

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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