

# Liverpool Care Pathway (Hospital Version)

Patient Name: ..... CHI no: ..... DOB: .....

Consultant ..... Ward .....

General Practitioner .....	Telephone .....
District Nurse .....	Telephone .....
Macmillan Nurse .....	Telephone .....

### Instructions for use

1. All goals are in **heavy** typeface. Interventions, which act as prompts to support the goals, are in normal type.
2. The palliative care guidelines are printed on the pages at the end of the pathway. Please make reference as necessary.
3. If you have any problems regarding the pathway contact the Palliative Care Team.

Practitioners are free to exercise their own professional judgement, however, any alteration to the practice identified within this LCP must be noted as a variance on the sheet at the back of the pathway.

### Criteria for use of the LCP

**Refer to algorithm found in resource folder / treatment areas**

**All possible reversible causes for current condition have been considered:**

**The multiprofessional team has agreed that the patient is dying, and two of the following may apply: -**

- |                                  |                          |                                |                          |
|----------------------------------|--------------------------|--------------------------------|--------------------------|
| The patient is bedbound          | <input type="checkbox"/> | Semi-comatose                  | <input type="checkbox"/> |
| Only able to take sips of fluids | <input type="checkbox"/> | No longer able to take tablets | <input type="checkbox"/> |

Doctor's Signature ..... Date ..... Time .....

Nurse's Signature ..... Date ..... Time .....

### **References:**

Working Party on Clinical Guidelines In Palliative Care (1997) Changing Gear – Guidelines for Managing the Last Days of Life in Adults. National Council for Hospice and Specialist Palliative Care Services, London (revised and reprinted January 2005)'  
Ellershaw JE, Wilkinson S (2003) Care of the dying: A pathway to excellence. Oxford: Oxford University Press.





Name: ..... CHI no: ..... Date/Time commenced: .....

<b>Section 1</b>	<b>Initial assessment</b> <b>A = Achieved V = Variance</b> <b>If you chart "V" against any goal, please complete variance sheet</b>		
<b>Diagnosis &amp; Demographics</b>	<b>PRIMARY DIAGNOSIS:</b> ..... <b>SECONDARY DIAGNOSIS:</b> .....  DOB: ..... Female <input type="checkbox"/> Male <input type="checkbox"/> Ethnicity: .....		
<b>Physical condition</b>  <b>Act to palliate any current symptoms / problems</b>	Unable to swallow Yes <input type="checkbox"/> No <input type="checkbox"/> Nausea Yes <input type="checkbox"/> No <input type="checkbox"/> Vomiting Yes <input type="checkbox"/> No <input type="checkbox"/> Constipated Yes <input type="checkbox"/> No <input type="checkbox"/> Confused Yes <input type="checkbox"/> No <input type="checkbox"/> Agitation Yes <input type="checkbox"/> No <input type="checkbox"/> Restless Yes <input type="checkbox"/> No <input type="checkbox"/> Distressed Yes <input type="checkbox"/> No <input type="checkbox"/>	Aware Yes <input type="checkbox"/> No <input type="checkbox"/> Conscious Yes <input type="checkbox"/> No <input type="checkbox"/> UTI problems Yes <input type="checkbox"/> No <input type="checkbox"/> Catheterised Yes <input type="checkbox"/> No <input type="checkbox"/> Respiratory tract secretions Yes <input type="checkbox"/> No <input type="checkbox"/> Dyspnoea Yes <input type="checkbox"/> No <input type="checkbox"/> Pain Yes <input type="checkbox"/> No <input type="checkbox"/> Other (e.g. oedema, itch) Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Comfort measures</b>	<b>Goal 1: Current medication assessed and non essentials discontinued</b> A <input type="checkbox"/> V <input type="checkbox"/> Appropriate oral drugs converted to subcutaneous route and syringe driver commenced if appropriate. Inappropriate medication discontinued.		
	<b>Goal 2: PRN subcutaneous medication written up for list below as per protocol</b> (See sheets at back of LCP for guidance)		
	Pain	Analgesia	A <input type="checkbox"/> V <input type="checkbox"/>
	Agitation	Sedative	A <input type="checkbox"/> V <input type="checkbox"/>
	Respiratory tract secretions	Anticholinergic	A <input type="checkbox"/> V <input type="checkbox"/>
	Nausea & vomiting	Anti-emetic	A <input type="checkbox"/> V <input type="checkbox"/>
	Dyspnoea	Anxiolytic / Muscle relaxant	A <input type="checkbox"/> V <input type="checkbox"/>
	<b>Goal 3: Discontinue inappropriate interventions</b>		
	Blood test (including BM monitoring)		A <input type="checkbox"/> V <input type="checkbox"/> N/A <input type="checkbox"/>
	Antibiotics		A <input type="checkbox"/> V <input type="checkbox"/> N/A <input type="checkbox"/>
	I.V.'s (fluids/medications)		A <input type="checkbox"/> V <input type="checkbox"/> N/A <input type="checkbox"/>
	Artificial hydration / nutrition		A <input type="checkbox"/> V <input type="checkbox"/> N/A <input type="checkbox"/>
	Not for cardiopulmonary resuscitation recorded		A <input type="checkbox"/> V <input type="checkbox"/>
	(Please record below & complete appropriate associated documentation - policy/procedure)		
	<b>Deactivate cardiac defibrillators (ICD's)</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Contact patient's Cardiologist		
	Refer to local policy and procedures		
	Information leaflet given to patient / carer if appropriate		
	<b>Doctor's signature:</b> ..... <b>Date</b> ..... <b>Time</b> .....		
	<b>Goal 3a: Decisions to discontinue inappropriate nursing interventions taken</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Routine turning regime – reposition for comfort only – consider pressure relieving mattress – & appropriate assessments re skin integrity - taking vital signs. If BM monitoring in place reduce frequency as appropriate e.g. once daily		
	<b>Goal 3b: McKinley Pump set up within 4 hours of doctors order</b> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
	<b>Nurse signature:</b> ..... <b>Date:</b> ..... <b>Time:</b> .....		



