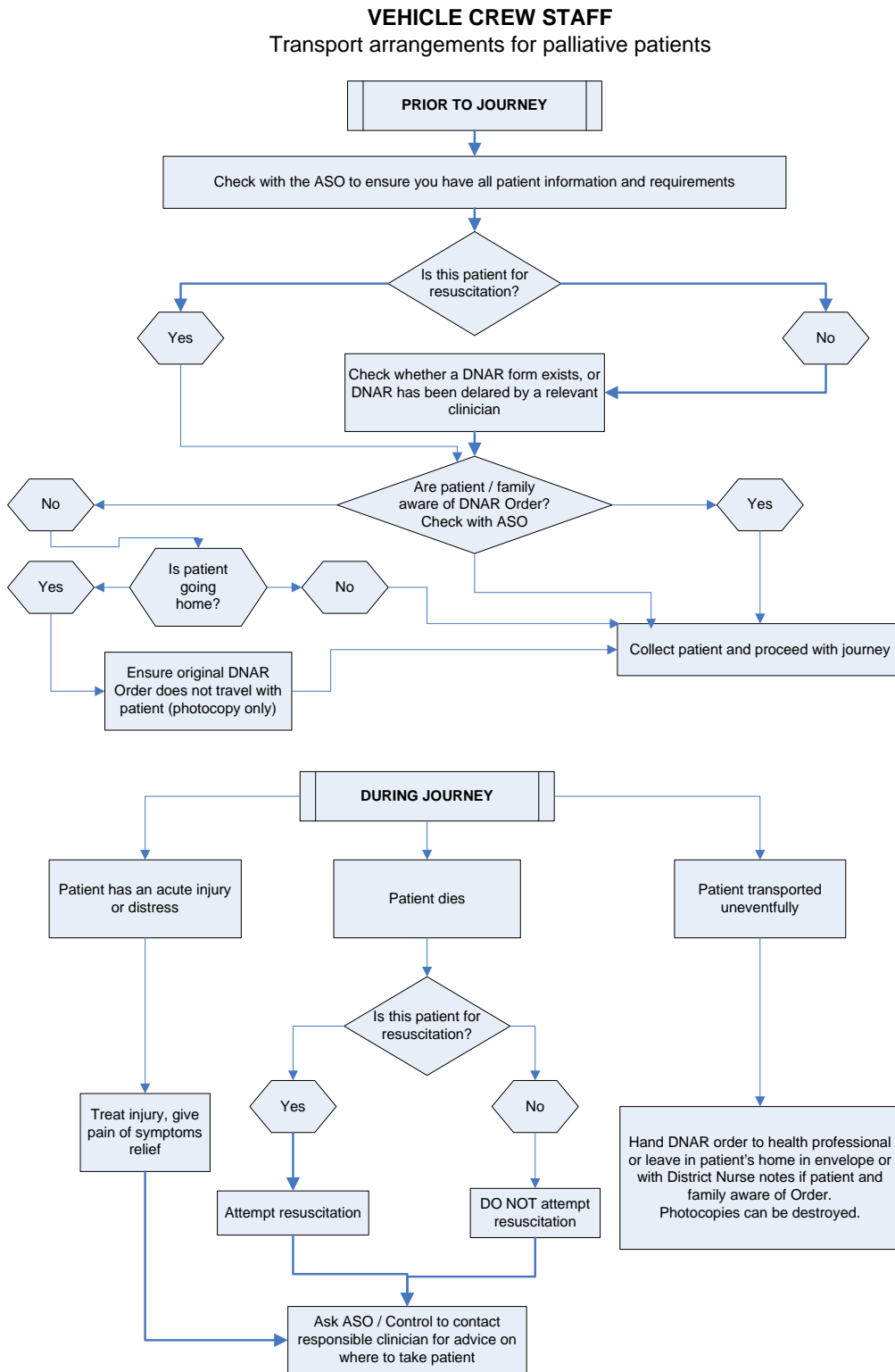
4. Palliative Care Algorithms – EMDC/ASO Staff

AREA SERVICE OFFICE STAFF How to deal with transport requests for palliative patients



<p>TYPE 1</p> <ul style="list-style-type: none"> Urgent end of life care Emergency admission Exceptional circumstances <p><i>Patient will be picked up within 4 hours of call to SAS</i></p>
<p>TYPE 2</p> <ul style="list-style-type: none"> Elective admission / discharge / transfer <p><i>Order ambulance by noon (at latest) on day prior for transport by 4pm the following day</i></p>
<p>TYPE 3</p> <ul style="list-style-type: none"> Home visits Outpatient Appointments (NB Can patient be transported by wheelchair taxi or volunteer driver?) <p><i>Order ambulance by noon (at latest) on day prior to transport being requested</i></p>

5. Palliative Care Algorithms – SAS Operational Staff



6. GLOSSARY

NHS	National Health Service
DNAR	Do Not Attempt Resuscitation
ASO	Area Service Office
EMDC	Emergency Medical Despatch Centre
CPR	Cardiopulmonary Resuscitation
SAS	Scottish Ambulance Service
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
ECS	Emergency Care Summary
PCA	Patient Controlled Anaesthesia
PTS	Patient Transport Service
OOH	Out Of Hours (Service)
GP	General Practitioner

7. REFERENCES

- JRCALC Consent Guideline
JRCALC Patient Confidentiality Guideline
JRCALC Unconscious Patients Guideline
JRCALC Recognition of Life Extinct Guideline
Scottish Ambulance Service Consent Policy
Scottish Ambulance Service Vulnerable Persons Strategy
Scottish Ambulance service Declaration of Death Policy
Scottish Ambulance Service Children's Policy
Scottish Ambulance Service Clinical Care Standard No 1: Generic and Courtesy Care.
- BRITISH MEDICAL ASSOCIATION, (2007). *Decisions Relating to Cardiopulmonary Resuscitation, a joint statement from the British Medical Association, Resuscitation Council (UK) and Royal College of Nursing*. London: BMA.
- NHS Lothian Do Not Attempt Resuscitation Policy, Spiller, Murray, Short & Halliday 2007 (Revised edition)

8. ACKNOWLEDGEMENTS

Short Life Working Group of Scottish Ambulance Service and Specialist Palliative Care Group of the Scottish Partnership for Palliative Care:

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