North Yorkshire and York NHS
Community and Mental Health Services

LIVERPOOL CARE PATHWAY
(LCP)

THIS INFORMATION IS CONFIDENTIAL TO THE
PATIENTS AND STAFF

PLEASE DO NOT READ WITHOUT THE PATIENT'S PERMISSION

Useful contact numbers:-

District Nurses can be contacted as follows:

Monday to Friday 08.30 – 6pm on 01904 627635

All other times: 08450 568060

Preferred Place of Care …………………………

Please return these notes to:

…………………………………………
…………………………………………
…………………………………………
…………………………………………

THE INTEGRATED CARE PATHWAY FOR THE DYING PATIENT

A Care Pathway is intended as a guide to treatment and an aid to recording patient progress. Of course, practitioners are free to exercise their own professional judgement, however any alterations to the practice identified within this Integrated Care Pathway (ICP) must be noted as a variance on the sheet at the back of the pathway.

	Name	Telephone
PATIENT	………………………………	…………………..
DATE OF BIRTH	………………………………	
NHS No.	………………………………	
NEXT OF KIN	………………………………	…………………..
GENERAL PRACTITIONER	………………………………	…………………..
DISTRICT NURSE	………………………………	…………………..

For Out of Hours Palliative Care advice for Health Professionals only contact:
St. Leonards Hospice on 01904 708553

The Multi Professional Team have agreed the patient is dying, has two of the following symptoms and all other reversible causes have been ruled out: Please tick those that apply.

The patient is bed bound	☐	Semi-Comatose	☐
Only able to take sips of fluids	☐	No longer able to take tablets	☐

The decision to put the above named patient on the LCP has been discussed with the patient's GP.

SIGNATURE…………………………………. POSITION HELD………………………………….

INSTRUCTIONS FOR USE

1. All goals are in **heavy** typeface. Interventions, which act as prompts to support the goals, are in normal type.

2. If a goal is not achieved (ie variance) then chart on the variance section on the back page.

3. The Palliative Care guidelines are printed on the pages at the end of the pathway. Please make references as necessary.

4. For any advice regarding the Pathway please contact the Project Leader/Macmillan Nurses on 01904 724476.

ALL PROFESSIONALS USING THE LCP MUST ENTER THEIR DETAILS BELOW

NAME (print)	FULL SIGNATURE	INITIALS	PROFESSIONAL TITLE	DATE

INITIAL ASSESSMENT

PATIENT'S NAME………………………
DOB ……………………………………...

To be completed by the GP or Nurse.

Diagnosis:- Primary ………………………………. Secondary ……………………………….

SECTION 1		
COMFORT MEASURES:		
1) Have current measures been assessed and non essential medications and interventions have been discontinued – bloods, BM's	Yes ☐	No ☐
Have appropriate oral drugs been converted to subcutaneous route?	Yes ☐	No ☐
2) Has appropriate PRN medication been prescribed (see flow charts)?	Yes ☐	No ☐
3a) Discontinue inappropriate interventions ie routine turning (turn for comfort only), vital signs etc.	Yes ☐	No ☐
3b) Has patient got an internal cardiac defibrillator? Contact Specialist Cardiac team for advice.	Yes ☐	No ☐
3c) Syringe Driver (as required) and anticipatory drugs available in the home	Yes ☐	No ☐

PSYCHOLOGICAL INSIGHT				
4) Ability to communicate? Translator needed?	Patient	Comatosed ☐	Yes ☐	No ☐
Special requirements?	Family/Carer		Yes ☐	No ☐
5) Awareness of diagnosis	Patient	Comatosed ☐	Yes ☐	No ☐
	Family/Carer		Yes ☐	No ☐
Recognition of dying	Patient	Comatosed ☐	Yes ☐	No ☐
	Family/Carer		Yes ☐	No ☐

PHYSICAL CONDITION (please circle those symptoms present)		
Nausea	Aware	
Vomiting	Conscious	
Constipation	Urinary Tract problems	
Diarrhoea	Catheterised	
Faecal Incontinence	Excessive Respiratory Secretions	
Pain	Breathlessness	
Restlessness	Confusion	
Oedema	Anxiety	
Pressure Sores	Agitation	
Other	Distressed	