Name: ..... CHI no: ..... Date: .....

<b>Section 1</b>	<b>Initial assessment - Continued</b> <b>A = Achieved V = Variance</b> <b>If you chart "V" against any goal, please complete variance sheet</b>		
<i>Psychological/insight</i>	<b>Goal 4: Ability to communicate in English assessed as adequate</b>		
	a) Patient	A <input type="checkbox"/>	V <input type="checkbox"/> Comatosed <input type="checkbox"/>
	b) Family/other	A <input type="checkbox"/>	V <input type="checkbox"/>
<i>Record significant discussions in multidisciplinary notes page</i>	<b>Goal 5: Insight into condition assessed</b>		
	Aware of diagnosis a) Patient	A <input type="checkbox"/>	V <input type="checkbox"/> Comatosed <input type="checkbox"/>
	b) Family/other	A <input type="checkbox"/>	V <input type="checkbox"/>
	Recognition of dying c) Patient	A <input type="checkbox"/>	V <input type="checkbox"/> Comatosed <input type="checkbox"/>
	d) Family/other	A <input type="checkbox"/>	V <input type="checkbox"/>
<i>Religious/Spiritual support</i>	<b>Goal 6: Religious/spiritual needs assessed</b>		
	a) with Patient	A <input type="checkbox"/>	V <input type="checkbox"/> Comatosed <input type="checkbox"/>
	b) with Family/other	A <input type="checkbox"/>	V <input type="checkbox"/>
	Patient/other may be anxious for self/others		
	Consider specific cultural needs		
	Consider support of Chaplaincy Team		
	Religious Tradition identified, if yes specify: .....	A <input type="checkbox"/>	V <input type="checkbox"/> N/A <input type="checkbox"/>
	Support of Chaplaincy Team offered	A <input type="checkbox"/>	V <input type="checkbox"/>
	In-house support Tel/bleep no: .....Name: ..... Date/time: .....		
	External support Tel/bleep no: .....Name: ..... Date/time: .....		
	Comments (Special needs now, at time of impending death, at death & after death identified)		
	.....		
	.....		
	.....		
<i>Communication with family/other</i>	<b>Goal 7: Identify how family/other are to be informed of patient's impending death</b>	A <input type="checkbox"/>	V <input type="checkbox"/>
	At any time <input type="checkbox"/> Not at night-time <input type="checkbox"/> Stay overnight at Hospital <input type="checkbox"/>		
	Primary contact name: .....		
	Relationship to patient: ..... Tel no: .....		
	Secondary contact: .....		
	Tel no: .....		
	<b>Goal 8: Family/other given hospital information on:-</b>	A <input type="checkbox"/>	V <input type="checkbox"/>
	Facilities leaflet available to address:		
	Car parking; Accommodation; Beverage facilities; Payphones; Washrooms & toilet facilities on the ward; Visiting times; Any other relevant information.		
<i>Communication with primary health care team</i>	<b>Goal 9: G.P. Practice is aware of patient's condition</b>	A <input type="checkbox"/>	V <input type="checkbox"/>
	G.P. Practice to be contacted if unaware patient is dying		
<i>Summary</i>	<b>Goal 10: Plan of care explained &amp; discussed with:</b>		
	a) Patient	A <input type="checkbox"/>	V <input type="checkbox"/> Comatosed <input type="checkbox"/>
	b) Family/other	A <input type="checkbox"/>	V <input type="checkbox"/>
<i>Record significant discussions in multidisciplinary notes page</i>	<b>Goal 11: Family/other express understanding of planned care</b>	A <input type="checkbox"/>	V <input type="checkbox"/>
	Family/other aware that the planned care is now focused on care of the dying & their concerns are identified & documented.		
	The LCP document may be discussed as appropriate		
Nurse's Signature : ..... Date: ..... Time: .....			



