

**HEALTHCARE PROFESSIONALS
TRIGGERS OF SUPPORTIVE CARE FOR END-STAGE CHF PATIENTS**

IDENTIFYING PATIENTS:

1. Due to the unpredictability of CHF a shorter period than one year should be used for the surprise question, e.g. 6 months.

“Would you be surprised if this patient died within 6 months?”

2. At least TWO clinical indicators below ('Gold Standard' Choice)
 - CHF NYHA class III or IV – CHF symptoms despite optimal Tx
 - Patient thought to be in the last 6 months of life
 - 2 or 3 episodes of decompensation or admissions with End-stage CHF in one year
3. Does the patient require better symptom control, have difficulty in coping, psychological symptoms or require social or financial help?
4. General indicators of End-stage disease /CHF.
Tick appropriate boxes below.

- | | |
|---|--------------------------|
| Co-morbidities | <input type="checkbox"/> |
| Cachexia (if dry), or | <input type="checkbox"/> |
| Oedematous despite maximum therapy (if wet) | <input type="checkbox"/> |
| Reduced performance status – NYHA III / IV | <input type="checkbox"/> |
| General physical decline | <input type="checkbox"/> |
| Dependence in most activities of daily living (ADL's) | <input type="checkbox"/> |
| Reduced sodium level <125mmols | <input type="checkbox"/> |

Prognostic Assessment and Plan of Care Framework

OOH	Out of Hours
Harmoni	Out of hours GP service
NYHA	New York Heart Association Classification of Heart Failure
ICD	Implanted device, which delivers lifesaving defibrillation in patients with fatal arrhythmias – deactivation possible and should be considered in palliative phase
DNR	Do not resuscitate
SD	Sub-dermal/subcut
PRN	When necessary
PND	Paroxysmal Nocturnal Dyspnoea

<u>PROGNOSIS</u>	<u>ABCD</u>	<u>SYMPTOMS</u>	<u>PT'S NEEDS</u>	<u>CARE PLANNING</u>
A - Years	<u>All</u>	Variable/ none	Individual	Individualised
B – Months	<u>Benefits</u>	Breathlessness Fatigue, Oedema, Pain, depression, constipation, social or financial help.	Symptom control, Crisis Management (OOH), HF Nurse visits, Preferred Place of care -DS1500 GP input (Harmoni) Resus status – DNR ICD – see ICD plan Comfort measures e.g. Oxygen, Oramorph, laxatives	Individualised management plan with GP agreement, HF nurse visits, GP visits Bloods (INR, U&E's)
C - Weeks	<u>Cont.Care</u>	Deteriorated - compared with above-housebound.	Revisit resus status – DNR (ICD) Support & spiritual needs, Preparation of carer OOH & 'Hamoni' cover Revisit Comfort measures e.g. Oxygen, Oramorph, S/D & PRN tx	Review management plan agree changes with GP HF nurse visits 1-2 x weekly GP visits 1 x weekly District Nurse input 24hour support line or Harlington hospice sitter
D –Days	<u>Dignity</u>	<u>Bed bound/terminal</u>	All-care, increase comfort measures Daily support, Review and discontinue non-essential meds. ICD – deactivate with patient and/or next of kin consent	District nurse/ HF nurse specialist to visit daily. GP support/visits Consider night sitters Bereavement visit, offer of counselling

REPEAT ASSESSMENT FOR SUPPORTIVE CARE SCHEDULE / GSF

DATE:	
Patient's name: Use addressograph if available	DoB:
	NHS Number:
Address:	

Does the patient have at least TWO clinical indicators below ('Gold Standard' Choice)? Tick appropriate boxes below

- CHF NYHA class III or IV – CHF symptoms despite optimal Tx
- Patient thought (by care team) to be in the last 6 months of life
- 2 or 3 episodes of decompensation or admissions with End-stage CHF In one year
- Needs better symptom control, is having difficulty coping, psychological symptoms due to condition or prognosis

General indicators of End-stage disease /CHF. Tick appropriate boxes below

- Co-morbidities
- Cachexia (if dry), or
- Oedematous despite maximum therapy (if wet)
- Reduced performance status – NYHA III / IV
- General physical decline
- Dependence in most activities of daily living (ADL's)
- Reduced sodium level <125mmols