SECTION 1 (Continued)

6) SPIRITUAL SUPPORT:

a) Religious/spiritual needs assessed with patient/carer

Patient	Yes	☐	No	☐
Family/Carer	Yes	☐	No	☐

b) Any special requirements now, at time Of impending death, at death and after death

Patient	Yes	☐	No	☐
Family/Carer	Yes	☐	No	☐

Information and explanations given re: what to expect at time and following death:-

Family/Carers aware who to contact after death. Yes ☐ No ☐

7) N/A for Community setting
8) N/A for Community setting

9) COMMUNICATION WITH PRIMARY HEALTHCARE TEAM

GP Practice is aware of patients condition
GP Practice to be contacted if unaware patient is dying. Yes ☐ No ☐

GP Out of Hours service aware and handover form completed
Evening nursing service informed that patient on pathway Yes ☐ No ☐

10) SUMMARY

Plan of care discussed with:

Patient	Yes	☐	No	☐
Family	Yes	☐	No	☐
Professional	Yes	☐	No	☐

11) Family/other express understanding of planned care

Family/other involvement in physical care	Yes	☐	No	☐
Family/other aware that LCP Pathway commenced and their concerns identified	Yes	☐	No	☐
Family/other offered carer support/night sitters	Yes	☐	No	☐
Not to call emergency ambulance discussed	Yes	☐	No	☐
Not to attempt to resuscitate discussed	Yes	☐	No	☐
If post mortem required, family aware	Yes	☐	No	☐
Contact numbers for 24 hour care and advice discussed	Yes	☐	No	☐

Date:…………………………….

Health Professional Signature……………………………………………

CONTINUOUS ASSESSMENT **PATIENT'S NAME………………………** **DOB ………………..**

A Achieved	**V Variance**	**N/A Not applicable**

SECTION 2									
	GOAL	Date Time	Date Time	Date Time	Date Time	Date Time	Date Time	Date Time	Date Time
a)	**Pain** **The Patient is pain free** • Verbalised by the patient if conscious • Pain free on movement • Appears peaceful • Move only for comfort								
b)	**Agitation** **The Patient is not agitated** • The patient is not twitching, restless, thrashing, plucking or showing signs of anguish • Exclude retention of urine as a cause								
c)	**Respiratory Tract** **The Patient's breathing is not made difficult by excessive secretions** • Medication to be given as symptoms arise • Symptoms discussed with family/other								
d)	**Nausea and Vomiting** **The Patient does not have nausea or vomiting** • The patient verbalises if conscious								
e)	**Other Symptoms** **The Patient does not have any other symptoms (See Care Plans)** • Eg dyspnoea, myoclonic jerks, wound care, pressures sores, etc								
f)	**Mouth Care** **The Patient's mouth is moist and free from discomfort** • Four hourly mouth care in process.								
g)	**Micturition Difficulties** **The Patient's continence needs have been assessed** • He/she is dry and comfortable • Urinary catheter if in retention • Urinary catheter or pads, if general weakness creates incontinence								
h)	**The Patient is comfortable re bowel care** • No agitation due to constipation or diarrhoea • Faecal incontinence/soiling								
i)	**Movement** **Mobility/Pressure areas** • The patient is in a safe environment • The patient is comfortable, use of appropriate pressure relieving aids eg special mattress								
	Signature								

This can be filled by all health professionals.
If you have checked 'V' against any goal so far please complete Variance Sheet.

CONTINUOUS ASSESSMENT

PATIENT'S NAME……………………..
DOB ……………………………………...

