

NICE (2015)

NG31: Care of dying adults in the last days of life



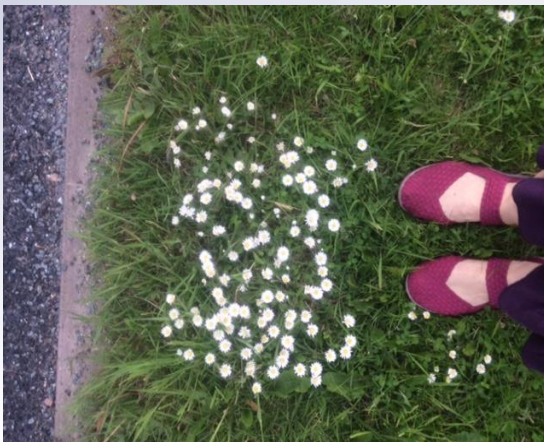
Royal College
of Nursing

- A Reflection on why this matters
- Kate Lillie, Isabel Quinn, Carolyn Doyle
- Pain and Palliative Care Forum



**'You matter because you are you,
And you matter to the last
moment of your life.**

**We will do all we can, not only to
help you die peacefully, but also
to live until you die'**



- Dame Cecily Saunders

WHAT THE GUIDELINES SAY.....

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Care of dying adults in the last days of life

NICE guidelines [NG31] Published date: December 2015 Uptake of this guidance

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This guideline covers the clinical care of adults (18 years and over) who are dying during the last 2 to 3 days of life. It aims to improve end of life care for people in their last days of life by communicating respectfully and involving them, and the people important to them, in decisions and by maintaining their comfort and dignity. The guideline covers how to manage common symptoms without causing unacceptable side effects and maintain hydration in the last days of life.

Recommendations on:

- Recognising the last few days of life
- Communicating and shared decision-making
- Clinically assisted hydration
- Medicines for managing pain and other symptoms
- Anticipatory prescribing

Recognition & Communication

- A value commitment to openness, and an open awareness of death, is now a central feature of end-of-life care (Searle, Addington-Hall, McCarthy1997)
- Patients more able to make autonomous decisions about their own dying process
 - Plan affairs
 - Plan time that is left
 - Relatives more satisfied with care
 - Patients less likely to die alone
 - Patients more likely to die at home
 - Patients more likely to have received specialist services



Shared decision making

- Quality of life can only be defined by the individual

Clinically Assisted Hydration

- Use an individualised approach and take expressed preferences into account:
 - Including cultural, spiritual or religious beliefs
 - advance statements
 - Level of consciousness
 - Swallowing difficulties
 - Level of thirst
 - Risk of pulmonary oedema
 - Whether temporary recovery is possible
- Risks and benefits



Manage pain & other symptoms

- Do not assume - ASK
- Identify and treat any reversible causes of symptoms
- Consider non-pharmacological measures
- Consider pharmacological measures





Anticipatory prescribing

- Ensure that suitable anticipatory medicines and routes are prescribed as early as possible.
- Strongest evidence base
- Review regularly

When deciding which anticipatory medicines to offer take into account:

- likelihood of specific symptoms occurring
- benefits and harms of administering medicines
- the possible risk of the person suddenly deteriorating when urgent symptom control may be needed
- the place of care and the time it would take to obtain medicines.

Brandon

- 53years old, presented with lethargy and abdominal pain.
 - DX with bowel cancer, liver secondary's advanced disease, no plan for curative intervention. Life expectancy of short weeks.
 - Extended family- 6 siblings, no living parents, separated from spouse – 1 daughter
 - What difference would the new NICE guidance make to Brandon's care at end of life?

Discussion



Now what ?



- **How can you use the NICE Guidelines to inform your practice and improve end of life care for everyone**
- **What are the challenges ?**
- **How can these be addressed**