Prognosis assessed: (A) B C D (please circle)

CLINICAL ASSESSMENT

NYHA: I II III IV

Oedema assessment:		
Weight:	Previous weight:	
Exercise tolerance:		
Blood pressure:	Heart rate:	reg/irreg:
Chest Clear:	Basal Crackles:	
JVP:	cm	
Comments:		
Current Medication:		
Name	Dose	Frequency

Symptoms:
SOB / PND
Fatigue
Mobility
Appetite
Weight
Pain
Oedema
Depression

Sleep: Good Poor

No of Pillows used:	Sedation: Yes/No
Constipation:	Meds used:

Other problems identified by patient:	
1.	
2.	
3.	
4.	
5.	

PPC discussed with:			
Patient	Yes / No	Relatives/Carer	Yes / No
Comments:			
CPR discussed with:			
Patient	Yes / No	Relatives/Carer	Yes / No
Does the Patient want to be resuscitated?			
Comments:			
On clinical grounds:			
CPR appropriate		Not appropriate	
Does the patient have an ICD fitted?			No
If so please refer to ICD documentation, as deactivation may be necessary			
DNR order written in notes: Yes / No		Review date (if any):	
Appropriate treatment in case of deterioration:			



CARE OF IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD) IN THE DYING PATIENT

In patients with severe cardiac disease and heart failure symptoms the use of the ICD may be seen as inappropriate and the patient may no longer wish to be resuscitated. CPR may no longer be thought to be medically appropriate and a 'do not resuscitate' (DNR) order may be issued. Once resuscitation has been discussed with the patient and /or family and a DNR has been issued, deactivation of the ICD should be considered.

The ICD if left activated can cause unpleasant and inappropriate shocks in the terminal phase, so End of Life care should include deactivating the device at a suitable time. If an ICD is not deactivated prior to death there is a risk that movement of the body can encourage the device to deliver further shocks, which could be inappropriate and felt by relatives or health professionals.

Reasons to consider deactivation of ICD:

- Continued use of an ICD is against patient wishes
- Death Imminent
- DNR order has been agreed

Discussion regarding the deactivation should ideally be done when resuscitation issues are explored, the patients condition is deteriorating but the patient is still able to be involved in the decision making process. The discussion could also involve the next of kin if the patient is not able.

However, if the ICD does need to be deactivated quickly a magnet can be used. This is only a temporary measure until proper deactivation is possible. The magnet will need to be secured over the device and due to the weight of the magnet this may not be very comfortable for the patient. The magnet should be available from the cardiac physiology department.

When discussing deactivation with patients and relatives it should be explained that:

- The device will no longer provide lifesaving therapy in the event of an abnormal rhythm
- Turning the device off will not cause death
- Turning off the device will not be painful or will its failure to function cause the patient any pain
- The health professionals are available to answer any questions and plan appropriate care
- The ICD will continue to provide support for a slow heartbeat (bradycardia) should the patient require this
- Deactivation report form should be filled completed

REQUEST FOR DEACTIVATION OF IMPLANTABLE CARDIOVERTOR DEFIBRILLATOR

Patient Name:	
Address:	
Date of Birth:	
GP Details:	
Date and time of request:	
Address where patient is currently located:	
Reason for request:	
Signature of authorising Consultant/Physician:	
Print Name:	Date:

I understand the reasons for deactivating my ICD and that the decision to deactivate my ICD can be reviewed if necessary. I agree to the deactivation of my ICD.

Signature of patient/next of kin:	Date:
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Date and time device deactivated:	
Any treatments that remain active:	
Signature of healthcare professional deactivating the device:	
Print Name:	
Title:	Date:

PATIENT NAME..... DOB.....

PPC OUTCOMES

- 1. Date of death
- 2. Preferred place of death
- 3. Actual place of death
- 4. Cause of death
- 5. Persons present.....
- 6. Bereavement visit
- 7. What other issues do you feel enabled this patient to die in their PPC?
(i.e., family / GP support.)
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OR

- 8. What problems encountered hindered this patient dying in their PPC?
(i.e., social isolation, other co.morbidities.)
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- 9. Any other comments/ outcomes?
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.....
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Sign.....Print.....Date.....