

Pre-Hospital
Emergency Care
Council



Palliative Care
by
PHECC registered practitioners

Mission Statement

“The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care”

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Version History

(Please visit the [PHECC website](http://www.phecc.ie) to confirm current version.)

STN023: Palliative Care by PHECC registered practitioners		
Version	Date	Details
1	Mar 2016	New Standard approved by Council

Palliative Care by PHECC registered practitioners

This standard applies to patient care for patients with a known advanced progressive and life-limiting illness who are currently receiving palliative care services at home.

A 112/999 call for emergency medical assistance will typically result in an ambulance being dispatched, immediate care being provided for the patient and the patient being transported to an appropriate hospital facility, in the vast majority of cases this is an emergency department.

For palliative care patients at home the transportation of the patient to an emergency department should be the exception rather than the rule. The patient's wishes are, in the main, to die at home. This however needs to be confirmed at the time of interventions with the patient or family.

A survey conducted by Dr John Weafer, on behalf of the Irish Hospice Foundation, identified that 74% of Irish people wished to die at home.

"A large and increasing majority of Irish adults nominated their home as their preferred place of care if they were dying. This finding is consistent across many Irish and international surveys". (Weafer 2014)

Palliative care, by its very nature, means that a care plan is in place to manage end of life clinical and other issues for the patient.

Patients approaching end of life may experience pain or other symptoms that cause severe distress. These symptoms are usually managed very well by appropriate interventions and medications administered by the primary care / community health / specialist palliative care team and sometimes by the family members.

The most common symptoms causing distress for patients requiring palliative care are;

- Pain
- Dyspnoea
- Nausea/vomiting
- Anxiety
- Agitation/delirium
- Oropharyngeal secretions
- Fever/pyrexia
- Dry or sore mouth

Managing the symptoms at home by PHECC registered practitioners

1. If there is a medication directive for the patient, signed by his/her GP, in the home and the medications prescribed for the required symptom are available, consider the administration of the medication prescribed for that symptom as per the directive.
2. If there is no medication directive for the patient in the home;
 - 2.1 **Advanced Paramedic**:- follow the palliative care CPG to manage the symptoms.
 - 2.2 **Paramedic**: - follow the palliative care CPG and
 - (a) Contact the palliative care home care team (if number available) or
 - (b) Contact GP/GP out of hours service, and if not available
 - (c) Request AP
 - (d) If no support available and symptoms not abated transport to ED
3. Contact the Specialist Palliative Care Team, if at all possible, to report on what has transpired during the home visit and seek advice if required.
4. Give appropriate psychological support to the family members present.
5. Monitor the patient for approximately 20 minutes following treatment to ensure the symptoms have eased.
6. Complete a PCR/ACR and leave the top copy with the patient records in the home. For e-PCR users transfer the document to the patient's GP using a data compliant method.
7. It is paramount that patient records, if in the home, are updated by the PHECC registered practitioner outlining findings and care provided.
8. Consider transport to ED **only** if the symptoms cannot be managed at home.
9. Contact GP (GP out-of-hours), if at all possible, to advise that a home visit has occurred.

Expected death

- a) When death is imminent the patient may be provided with supportive care i.e. suctioning and/or oxygen therapy as necessary.
- b) When a clear 'do not attempt resuscitation' (DNAR) order/instruction is in place the PHECC registered practitioner should not commence resuscitation when the patient ceases to breathe or the heart ceases to pump (respiratory or cardiac arrest).
- c) Follow the protocol for pronouncing death of the patient.

Privileging

PHECC registered practitioners may be privileged to provide palliative care, on behalf of a licensed CPG provider, subject to them completing an approved palliative care training module.

Performance indicator (PI)

That the patient's symptoms are managed, resulting in distress relief, and the patient remains in the home (where appropriate).

Review

All palliative care episodes shall be reviewed by the Medical Director/Advisor, or his/her designee, to enable ongoing quality assurance of practice.



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