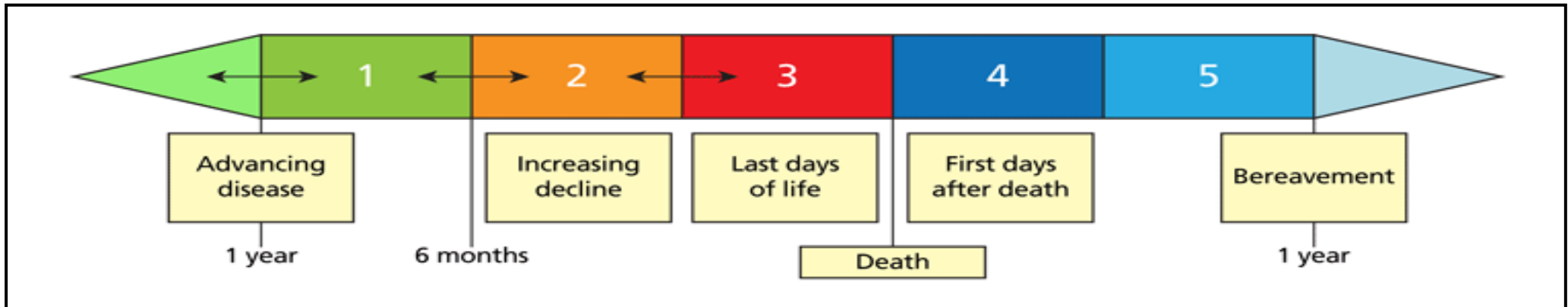


NORTH WEST END OF LIFE CARE MODEL

Adapted for the Fylde Coast Health Economy



Advancing disease (<1 year)	Increasing decline (<6 months)	Increasing decline (last weeks of life)	Last days of life	First days after death	Bereavement
Holistic patient assessment (inc. physical, psychological, social & spiritual domains)	Review care plan (including social care needs)	Review care plan (including ACP and PPC)	Initiate Liverpool Care Pathway for the Dying Patient (LCP)	Verification of death Certification of death	Bereavement support Counselling support Psychological support
Carer needs assessment	Initiate ACP discussion, consider using PPC document	If in hospital: Consider AMBER Consider Fast Track Discharge to Preferred Place of Care	Confirm Preferred Place of Death	Bereavement information booklet given to relatives	
Consider Advance Care Planning (ACP) discussion, using Preferred Priorities for Care (PPC) document	Optimise medications	Rationalise medications	If in hospital: Consider 4 Hour Discharge to Preferred Place of Death	If at home: GP to notify hospital/hospice teams If in hospital: Team to notify GP and DN	
Inclusion on Supportive & Palliative Care Register (Gold Standards Framework, GSF)	Check benefits (DLA/AA/DS1500)	Discuss, prescribe and supply 'Just in Case 4 Core Drugs'	Discuss, prescribe and supply 'Just in Case 4 Core Drugs', if not already in situ	Notify OOH & NWAS	
Refer to community services: DN / Matron / Social Worker	Consider Continuing Health Care (CHC) funding	Arrange equipment for end of life care at home, including comfort box, bed, other equipment, etc	Complete DNACPR, if not already completed	Discuss After Death Significant Event Analysis (SEA), where appropriate	
Check benefits (DLA/AA)	Consider DNACPR	Arrange support for end of life care at home	Update OOH & NWAS: PPD, Special Notes & DNACPR	Refer 'at risk' bereavement	
Update Out of Hours (OOH) & Ambulance Service (NWAS): ACP & Special Notes	Update OOH & NWAS: ACP, Special Notes & DNACPR	Consider CHC fast track, if not already receiving CHC	Identify 'at risk' bereavement		
		Consider DNACPR, if not already completed			
		Update OOH & NWAS: ACP, Special Notes & DNACPR			

Consider referral to:
Specialist Palliative Care Services
District Nurse / Community Matron / Site Specific Nurse / Social Worker / Chaplaincy
Voluntary Services / Carer support

Consider training in:
End of life care competencies training
Communication skills training
Psychological support training
Spiritual assessment training

Useful Online Resources

Trinity Hospice Information for Healthcare Professionals
<http://www.trinityhospice.co.uk/infoforprofessionals.html>

Lancs & S Cumbria Palliative Care Prescribing Guidelines
Available to download from Trinity Hospice website:
<http://www.trinityhospice.co.uk/infoforprofessionals.html>