A Achieved	V Variance	N/A Not applicable

SECTION 2 (Continued)									
		Date	Date	Date	Date	Date	Date	Date	Date
		Time	Time	Time	Time	Time	Time	Time	Time
j)	**Psychological Support** **The Patient is informed of all procedures** • Touch, verbal communication to continue								
k)	**Medication** **All syringe driver medication given safely and accurately (refer to syringe driver documentation)** • GP prescribed medication for 48 hours. If breakthrough medication been given in the past 24 hours contact GP (drugs changed as per flow chart) • NB breakthrough medication altered accordingly								
l)	**Family/Other** **Family/Other are prepared for the patient's imminent death with the aim of achieving peace of mind and acceptance** • Check understanding of nominated family/others • Check understanding of other family/others not present at initial assessment • Recognition of patient dying and measures taken to maintain comfort • Explain possibility of family/others physical symptoms eg fatigue • Psychological symptoms such as anxiety/depression								
m)	**Religious/Spiritual support** **Appropriate religious/spiritual support has been given** • Patient/other may be anxious for self/others								
n)	**Care of the family/others** **The needs of those attending the patient are accommodated** • Consider health needs and social support								
	Signature								

This can be filled by all health professionals.
If you have checked 'V' against any goal so far please complete Variance Sheet.

NAME ………………………………………………………………… DATE ……………………….…

MULTI PROFESSIONAL MESSAGE SHEET

Date	Multi Professional Message

NAME …………………………………………………………… DATE …………………………

VARIANCE ANALYSIS SHEET

Date and Time	What occurred and why?	Action Taken	Signature

NAME ………………………………………………………………… DATE ……………………………

CARERS' MESSAGE SHEET

Date and Time	Carers Message

NAME ………………………………….. DOB ……………………….. DATE………………………..

SECTION 3

Date of death:…………………………………………………………… Time of Death: ………………….

Persons present: ………………………………………………………………………………………………..

Signature: ………………………………………………………………….

<table>
<tr><td rowspan="8">Care after death</td><td>Goal 12: GP Practice contacted re patient's death Date ___/___/___ Yes ☐ No ☐
If out of hours contact on next working day. Message can be left with receptionist
If YAS involved, fax will be sent to relevant GP</td></tr>
<tr><td>Goal 13: Procedures for laying out followed according to community policy Yes ☐ No ☐
Carry out specific religious / spiritual / cultural needs - requests</td></tr>
<tr><td>Goal 14: Procedure following death discussed or carried out Yes ☐ No ☐
Check for the following :
Explain mortuary viewing by contacting funeral Director
Family aware cardiac devices (ICD's) or pacemaker must be removed prior to cremation
Post mortem discussed as appropriate</td></tr>
<tr><td>Goal 15: Family/other given information on community procedures Yes ☐ No ☐
Information booklet given to family/other about necessary legal tasks
Relatives/other informed to ring Registrars Office to make an appointment</td></tr>
<tr><td>Goal 16: Not applicable to the Community setting</td></tr>
<tr><td>Goal 17: Necessary documentation & advice is given to the appropriate person Yes ☐ No ☐
'What to do after death' booklet given (DHSS)</td></tr>
<tr><td>Goal 18: Bereavement leaflet given Yes ☐ No ☐
Information leaflet on grieving and local support given</td></tr>
<tr><td>If you have charted ''NO'' against any goal so far, please complete variance sheet at the back of the Pathway before signing below.

Health Professional

Signature:……………………………………………………….. Date:……………………………</td></tr>
</table>

Verification of Death

If death verified, by whom: …………………………. **Date/Time verified:** ………………………..

PRINCIPLES OF MANAGEMENT

The principles are applicable to the care of patients dying from cancer and non-malignant disease.

RECOGNISE THAT DEATH IS APPROACHING

Studies have found that dying patients will manifest some or all of the following:

- Profound weakness - usually bedbound
- Drowsy or reduced cognition - semi-comatose
- Diminished intake of food and fluids - only able to take sips of fluid
- Difficulty in swallowing medication - no longer able to take tablets

TREATMENT OF SYMPTOMS

The prime aim of all treatment at this stage is the control of symptoms current and potential.

