



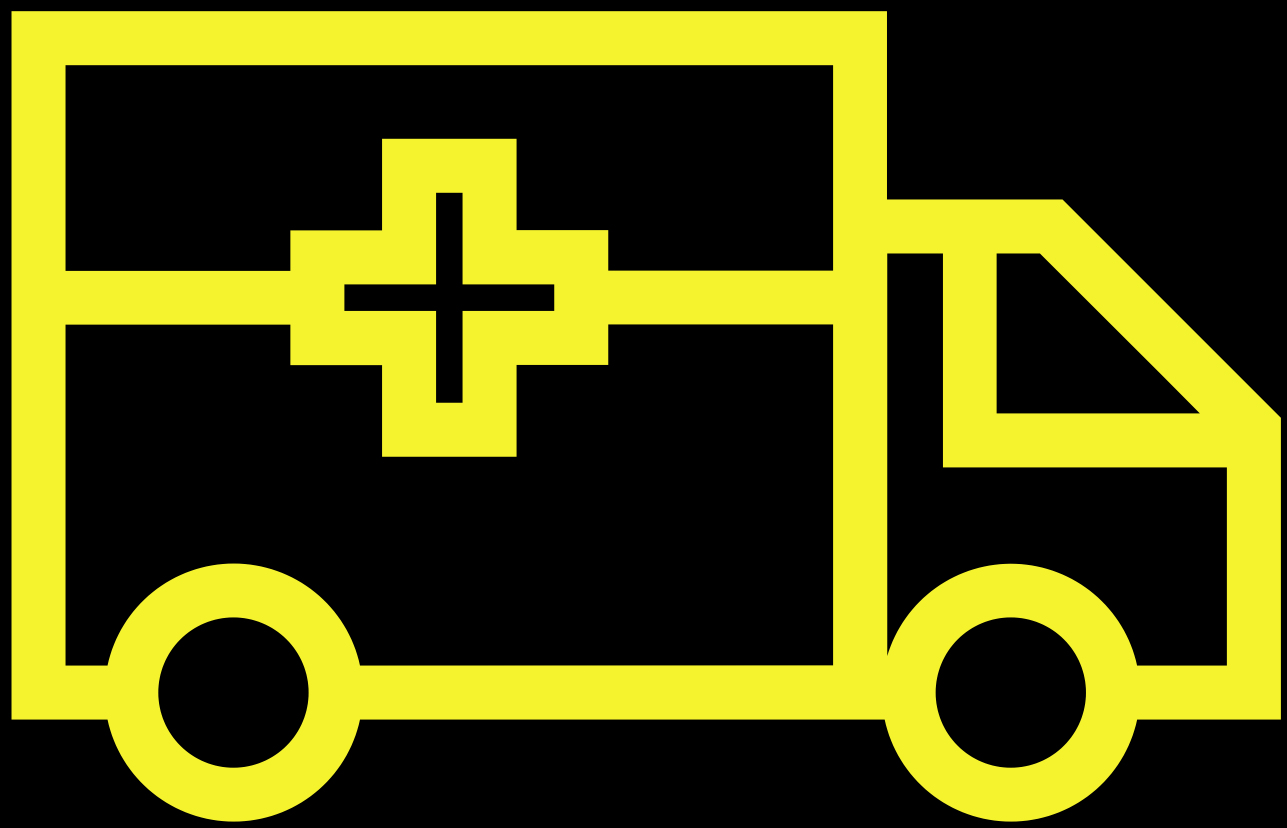
In the Darkest Hours: Paramedics Delivering Palliative Care

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This poster gives an insight into how Scottish Ambulance Service are key to delivering Palliative Care in Scotland

