



# Lightning Learning: GREAT Palliative Discharge



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East Midlands Emergency Medicine Educational Media

## STOP!

### **G** The Gold Standards Framework (GSF) Register:

Consider requesting this from GP for any patient who is likely to be in the last year of their life. Let the GP know if you have made a referral to community palliative care.

### **R** Resuscitation Status:

Discuss the benefits/burdens of CPR with the patient and family and include decision on discharge summary.

### **E** End of Life Medications and/or Medication Review:

*For the last days of life:* prescribing for pain, agitation, nausea/vomiting, secretions, breathlessness. Include DN authorisations and water for injection.

*For the last months, weeks or days of life:* what medications could be stopped/reviewed?

### **A** Advance Care Planning:

Discuss and record patient's priorities and goals. Request GP updates the Integrated Care Plan.

### **T** Treatment Escalation Plan:

Consider potential emergencies; record if re-admission is not wanted by the patient. Prompt GP follow-up, especially if the prognosis is short. Consider an Emergency Healthcare Plan (found on ICE). Gain senior doctor, patient and family involvement.

## LOOK

**Around 1-in-3 patients admitted as an emergency will die within 12 months of admission or discharge.**

Many patients have frequent contact with hospital services in their last year of life.

Important conversations which take place in hospital are infrequently shared with community services.

A **GREAT** discharge can support the patient, family and staff when a patient is readmitted.

A **GREAT** discharge may be a helpful communication framework for...

- Patients at risk of dying in the coming hours or days.
- People with advanced, progressive, incurable conditions.
- Patients with high Clinical Frailty Scores (*the cohort with CFS 7-9 have 1-year mortality risk of 50%*).
- People with end stage chronic medical conditions.

## LEARN

**Remember that the discharge letter goes home with the patient.**

**Involve patients and families with any decisions that are made about them, applying principles of the Mental Capacity Act 2005.**

**Nothing on this letter should be a surprise to the patient or family.**

