

# EOL DISCHARGE PLANNING

*Recently there have been some instances of delayed treatment in the community/readmissions concerning patients discharged for EOL care due incomplete discharge planning.*

**WHEN DISCHARGE HAS BEEN DISCUSSED WITH THE PATIENT AND THEIR FAMILY, THINK 333**

1. *Prescribe 3 things*
2. *Complete 3 bits of paper work*
3. *Inform 3 people*



## **1. Prescribe 3 things (on TTO)**

- I. Anticipatory meds (+/- Syringe Driver)
- II. Water for Injection
- III. SC Needles and Syringes

## **2. Complete 3 bits of Paperwork (to send home with the patient in addition to Discharge summary and TTO)**

- I. ReSPECT document
- II. Drug Chart (with anticipatory meds)
- III. Shared Care Plan for expected last days of life Paperwork

## **3. Discuss with 3 people**

- I. Family/Carers – ensure they have contact numbers for Out of Hours district nurses
- II. District Nurse- ensure they have had handover pre discharge
- III. GP – ensure they add ReSPECT details to Summary Care Record with Additional Information

### **Usual starting doses for PRN EOL Meds on TTA- call pharmacy or pal care if unsure**

1. Midazolam 2.5-5mgs SC 60 mins PRN  
(Supply 10 (ten) ampoules)
2. Levomepromazine 6.25mgs SC 6hrly PRN (Supply 1 box)
3. Glycopyrronium 200mcg SC 2-4hrly PRN Max 2.4mg/24hrs (Supply 2 boxes)
4. Morphine 2.5-5mgs SC hourly PRN (Supply 10 (ten) ampoules 10mg strength)

\* Please contact Pal Care for alternatives if the patient has renal failure