- **Discontinue any medication which is not essential**
  e.g anti-hypertensives, long term antibiotics, steroids, replacement hormones, anti-arrhythmics, anti-coagulants, vitamins and iron, diuretics, hypoglycaemics, iron preparations

- **Prescribe medication necessary to control current distressing symptoms**

- **All patients who are dying would benefit from having subcutaneous medication prescribed IN CASE distressing symptoms develop**

- **All medication needs should be reviewed every 24hrs**

- **If two or more doses of prn medication have been required, then consider the use of a syringe driver for continuous subcutaneous infusion (CSI)**

The most frequently reported symptoms are:-

- Pain
- Nausea / Vomiting
- Agitation / Restlessness
- Excessive secretions / Noisy breathing

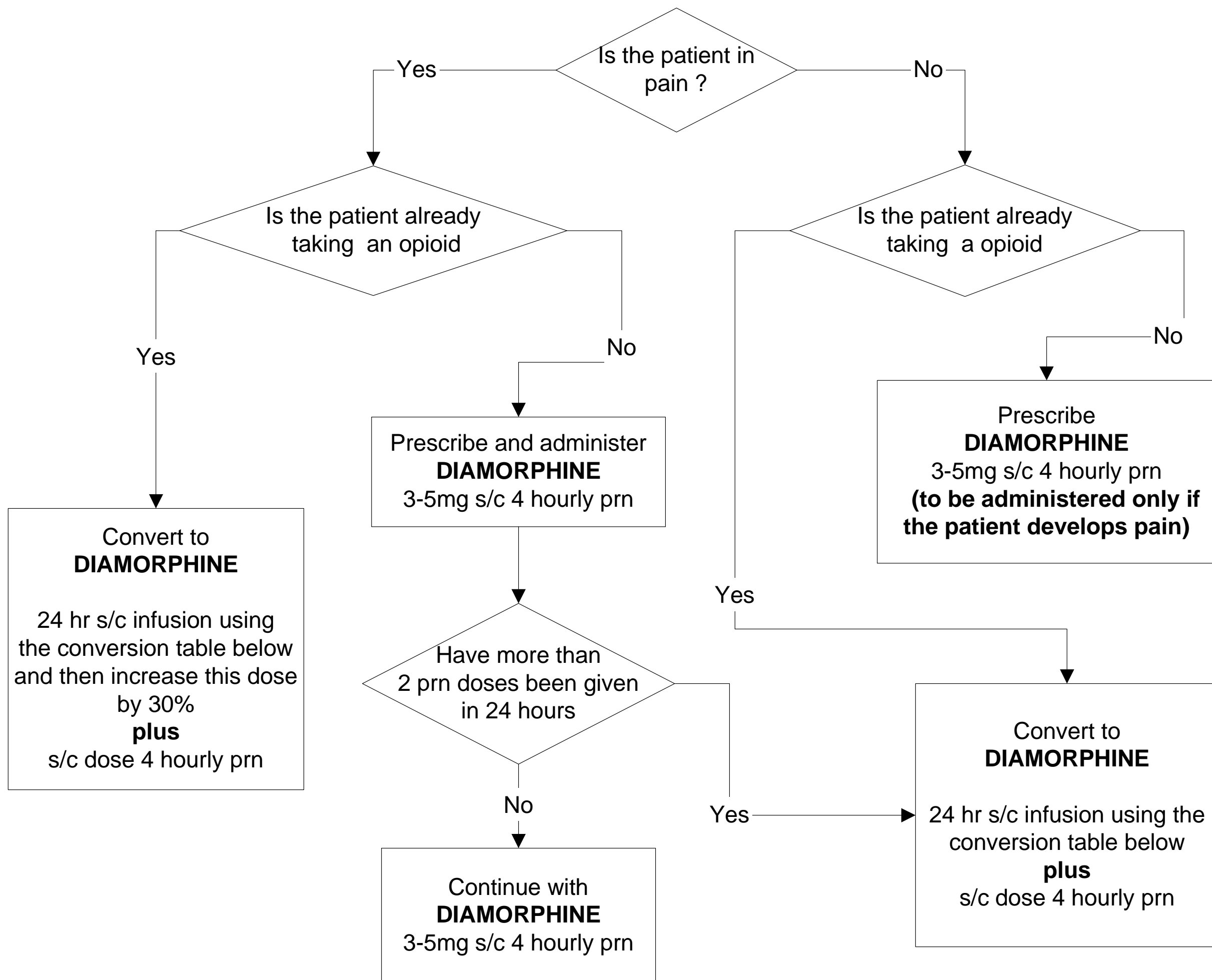
The algorithms attached will support you in your management of these symptoms.

