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CYMRU – WALES
palliative care

All Wales Guidance:
Care Decisions for the Last Days of Life

Version 12 May 2023

An evidence based good practice guide to support healthcare professionals delivering individualised holistic care to those in the last days and hours of life

This document forms part of the patient's confidential clinical record

Important note:
If the patient is **NOT** in the last days or hours of life, Care Decisions Guidance should **NOT** be used.

The full set of All Wales Care Decisions Guidance v12 consists of:

Document A - Main Care Decisions Guidance document (4 pages)
Document B - Patient Symptom Assessment Chart (SEWS)
Document C - Community PRN Medication Administration Record
Document D - Individual Case Review sheet (for evidencing care provided)
Document E - Symptom Control Guidance

Additional Care Decisions Supplements and Appendix are available:

- Covid-19 Symptom Control Supplement
- Diabetes Management Supplement
- Appendix: Considering diversity in delivering person-centred care

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Care Decisions for the Last Days of Life

Context of the All Wales Care Decisions Guidance (CDG):

- **Delivering the best care in the last days (or hours) of life is everybody's business.** People in Wales die in many different places: in acute or community hospitals; in their own, a relative or friend's home; in residential or nursing care homes; in hospices, prisons etc. There is an equal need to deliver the best care possible, whatever the setting. The main 4 page Guidance document (Document A) leads you through the important points to consider for each individual person. The aim is to support and empower you, as a healthcare professional, no matter what your role or specialism, to be able to deliver high quality care in the last days of life. Where further support or advice is needed, specialist palliative care services (including out of hours) are available 24/7 within each Health Board area across Wales.
- The CDG reflects the need for **individualised person-centred care.** CDG advocates that every opportunity should be taken to discuss, with the dying person (where clinically possible) and with those important to them, care preferences, needs, goals and wishes, as well as to make shared decisions about their care.
- The **CDG is evidence based good practice guidance** developed, regularly reviewed and updated by specialists in Wales. (NICE guidance: Care of dying adults in the last days of life, NG31 (2015); The Five Priorities of Care: Leadership Alliance Care of the Dying Patient, One Chance to get it Right Report (2014)).

Targeted use:

- This guidance applies to **adults where death is anticipated or expected in the next few days or hours**.

Prior to commencing guidance use:

- **It is recommended that, wherever possible, medical and nursing staff should carry out a joint clinical assessment. A senior clinician should be involved in initial decision-making.**
- The term 'patient' is used for ease, but represents people dying in all settings.

General points:

- The Main 4 page Guidance (Document A) can be used with the other Care Decisions supporting documents (e.g. Symptom Control Guidance, Symptom Assessment Chart) as required.
- Prescribe all medications in the appropriate prescription charts, as used locally.
- Completing the Main Guidance document can act as an effective communication tool for teams and can prevent duplication of work such as repeated conversations, which may be distressing for patients. If discussions, decisions and the care given are not recorded in the Guidance (or elsewhere) there is **no evidence or record** that these took place. Using the Guidance can also show that you are working together as a staff team, demonstrating respect and that a person's dignity and wishes are taken seriously.
- People's needs and wishes e.g. beliefs, preferred language, can change when they know they are dying.
- The CDG 'Considering Diversity Appendix' can help guide you further in delivering person-centred care.
- Complete and return a Case Review sheet for all patients. This also evidences the care given.

Using the Main Guidance Document A:

- The Main Guidance document acts as a prompt to support and guide you to deliver the best care possible. It does not replace clinical judgement. Summarise the priorities and decisions of the patient, those important to them and the clinical team in the relevant sections. Briefly document the agreed individual plan of care and, if needed, write more fully in the patient's clinical record. Record all further decisions and progress in the patient's clinical record.
- This document should be filed in the current section of the patient's clinical record.

Who should complete what sections of the main Guidance document:

- Individual teams should agree which particular sections are completed by doctors or nurses depending on their local circumstances. **Identify the responsible clinician (consultant/GP) and the senior clinical decision maker consulted at the time of completing the document.**