



6. Dying patients, end of life care and DNAR

# Dying

- ~10% of patients die on ICU
- Care of these patients should be active and individualised.
- Palliate all sources of distress & discomfort.
- Seek senior help early, if needed.
- Refer to the palliative care team, only if the patient is being discharged from ICU.

# Dying

- Stop all monitoring and observations
- Stop all unnecessary treatment, but continue analgesia / sedation / anticonvulsants / aperients i.e. everything that could conceivably improve a patient's comfort.
  - Use escalating doses of opiates as clinically indicated
- Use the Liverpool Care Pathway as a prompt if you / the nurse caring for the patient find it helpful.
- Consider continuing enteral food and water.
- Only remove invasive devices if causing distress or dying process likely to be >24 hours.

# Communication

- Family and friends
- Admitting teams
- If appropriate, consider organ + / - tissue donation
- Patient's GP
- Whoever certifies the death should complete a death certificate AND cremation form – even if the case needs to be d/w the coroner
- Record ALL of these in the notes

# DNAR

- Ward referrals reviewed by GICU. If a patient is not considered appropriate for ICU care and is likely to deteriorate to the point of cardio-respiratory arrest, it is the responsibility of the REFERRING team to complete the DNAR form. This must be communicated to that team at the time the patient is reviewed. If a patient is inappropriate for ICU care before they arrest then clearly they should be made DNAR.
- Patients on GICU. These patients DO NOT require DNAR forms to be completed as patient specific plans are formulated and regularly reviewed that exceed the scope of the Trust DNAR form. Immediate clarification can always be sort by calling the on-call SpR, who can, if necessary, contact the on-call consultant.
- Patients being discharged from GICU to the ward. If it is the GICU team's opinion that a patient would not benefit from a return to ICU following discharge and / or their discharge is for end of life care on a ward and this has been discussed with the team assuming on-going care of that patient, the GICU team can complete a Trust DNAR form for the patient prior to their discharge. However, whenever possible, the DNAR form should be completed by the receiving team prior to the patient leaving GICU.

# Rhetorical questions

- Where should patients die?
- Who should look after dying patients?
- How should death be managed?
- What shouldn't happen?
- Where do you want to die?
- Who do you want to be there?
- How do you want to die?
- Want don't you want?

