



STOP!

The number of patients presenting to Emergency Departments in the UK is increasing.¹ We are living longer, with more complex conditions. A palliative approach can be useful.

For patients with a life-limiting condition, the outcome of treatment may be uncertain. Patients will often have priorities which is not always about living longer. Patients must be involved in decisions about their care.

1 in 5 of those who die in hospital have 3+ emergency admissions in the last 90 days of life.²

Up to 30% of hospital inpatients are likely to be in their last year of life, and almost 50% of all adult deaths occur in hospital.³

Hospitals are therefore important providers of End of Life care.

LOOK

Consider uncertain recovery in patients with: **Suspected life expectancy of <1 year** or **Frailty Scores of 7, 8 and 9** or **with a Palliative Diagnosis.**

Where recovery is uncertain:

(limited reversibility, clinical instability and a patient is at risk of dying during admission)

1. Offer an HONEST and ReSPECTFUL conversation (see local guidance).
2. Identify the patient's priorities i.e. preferred place of death.
3. Agree an escalation plan – what complications can you anticipate and what actions should be taken if they occur?
4. Document the patient's wishes, escalation plan and complete DNACPR if appropriate.

Remember to apply the principles of the Mental Capacity Act.

LEARN

Having Difficult conversations (BMJ)
<http://bit.ly/2JPADxE>

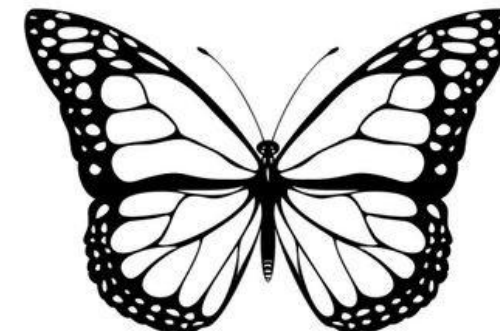
#SimPall: Having the Conversation (EM3) <http://bit.ly/2xUPhy9>

Palliative & End of Life Care (EM3)
<http://bit.ly/2SmndNu>

Supportive & Palliative Care Indicators Tool (SPICT) <http://bit.ly/2LZpvlw>

REFERENCES:

1. <http://bit.ly/2YYu3eJ> (House of Commons)
2. <http://bit.ly/2YYmc0R> (NEoLCIN)
3. <http://bit.ly/2Z1xH7G> (GOV.UK)



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