Name: ..... CHI no: ..... Date: .....

<b>Codes (please enter in columns) A= Achieved V=Variance (not a signature)</b> <b>If you chart "V" against any goal, please complete variance sheet</b> <b>If patient not symptom free, carry out appropriate intervention and reassess in 30 minutes</b>							
<i>Section 2</i>	<i>Patient problem/focus</i>	<i>04:00</i>	<i>08:00</i>	<i>12:00</i>	<i>16:00</i>	<i>20:00</i>	<i>24:00</i>
<b>Ongoing assessment</b> <b>Pain</b> <b>Goal: Patient is pain free</b> <ul style="list-style-type: none"> <li>Verbalised by patient if conscious</li> <li>Pain free on movement</li> <li>Appears peaceful</li> <li>Consider need for positional change</li> </ul>							
<b>Agitation</b> <b>Goal: Patient is not agitated</b> <ul style="list-style-type: none"> <li>Patient does not display signs of delirium, terminal anguish, restlessness (thrashing, plucking, twitching)</li> <li>Exclude retention of urine as cause</li> <li>Consider need for positional change</li> </ul>							
<b>Respiratory tract secretions</b> <b>Goal: Excessive secretions are not a problem</b> <ul style="list-style-type: none"> <li>Medication to be given as soon as symptoms arise</li> <li>Consider need for positional change</li> <li>Symptom discussed with family/other</li> </ul>							
<b>Nausea &amp; vomiting</b> <b>Goal: Patient does not feel nauseous or vomits</b> <ul style="list-style-type: none"> <li>Patient verbalises if conscious</li> </ul>							
<b>Dyspnoea</b> <b>Goal: Breathlessness is not distressing for patient</b> <ul style="list-style-type: none"> <li>Patient verbalises if conscious.</li> <li>Consider need for positional change.</li> </ul>							
<b>Other symptoms (e.g. oedema, itch)</b> .....							
<b>Treatment/procedures</b> <b>Mouth care</b> <b>Goal: Mouth is moist and clean</b> <ul style="list-style-type: none"> <li>See mouth care policy</li> <li>Mouth care assessment <b>at least</b> 4 hourly</li> <li>Frequency of mouth care depends on individual need</li> <li>Family/other involved in care given</li> </ul>							
<b>Micturition difficulties (bladder problems)</b> <b>Goal: Patient is comfortable</b> <ul style="list-style-type: none"> <li>Urinary catheter if in retention</li> <li>Urinary catheter or pads, if general weakness creates incontinence</li> </ul>							
<b>Medication (If medication not required please record as N/A)</b> <b>Goal: All medication is given safely &amp; accurately</b> <ul style="list-style-type: none"> <li>If McKinley Pump in progress check at least 4 hourly according to monitoring sheet</li> </ul>							
<b>Signature</b>							



Name: ..... CHI no: ..... Date: .....