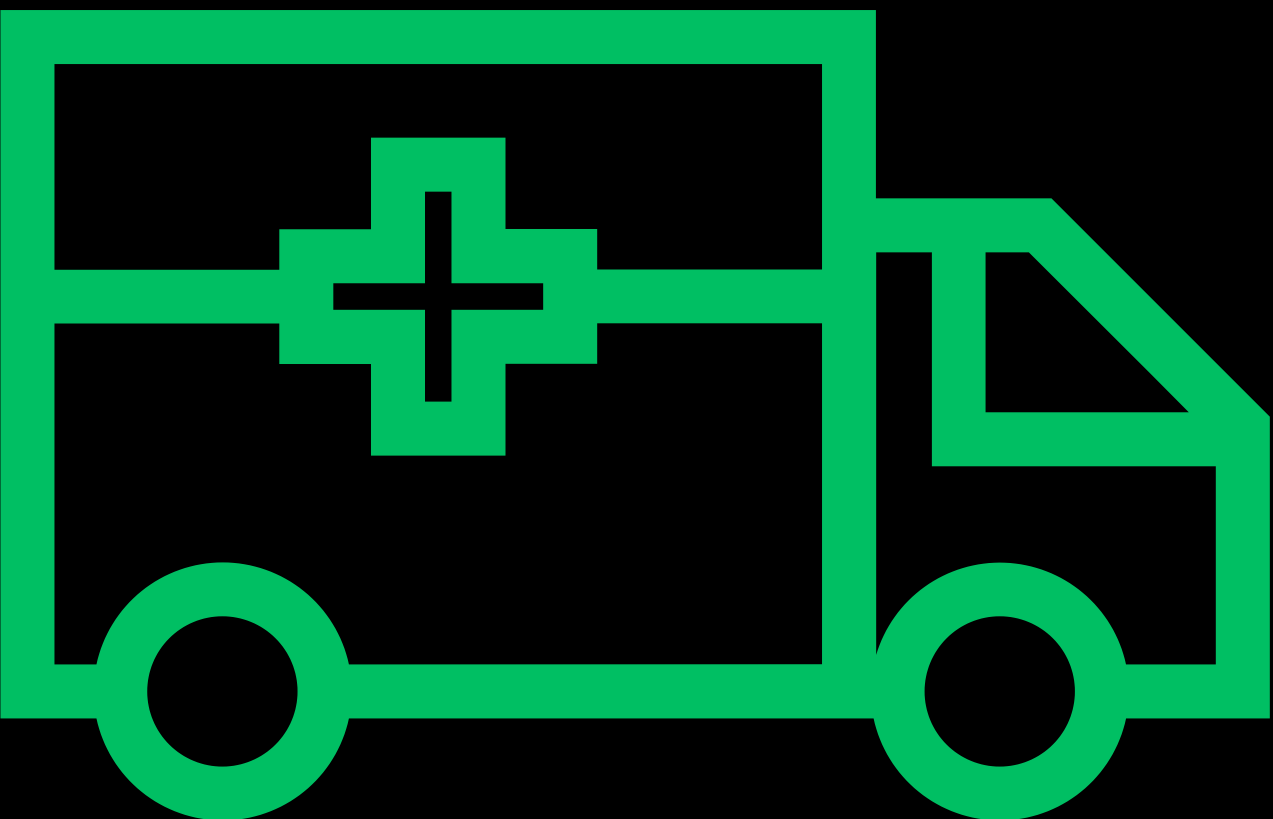
20:00



History - 73 year old with possible Heart Failure. Patient recently discharged from hospital to a new care home. Nurse in care home was concerned about patient. History of vascular dementia (with aggressive behaviour) and COPD. On antibiotics for hospital acquired pneumonia. Has had reduced food and fluid intake. DNACPR in place. Preferred place of care - Home.

Paramedic Management - Spoke to Next of Kin (NoK) who wished for patient to be comfortable, expressed concern that last hospital admission was very distressing for all involved. Spoke to Out of Hours (OOH) about concerns for admission and current clinical presentation. OOH doctor agreed to visit within 1 hour. Paramedic administered Morphine and Midazolam, patient was more settled and NoK attended care home to stay with patient.

