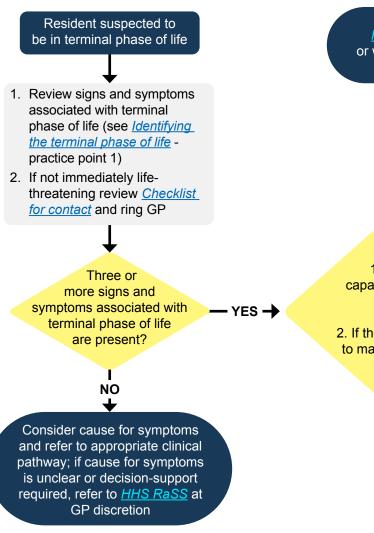
End of life:

Recognising and managing the terminal phase of life* *use in conjunction with Queensland Government

Residential Aged Care End of Life Care Pathway (RAC EoLCP)



Refer to

<u>HHS community palliative care service</u>
or where unavailable contact <u>PallConsult</u> or

<u>HHS RaSS</u> at GP discretion

NOT ALL AGREE

Obtain
opinions
of all of the following
in relation to commencement
of end of life care plan
(e.g. RAC EoLCP)

Resident (if resident does not have capacity to make decisions, consult resident's Advance Care Plan or Advance Health Directive)

2. If the resident consents or if they lack capacity to make decisions, involve resident's substitute health decision maker

3. GP

4. RACF clinical staff and multidisciplinary team



- Commence on end of life care plan e.g. <u>RAC EoLCP</u>
- GP nominates palliative care provider and documents updated Advance Care Plan in consultation with resident and / or substitute health decision maker

GP and RACF staff provide ongoing palliative care +/- referral to

HHS specialist palliative care service or where unavailable contact PallConsult at GP discretion (see palliative care resources - practice point 2); if palliative care unable to review resident in an appropriate time frame and GP requests second opinion, refer to HHS RaSS

End of life management practice points

1) Identifying the terminal phase of life

If <u>three or more</u> of the below signs and symptoms are present, **AND** the resident (or their substitute health decision maker), the GP, and the multidisciplinary team **ALL** agree, it is appropriate to commence end of life care plan e.g. <u>End of Life Pathway (RAC EoLP)</u>:

- 1. Experiencing rapid day to day deterioration that is not reversible
- 2. Requiring more frequent interventions
- 3. Becoming semi-conscious, with lapses into unconsciousness
- 4. Increasing loss of ability to swallow
- 5. Refusing or unable to take food, fluids or oral medication
- 6. Irreversible weight loss
- 7. An acute event has occurred requiring revision of treatment goals
- 8. Profound weakness
- 9. Changes in breathing patterns

**PLEASE note - in some cases residents may be commenced on an end of life care plan (e.g. <u>RAC</u> <u>EoLCP</u>) and then taken off the pathway if their condition improves.

Where a resident does not meet three or more criteria, assess further for cause of deterioration. If a cause for deterioration is not identified, refer to <u>HHS RaSS</u> at GP discretion

2) Palliative care resources

Specialist community palliative care services work in collaboration with primary care providers and often provide:

- 1. Visits to the resident in the RACF
- 2. 24 hour telephone on-call services
- 3. Admission to inpatient palliative care beds where indicated

Specialist palliative care services may be accessed via:

HHS specific community palliative care service

Where HHS specific community palliative care services are unavailable:

PallConsult

Additional palliative care resources include:

- How to use Residential Aged Care end of Life Care Pathway
- Guidelines for a palliative approach to care in Residential Aged Care
- Case Search Residential Aged Care palliative care resources
- End of life directions for aged care (ELDAC)
- Principles for palliative and end of life care in residential aged care

End of life: recognising and managing the terminal phase of life references

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 State of Queensland (Queensland Health).
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End of life: recognising and managing the terminal phase of life version control

Pathway	End of life: recognising and managing the terminal phase of life				
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