ADVICE AND SUPPORT

For pathway advice – Contact: Care Pathway Facilitator, 01904 724476
Community Palliative Care Team, 01904 724476

For out of hour's symptom control advice – Contact: St. Leonard's Hospice
Tel: 01904 708553

PAIN

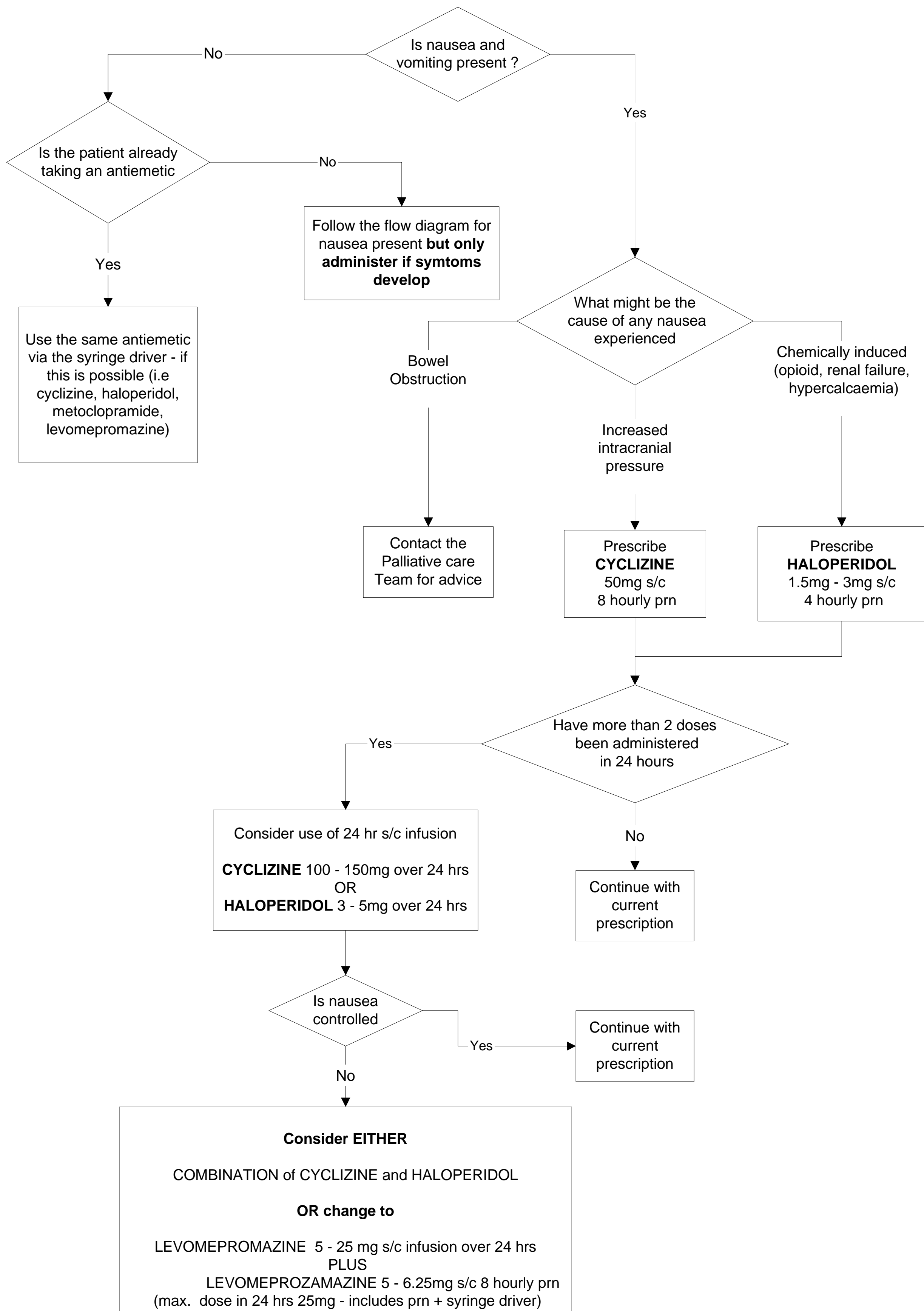


To calculate the prn dose of diamorphine
Prescribe 1/6th of the 24 hr dose in the driver
e.g 20mg s/c via driver over 24 hrs will require
3 - 5mg 4 hourly prn

Strong opioid	Conversion to s/c diamorphine over 24 hours	Example
Morphine/ MST/ Oramorph/ Zomorph	Divide total morphine dose by 3	Zomorph 30mg bd = 20mg Diamorphine s/c over 24 hrs
Fentanyl patch	Leave patch on and top up with diamorphine in syringe driver (usually 1/5 strength of patch) Diamorphine