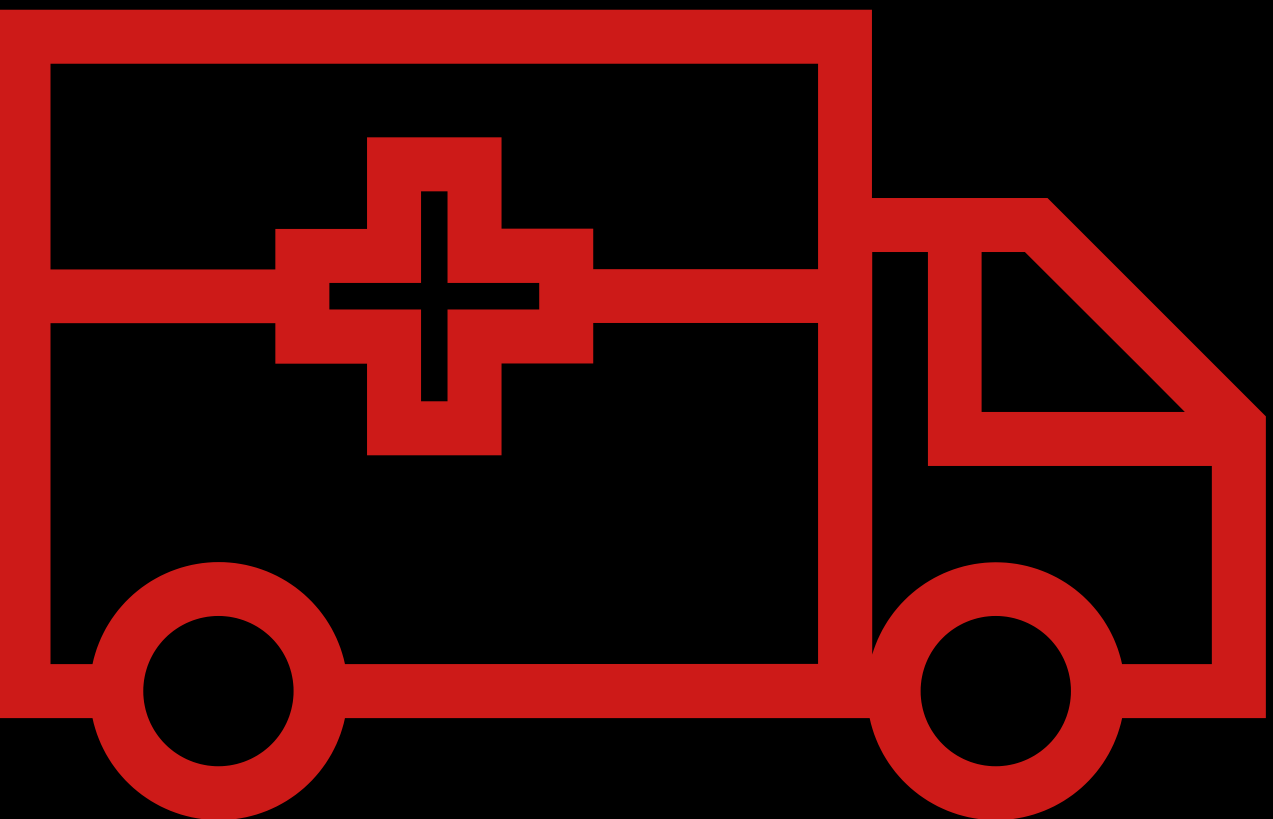
22:00



History - 45 year old male - advanced cancer - rapid deterioration in last few days with difficulty in managing pain at home. Lives at home with wife and young children with the situation becoming too much to cope with in the home environment. Phoned 999 earlier in the evening - attended by SAS Advanced Practitioner (AP), explained he had hoped to stay at home but he felt now at the end his wife and children would need more support and he didn't want to burden them. AP spoke to local hospice and arranged admission, then booked ambulance for transport.

Paramedic Management - On arrival, family all very distressed, patient still in significant pain. Paramedic administered pain relief to reduce discomfort and spoke to whole family about admission. Involved children in conversations at an appropriate level, they also wanted to help the crew so involved with preparing the ambulance. Advised the hospice when en route, family followed in the car and involved in admission. Family supported by hospice for the patient's last night as he died the next day.

