HEALTH CARE PROFESSIONAL INFORMATION

As with all clinical guidelines and pathways the Last Days of Life Care Plan aims to support but does not replace clinical judgement.

- The **Last Days of Life Care Plan** guides and enables health care professionals to focus on care in the last hours or days of life. This guides the delivery of high quality care tailored to the person's individual needs in the last days and hours of life, when their death is expected.
- Using the **Last Days of Life Care Plan** in any care setting requires regular assessment that includes reflection, review and critical decision-making in the best interest of the person by a team of health care professionals. All health care professionals must be cognisant of their scope of practice when using the **Last Days of Life Care Plan**, including undertaking assessments, completing documentation and prescribing/administering medications.
- A robust continuous education and teaching programme must underpin the use of the **Last Days of Life Care Plan**
- The recognition and diagnosis of dying is always complex irrespective of previous diagnosis or history. Uncertainty is an integral part of dying, and there are occasions when a person 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 person and relative or carer. This needs to be reviewed regularly and discussed within the Multidisciplinary Team (MDT).
- Good, comprehensive, clear communication is pivotal and all decisions leading to a change in care delivery should be communicated to the dying person where appropriate and to the relative or carer. The views of all concerned must be listened to and **documented.**
- If a goal on the **Last Days of Life Care Plan** is not achieved this must be coded as a **VARIANCE**. Documenting a variance is a useful way of recording the decisions made for each person based on their individual needs, your clinical judgement and the needs of the relative or carer.
- **'Symptom Control Guidelines'** are provided. It is recommended these be adapted to reflect local practice to guide appropriate prescribing.
- The **Last Days of Life Care Plan** does **not** preclude the use of clinically assisted nutrition, hydration or antibiotics. All clinical decisions must be made in the person's best interest. A blanket policy of clinically assisted (artificial) nutrition or hydration, or of no clinically assisted nutrition or hydration, is ethically indefensible and in the case of people lacking capacity is prohibited under the Mental Health (Compulsory Assessment and Treatment) Act (1992).
- In **Last Days of Life Care Plan** the term 'best interest' includes medical, physical, emotional, social, spiritual/religious and cultural factors relevant to the persons welfare.
- The responsibility for the use of the **Last Days of Life Care Plan** as part of a continuous quality improvement programme in New Zealand sits within the governance of the registered organisation.
- For more information contact your Clinical Nurse Specialist: (07.30 – 16.30)

Charmaine Fowles: 0212474755 or Sipho Ndlovu 021909826

OR Mercy Hospice Auckland 09 361 5966 **(24/7)**

The dying person will be assessed regularly and a formal MDT review must be undertaken every 3 days.

REFERENCES:

Ellershaw, J.E; Wilkinson, S. (2011). *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.

Minister of Health. (2001). *New Zealand Palliative Care Strategy*. Author: Wellington.

National Institute for Clinical Excellence (2004) Improving Supportive and Palliative Care for Adults with Cancer.