<b>Codes (please enter in columns) A= Achieved V=Variance (not a signature)</b> <b>If you chart "V" against any goal, please complete variance sheet</b> <b>If patient not symptom free, carry out appropriate intervention and reassess</b>		08:00	20:00
<i>Mobility/Pressure area care</i>	<b>Goal: Patient is comfortable and in a safe environment</b> <ul style="list-style-type: none"> <li>Clinical assessment of:               <ul style="list-style-type: none"> <li>Skin integrity</li> <li>Need for positional change</li> <li>Need for special mattress</li> <li>Personal hygiene, bed bath, eye care needs</li> </ul> </li> </ul>		
<i>Bowel care</i>	<b>Goal: Patient is not agitated or distressed due to constipation or diarrhoea</b>		
<i>Psychological/Insight support</i>  <i>Record significant discussions in multidisciplinary notes page</i>	<b>Patient</b> <b>Goal: Patient becomes aware of the situation as appropriate</b> <ul style="list-style-type: none"> <li>Patient is informed of procedures</li> <li>Touch, verbal communication is continued</li> </ul>		
	<b>Family/other</b> <b>Goal: Family/other are prepared for the patient's imminent death with the aim of achieving peace of mind and acceptance</b> <ul style="list-style-type: none"> <li>Check understanding of nominated family/others / younger adults / children</li> <li>Check understanding of other family/others not present at initial assessment</li> <li>Ensure recognition that patient is dying &amp; of the measures taken to maintain comfort</li> <li>Chaplaincy Team support offered</li> </ul>		
<i>Religious/Spiritual support</i>	<b>Goal: Appropriate religious/spiritual support has been given</b> <ul style="list-style-type: none"> <li>Patient/other may be anxious for self/others</li> <li>Support of Chaplaincy Team may be helpful</li> <li>Consider cultural needs</li> </ul>		
<i>Care of the family/others</i>	<b>Goal: The needs of those attending the patient are accommodated</b> <ul style="list-style-type: none"> <li>Consider health needs &amp; social support.</li> <li>Ensure awareness of ward facilities</li> </ul>		
<b>Nurse's Signature</b> <b>Early:</b> ..... <b>Late:</b> ..... <b>Night:</b> .....			

Repeat Continuous Evaluation every 24 hours

Spare sheets available as required.

Visits by members of MDT team and specific discussions should be recorded in multidisciplinary notes page at back of LCP



Name: ..... CHI no: ..... Date: .....

**SECTION 3: Care After Death**

Date of death: ..... Time of death: .....

Persons present: .....

Notes: .....

.....

Signature: .....

<b>Care after death</b>	<b>Goal 12: GP Practice contacted re patient's death</b> Date __/__/__ <span style="float: right;">A <input type="checkbox"/> V <input type="checkbox"/></span> <ul style="list-style-type: none"> <li>• If out of hours contact on next working day</li> <li>Message can be left with receptionist</li> </ul>
	<b>Goal 13: Procedures for laying out followed according to hospital policy</b> <span style="float: right;">A <input type="checkbox"/> V <input type="checkbox"/></span> <ul style="list-style-type: none"> <li>• Carry out specific religious / spiritual / cultural needs - requests</li> </ul>
	<b>Goal 14: Procedure following death discussed or carried out</b> <span style="float: right;">A <input type="checkbox"/> V <input type="checkbox"/></span> <b>Check for the following:</b> <ul style="list-style-type: none"> <li>• Explain mortuary viewing as appropriate</li> <li>• Family aware cardiac devices (ICD's) or pacemaker must be removed prior to cremation</li> <li>• Post mortem discussed as appropriate.</li> <li>Ensure Death Certificate completed</li> <li>Complete Cremation Form – part 1</li> <li>• Input patients death on hospital computer</li> </ul>
	<b>Goal 15: Family/other given information on hospital procedures</b> <span style="float: right;">A <input type="checkbox"/> V <input type="checkbox"/></span> <ul style="list-style-type: none"> <li>• Information booklet given to family/other about necessary legal tasks</li> <li>•</li> </ul>
	<b>Goal 16: Hospital policy followed for patient's valuables &amp; belongings</b> <span style="float: right;">A <input type="checkbox"/> V <input type="checkbox"/></span> <ul style="list-style-type: none"> <li>• Belongings and valuables are signed for by identified person</li> <li>• Property packed for collection.</li> <li>• Valuables listed and stored safely</li> </ul>
	<b>Goal 17: Necessary documentation &amp; advice is given to the appropriate person</b> <span style="float: right;">A <input type="checkbox"/> V <input type="checkbox"/></span> <ul style="list-style-type: none"> <li>• 'What to do after death' booklet given (DHSS)</li> </ul>
	<b>Goal 18: Bereavement leaflet given</b> <span style="float: right;">A <input type="checkbox"/> V <input type="checkbox"/></span> <ul style="list-style-type: none"> <li>• Information leaflet on grieving and local support given</li> </ul>
	<p style="color: red;"><b>If you have charted "V" against any goal so far, please complete variance sheet at the back of the pathway before signing below</b></p> <p><b>Health Professional</b>  signature: ..... Date: .....</p>