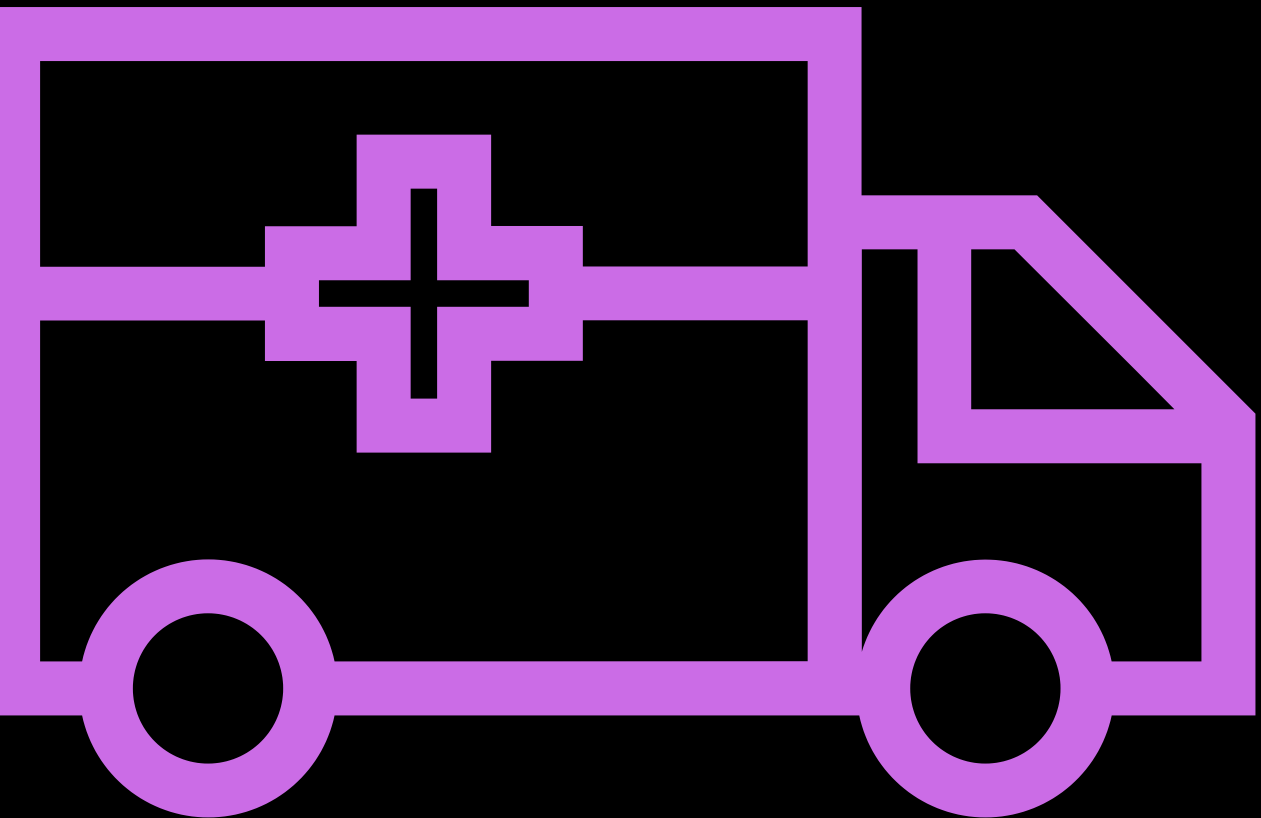
01:00



History - 84 year old lady, lives alone, has carers 4 times a day. History of COPD. Over the previous 2 days it was noted that there was significantly more difficulty in breathing. Family member staying to look after her as family are concerned. Called 999 as patient became increasingly distressed, breathing rapidly, hot to touch and cyanosed in colour. Next of kin was on the way to the address. No formal care plans or DNACPR but patient maintain strong wish to remain at home.

Paramedic Management - Initial priority was patient's distress, Morphine given to good effect. NOK arrived and expressed patient's wish was not for hospital admission. Honest conversation with patient and family about expectations and wishes. Decision to remain at home agreed and communicated to GP who would visit. A referral to district nursing team for management at home was then arranged. Advised to call back if any further concerns.