dose (mg) in 24 hours is approximately equivalent to the patch strength (mcg)	Fentanyl patch 75 mcg every 72 hrs is approx equivalent to 75mg diamorphine s/c over 24 hrs Top up dose in syringe driver is $1/5^{th}$ patch strength = 15mg diamorphine Breakthrough dose is initially 15mg. Will need increasing as diamorphine requirements increase
Remember to include prn doses in your calculations		

For pathway problems – seek advice from the Community Palliative Care Team: 01904 724476
For out of hour's symptom control – seek advice from St. Leonard's Hospice: Tel 708553

NAUSEA AND VOMITING



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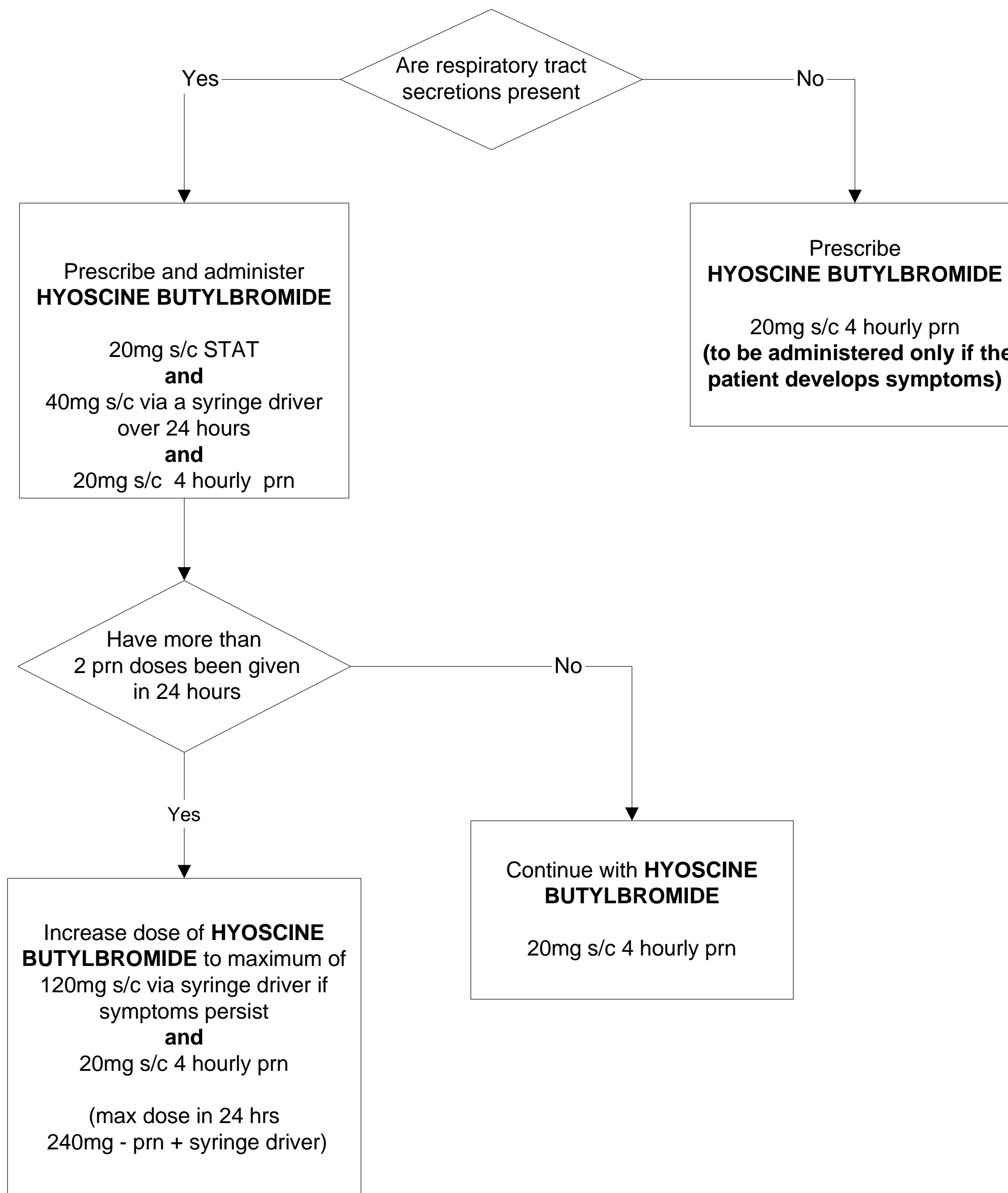
RESPIRATORY TRACT SECRETIONS

