



Checklist for Discharge Home at End of Life - All Fast-Track Categories

Date: _____ Time: _____	Yes/No	Date/ Time	Sign
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Assessment for Fast Track

1	The patient is in the last days of life. 48 -72hrs Less than 7 days Care is supported by All Wales Guidance: Care Decisions for the Last Days of Life Rapidly deteriorating condition (entering a terminal phase)			
2	The decision to go home and available care has been discussed with the Patient, family or next of kin.			
3	The Patient's preferred place of care/death at the end of life has been identified at home/care home.			
4	The Patient has a DNACPR form.			

Planning for End of Life Discharge

1	The patient has been referred to the Discharge Liaison Team.			
2	The Fast Track form has been completed and sent to long term care. sbu.longtermcareteam@wales.nhs.uk			
3	The patient is known to Hospital Specialist Palliative Care Team. (Please liaise with the Hospital Specialist Palliative Care Team and inform them of discharge)			
4	The equipment, including community profiling bed , needs to be arranged urgently via Discharge Liaison Nurse and/or Occupational Therapist.			
5	Is Home Oxygen is required? If Yes, a HOOF -form needs to be been completed, sent and delivery arranged. Please contact respiratory nurses to support.			
6	A referral needs to be completed and submitted to SBUHB Fast Track MDT and then discussed at MDT (Monday to Friday at 11am via MS Teams). This is an opportunity for a discussion/handover with Primary Care about the patient's needs and requirements for discharge home.			

Take home medication

1	Take Home medications have been prescribed and dispensed. Patient should be sent home with adequate medications for symptom control in the last days of life, including a minimum of s/c medications for: Pain <input type="radio"/> Nausea <input type="radio"/> Agitation <input type="radio"/> Secretions <input type="radio"/> Breathlessness <input type="radio"/> Water for injection <input type="radio"/>			
2	Anticipatory medications prescribed on an All Wales Medication Chart and Syringe Driver Chart (if required). This is to ensure these medications can be administered in the community by District Nurses, this includes both individual injections and syringe drivers.			
3	The appropriate mouth care products to be provided for discharge.			

Transport

	Yes/No	Date/ Time	Sign
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1	A discussion has been had with the family/next of kin that if the patient were to die in the ambulance that they would continue home/care home. (Please document discussion clearly in the medical notes)			
2	Any access issues identified outside or inside the property.			
3	End of Life Ambulance booked.			

Continence

1	At least a 7 day supply of single use equipment provided to the patient. i.e. incontinence pads/sheets or dressings. If catheterised, a spare catheter pack, urinary catheter and catheter passport.			
2	Community Continence referral has been completed and submitted.			

Essential discharge paperwork/documents

1	GP has been provided with a copy of the DNACPR form. PATIENT RECORD (top copy) to be photocopied and sent to GP; HEALTHCARE COPY to be retained in Hospital clinical notes.			
2	The patient been provided with the original PATIENT RECORD form and COPI'R CLAF (WELSH PATIENT COPY) for discharge home/care home.			
3	If care is being supported with the Care Decision Guidance, provide paperwork for discharge home/care home. <u>A copy to remain in patient's hospital clinical notes.</u>			
4	Transfer of care document/discharge summary.			
5	Relevant contact details to be given to patient. District Nurses, Specialist Palliative Care Team, equipment stores, G.P, Care Agencies etc.			
6	Discharge information leaflet for End of Life Care provided.			

Day of discharge

1	Reassess the patient to make sure they are still suitable to make the journey and proceed with discharge.			
2	The family/next of kin, District Nurses and the Specialist Palliative Care Team (if involved) been informed of day and time of discharge.			
3	The Patient's GP surgery has been informed of discharge and current clinical condition by the medical team. (GP bypass numbers are on COIN to be used for this purpose ONLY)			
4	Where discharge from hospital has not been achieved, consider escalating the reason to determine if DATIX is required.			

Signature of Registered Nurse Completing the Discharge of Patient:

Please Print Name: _____

Date of Completion: _____