

Last Days of Life Health Care Professional Information

As with all clinical guidelines the LDOL care plan aims to support but does not replace clinical judgement

- The LDOL care plan guides and enables health care professionals to focus on care in the last hours or days of a person's life. This supports the delivery of high quality of care which is tailored to the patient and family's individual needs in the last days and hours of life, when their death is expected
- Using the LDOL in any care setting requires regular assessment that includes reflection, review and critical decision making in the best interest of the patient and family by a team of health care professionals. All health care professionals must be cognisant of their scope of practice when using the LDOL including undertaking assessments, completing documentation and prescribing/administering medications, and making psychological, spiritual interventions
- The recognition and diagnosis of dying is always complex irrespective of previous diagnosis or history. There are occasions when a patient who is thought to be dying lives longer, or dies sooner, than expected. Seek a second opinion or specialist palliative care support as needed.
- Changes in care are made in the best interest of the patient, and relative or carer. This needs to be reviewed regularly and discussed within the Multidisciplinary Team.
- Good, comprehensive, clear communication is pivotal and all decisions leading to a change in care delivery should be communicated to the patient where appropriate and to the relative or carer. The views of all concerned must be listened to and documented.
- The LDOL does not exclude the use of clinically assisted nutrition, hydration or antibiotics. All clinical decisions must be made in the patient's best interest. A blanket policy excluding clinically assisted nutrition, hydration or antibiotic use, in the case of patients lacking capacity, is prohibited under the Mental Health (Compulsory Assessment and Treatment) Act (1992)
- The LDOL care plan reflects the principles of 'Te Whare Tapa Wha' which incorporates a holistic approach of medical, physical, emotional, social and spiritual/religious needs that are important aspects in caring for a patient and their family at end of life
- The responsibility for the use of the LDOL document as part of a continuous quality improvement programme in New Zealand sits within the governance of the registered organisation

The patient will be assessed regularly and a MDT review should be undertaken every 3 days

REFERENCES:

- Ellershaw, J.E; Wilkinson,S. (2003). Care of the dying: A pathway to excellence. Oxford University Press. Oxford. Public Act. (1992; No.46).
Mental Health (Compulsory Assessment and Treatment) Act (as at 1 July 2009) New Zealand
The International Collaborative for best Care of the Dying Person, International Interim Model Integrated Care Pathway (ICP) Documentation May 2014 MCPIL Best Care of the Dying Person (2014)
One Chance To Get It Right (June 2014) Leadership Alliance for the Care of Dying People
Palliative Care Council of NZ (2015) Principles and Guidance for the Last Days of Life: Te Ara Whakapiri – The Path of Closeness and Unity.