(Remember you cannot clear existing secretions, but you can help stop further production)



NOTE

HYOSCINE BUTYL BROMIDE is less sedating than **HYOSCINE HYDROBROMIDE** and less expensive. It occasionally can precipitate when mixed with CYCLIZINE. If problems discuss with pharmacy

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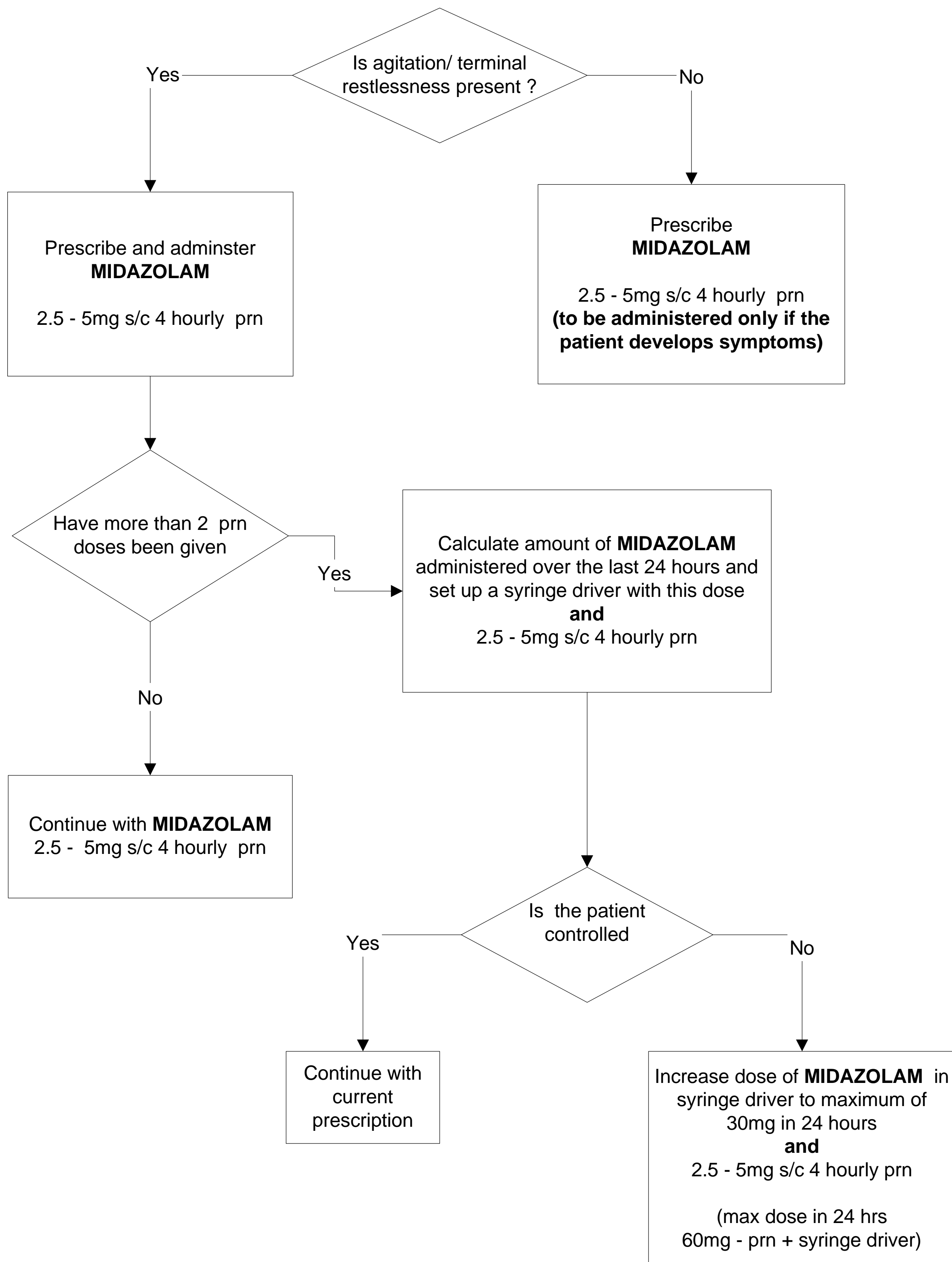
AGITATION / TERMINAL RESTLESSNESS



