

Dignified Death

Guidance for End of Life Care in Critical Care Units

North of England Critical Care Network

“How people die remains in the memory of those that live on.”

Dame Cicely Saunders, 2014

Introduction

A proportion of individuals receiving care in a critical care facility do not respond to the sophisticated technological support provided. In these circumstances continued aggressive care may cause considerable distress to the individual and only prolong the dying process. Therefore the Network End of Life working group identified a requirement for some guidance, in line with recent recommendations from the Leadership Alliance for the Care of the Dying People ¹, for individuals dying in critical care promoting best practice.

Aim

The aim of these guidelines are to provide a framework to ensure:

- That all the decisions are made in the individual's best interests, as required by the Mental Capacity Act.
- The dignity and comfort of critically ill individuals remains the primary objective while all measures are taken to relieve suffering.
- That clinical staff deliver appropriate care for those critically ill individuals approaching the end of their life for whom active treatment will not succeed.
- Compassionate support to relatives and staff through a distressing experience and facilitation of sensitive, effective communication between all involved.
- All care is individualised allowing the individual choice and respecting their needs and wishes.

Method

The Network End of Life working group developed a suite of documentation to support the Alliance for the Care of the Dying Peoples 5 Key priorities

The documents include:

- Recognising the dying process
- Treatment plan
- MDT Daily Assessment
- Communication log
- Guidelines on sending patients home to die

References:

1 **Leadership Alliance for the Care of the Dying People.** *One Chance to Get it Right: Annex C: Priorities of Care of the Dying Person.* London : Department of Health , 2013..

Priorities of Care of the Dying Person ¹

Recognise	The possibility that the person is dying is recognised and communicated clearly , decisions made and actions taken in accordance with the person's needs and wishes , and these are regularly reviewed and decisions revised accordingly .
Communication	Sensitive communication takes place between staff and the dying person, and those identified as important to them
Involve	The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the patient wants
Support	The needs of the families and others identified as important to the dying person are actively explored, respected and met as far as possible
Plan & Do	An individual plan of care , which includes food and drink, symptom control and psychological, social and spiritual support , is agreed , co-ordinated and delivered with compassion

Documents available on the Website

www.noeccn.org.uk



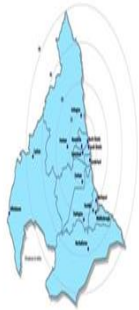
Conclusion and Future Plans

The guidelines were launched on Wednesday 30th September, 2015 the event was extremely well attended. The guidelines thus far have received very positive feedback. Units are able to adopt the guidelines in their entirety or in part.

Moving forward, the End of Life Group plan to audit the use of the documentation and assess which elements have been adopted. It is recognised that this is the first iteration and that the guidelines will be further refined as they are used and evaluated.

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