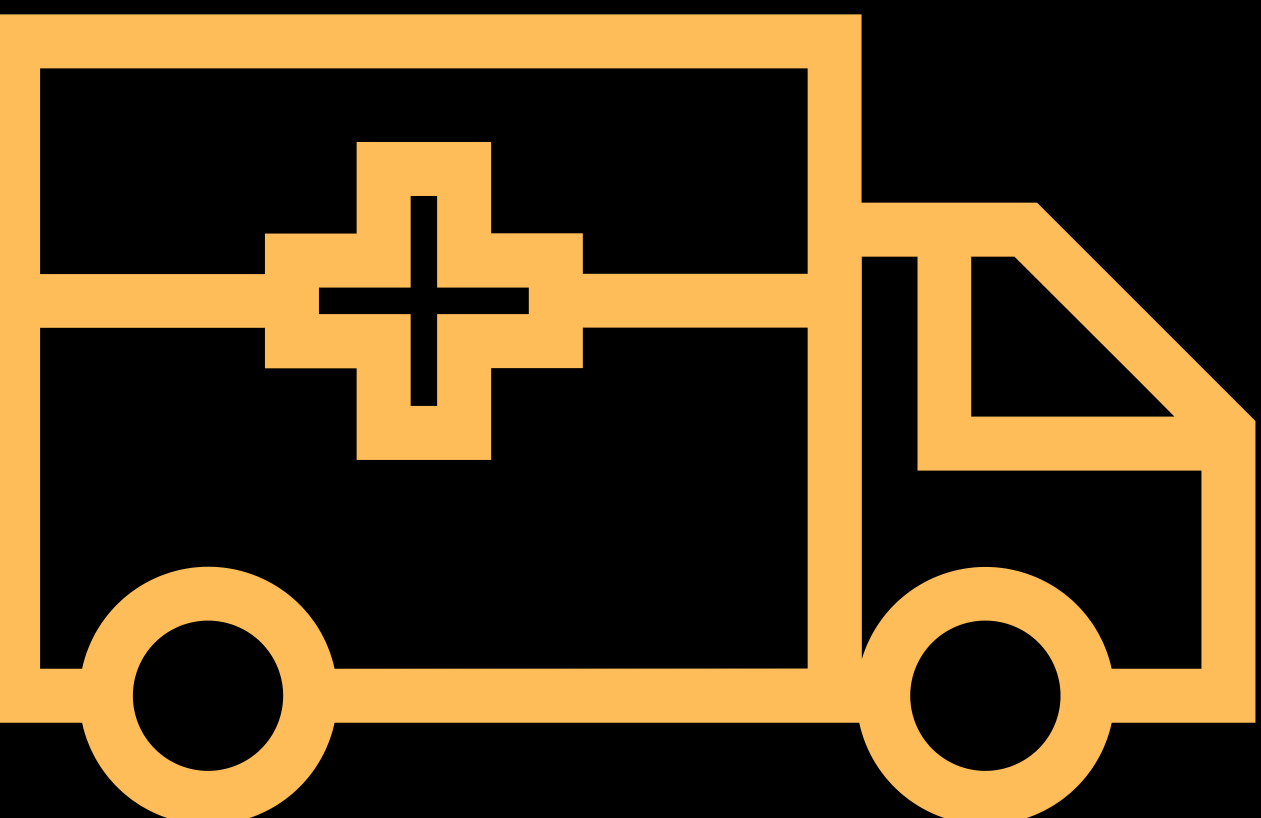
04:00



History - 77 year old male in care home, carers alerted to room by falls alarm. Popular larger than life character around the care home, poor mobility, dementia, requires support from carers for all day to day tasks/needs. Family visit regularly. Patient found on the floor next to bed not breathing, no signs of life. No DNACPR form, no access to any future care plans

Paramedic Management - On arrival, carers carrying out CPR. After gathering a history and further clinical information the Paramedic decided with agreement from carers to cease CPR and confirm patient as deceased. Patient was placed back into bed and Paramedics supported carers who were upset to contact NoK. Spoke with NoK who wanted to attend immediately, completed Confirmation of Death paperwork, contacted OOH to advise. Spoke with carers and NoK about next steps and advised to call undertaker when ready. Left information on 'when patient dies' leaflet with NoK.

07:00



History - 92 year old male who lives alone following the death of his wife. Has carers twice a day, carer arrived that morning to find patient lying on his bedroom floor agitated. Called 999 and patient's NoK who arrived at the same time. Future Care Plan - Patient is not for escalation, Preferred place of care/death - home. Has a DNACPR

Paramedic Management - After establishing patient history and assessment, patient deemed to be at end of life. NoK wishes to remain with patient and for him to be kept at home. Agreed to the administration of Morphine and Midazolam for comfort and for referral to the district nurse team for continuation of care in the home. Called patient's own GP at 8am who arranged a prescription for JIC at home and for the district nursing team to attend within the hour.

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Whilst the patient stories are all based on true accounts of incidents attended, they are the result of an amalgamation of collated and summarised case studies for the purpose of this poster. They are not patient's attended by one Paramedic in one night. These examples are reflective of the type of incidents Scottish Ambulance Service attend.
October 2024