Deterioration in patient's condition suggests the patient may be dying, e.g. increasingly weak, sleepy, uninterested in getting out of bed, decreased oral intake & less interested in surroundings.

**Multidisciplinary Team Assessment (MDT)**
Is there a potentially reversible cause? e.g. hypercalcaemia, renal failure, infection, hypoactive delirium, drug toxicity. Could the patient be approaching the last days of their life? Is further support needed to assess & manage condition? Is a referral to the palliative care team required?

- **Patient is NOT diagnosed as dying**
  - Review the current plan of care daily based on a thorough patient assessment

- **Resuscitation Status**
  - This needs to be addressed & discussed with the patient / family as appropriate.
  - Ensure that a DNACPR form is completed.

**Comfort Cares**
*At the end of life each story is different*

**Physical Comfort**
It is not necessary to do further observations, bloods, tests & investigations. Constantly assess comfort in a holistic manner. 

- **Be alert for:**
  - Discomfort & pain (failure to address psychological distress & social / cultural issues is a common cause of unrelieved pain)
  - Restlessness / agitation
  - Respiratory distress
  - Retained secretions
  - Nausea / vomiting
  - Confusion / hallucinations / delirium

- **Also check for:**
  - Pressure areas / skin integrity
  - Faecal impaction / overflow. A PR may be necessary if suspected
  - Urinary retention

**Medications**
- **Rationalise all current medications & stop those not required for comfort (including IV fluids)**
- **Consider route of administration** – usually subcutaneous at this stage
- **Chart anticipatory medications all subcutaneously (refer to the palliative care website)**
  1. Opioid – pain, discomfort, shortness of breath
  2. Buscopan – secretions (death rattle)
  3. Haloperidol – nausea, confusion, agitation, delirium
  4. Midazolam – agitation, distress, anxiety, shortness of breath

  Opioids: morphine is the gold standard (renal function dependent).

**Psychological & Spiritual Needs**
- **Encourage conversations with family / whanau in an open & honest manner to elicit any fears and concerns**
- **Avoid withholding difficult information**
- **Encourage a relaxing environment, e.g music at low volume & soft lighting**
- **Keep distracting noises like televisions & radios to a minimum**
- **Encourage loved ones to reminisce**
- **Respect the family's need for privacy**
- **Offer Chaplain and family / whanau support services**

**Physical Cares**
- **Regular mouth cares (to alleviate dry mouth and thirst)**
- **Bowel / urinary cares**
- **Skin cares**
- **Body positioned and covered appropriately for comfort (hot / cold)**
- **Surroundings safe and tidy**
- **Encourage family / whanau involvement, e.g. holding hands, washing, mouth cares, touch & gentle massage**

*“Dignity and privacy are commodities beyond value in the dying”*