Name: ..... CHI no: ..... NHS no: .....

### Variance analysis

What Variance occurred & why?	Action Taken	Outcome
          Signature..... Date/Time.....	          Signature..... Date/Time.....	          Signature..... Date/Time.....
          Signature..... Date/Time.....	          Signature..... Date/Time.....	          Signature..... Date/Time.....
          Signature..... Date/Time.....	          Signature..... Date/Time.....	          Signature..... Date/Time.....



## RESPIRATORY TRACT SECRETIONS

PRESENT

ABSENT

Hyoscine butylbromide (Buscopan) 20mg sc bolus injection.

Consider 80mg/24h via syringe driver.

(Hyoscine hydrobromide 0.4mg sc may be used but may cause sedation or confusion)

Prescribe hyoscine butylbromide (Buscopan) 20mg sc prn.



## TERMINAL RESTLESSNESS AND AGITATION

### PRESENT

If evidence of confusion or hallucinations (eg. plucking at bed sheets, reaching for invisible objects) give haloperidol 2.5mg sc stat and prn

Consider haloperidol 5mg/24h via syringe driver

If evidence of anxiety or just simple restlessness, give midazolam 2.5mg sc

### ABSENT

Prescribe haloperidol 2.5mg sc prn for confusion or hallucinations

*and*

midazolam 2.5mg sc prn for anxiety or restlessness

NB. The above drugs can be used together and combined in a syringe driver.

Doses in SD should be increased according to need, if stat doses are helpful.

If agitation is not controlled, call the advice line. (01236 766951).



## NAUSEA AND VOMITING

PRESENT

Consider one of the following:

Haloperidol 5mg/24h sc via syringe driver (and 1.25mg prn)

*or*

Levomepromazine 12.5mg/24h sc via syringe driver (and 2.5mg prn)

Increase syringe driver dose if 2 or more prn doses needed.

If nausea/vomiting is not controlled, call the advice line (01236 766951)

ABSENT

Prescribe haloperidol 1.25mg sc prn



## PAIN

If patient is taking strong opioids orally, convert to the subcutaneous route.

To convert from oral morphine to a 24h sc infusion of morphine, divide the **total** daily dose of morphine by 2. (eg. MST 30mg bd = morphine 30mg/24h via syringe driver).

To convert from oral oxycodone to sc infusion of oxycodone,

### PATIENT IS IN PAIN

If on regular strong opioid, offer appropriate sc dose of breakthrough medication (see below).

If not on regular strong opioid, use morphine 2.5mg sc prn. If 2 or more doses needed in 24h then consider a syringe driver (eg. morphine 10mg/24h sc)

### PATIENT'S PAIN IS CONTROLLED

Ensure sc analgesia is prescribed prn.

If on regular strong opioid, see below for breakthrough doses.

If not on regular strong opioid, prescribe morphine 2.5 mg sc prn.

Review pain control daily.  
Consider increase in regular dose if 2 or more breakthrough doses needed.

**Breakthrough dose** should be 1/6 of total daily dose of strong opioid. (eg. morphine 90mg sc via syringe driver = morphine 15mg sc for breakthrough pain)

For breakthrough dose when using fentanyl patches, please consult Palliative Care Guidelines or call advice line (01236 766951)