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CHOICE OF DRUGS FOR USE IN SYRINGE DRIVERS

(USUAL DOSE RANGES QUOTED)

Note DIAMORPHINE

Parenteral Diamorphine is 3 x stronger than oral morphine. If pain not controlled, increase dose by 30% to 50%

DRUG	USE	STAT DOSE S/C	24 HRS S/C DOSE IN SYRINGE DRIVER (SD)	MAX DOSE IN 24 HRS (PRN + SD)
Anti emetic				
CYCLIZINE 50mg in 1ml	Centrally acting on vomiting centre. Good for nausea associated with bowel obstruction or increased intracranial pressure Dilute with water	50mg	100 - 150mg	150mg
HALOPERIDOL 5mg in 1ml	Good for chemically induced nausea	1.5 - 3mg	3 - 5mg	5mg
METOCLOPRAMIDE 10mg in 2ml	Antiemetic (1) prokinetic (accelerates GI transit) (2) centrally acting on chemo-receptor trigger zone (CTZ), blocking transmission to vomiting centre	10mg	40 - 60mg	120mg
LEVOMEPROMAZINE 25mg in 1ml	Broad spectrum antiemetic, works on CTZ and vomiting centre (at lower doses) Dilute with saline when used alone	5 - 6.25mg	5 - 25mg	25mg
Anti-agitation				
MIDAZOLAM 10mg in 2ml	Sedative/anxiolytic (terminal agitation). Also anticonvulsant and muscle relaxant	2.5 - 5mg	5 - 30mg	60mg
Antisecretory				
HYOSCINE BUTYLBROMIDE 20mg in 1ml	Antisecretory - useful in reducing respiratory tract secretions Also has antispasmodic properties May precipitate when mixed with CYCLIZINE or HALOPERIDOL Less sedating than HYOSCINE HYDROBROMIDE	20mg	40 - 120mg	240mg
HYOSCINE HYDROBROMIDE 400mcg in 1ml	Antisecretory - useful in reducing respiratory tract secretions Also has antispasmodic properties	400mcg	400mcg - 2.4mg	2.4mg

For pathway problems – seek advice from the Community Palliative Care Team: 01904 724476
For out of hour's symptom control – seek advice from St. Leonard's Hospice: Tel 708553