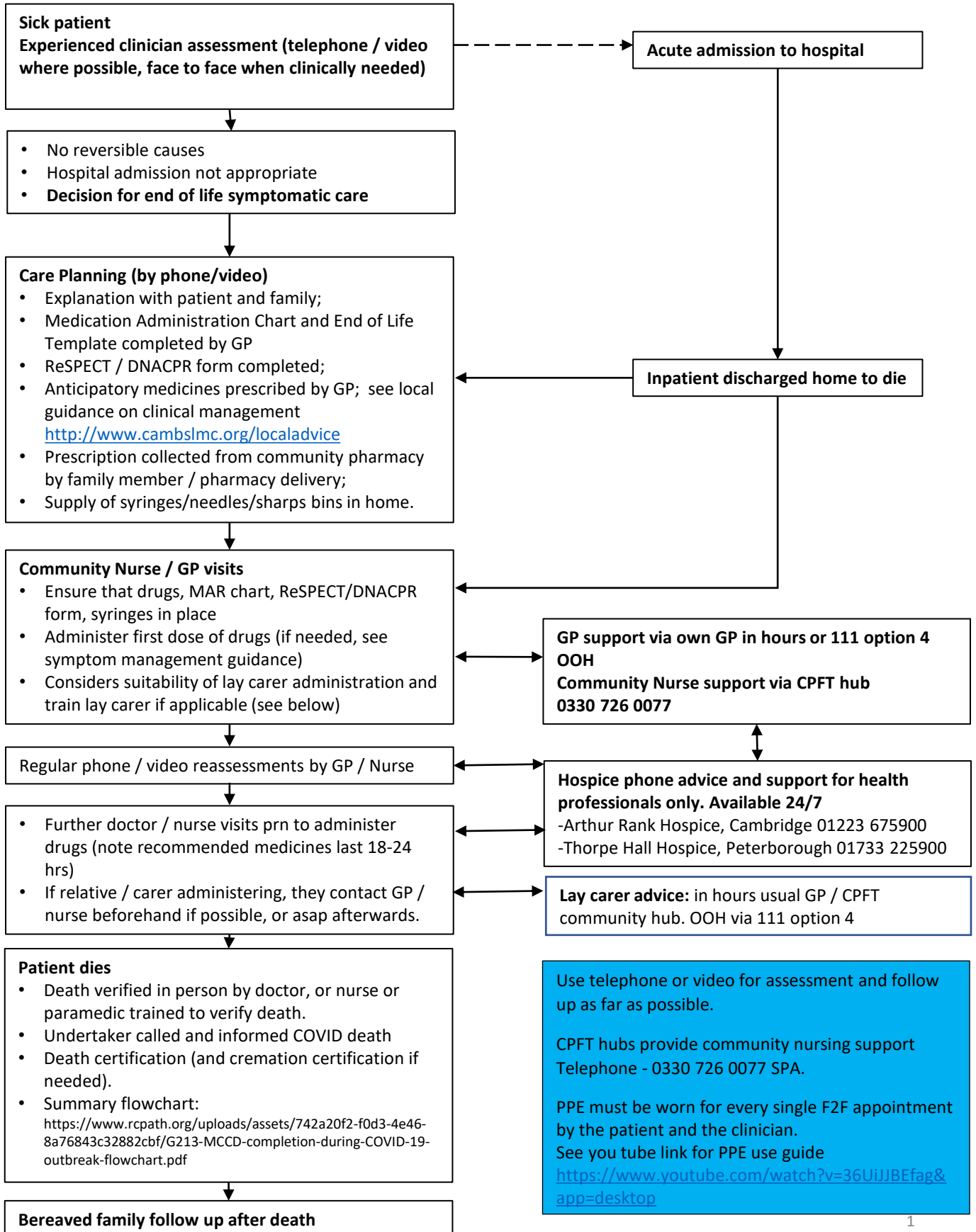


END OF LIFE CARE (COMMUNITY)

Clinical Guidance for Covid 19 Patients

V9 09.04.2020 Review Date: 20.4.20



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V3.5 4.4.20 FINAL SB

Coordination

Due to the impact of Covid 19 on staffing in practices, community services and GP OOH, there will need to be a pragmatic approach to arranging for the requirements in the table below to take place, depending on the timing (in or out of hours) and relative capacity on the day.

At all times, the need for face to face visits should be kept to a minimum and full PPE is recommended in order to protect staff from infection.

The recommended drugs will last for 18-24 hours to minimise the need for repeat visits.

There are designated pharmacies for EOLC medicines: the CCG is checking regularly to assure stock levels and opening hours.

REQUIREMENTS	METHOD	GP HOME VISIT TO ADMINISTER MEDS	CPFT VISIT TO ADMINISTER MEDS
ReSPECT / DNACPR form completed by the GP	GP to complete via phone / video with the patient and relative / carer, input to practice IT system.	GP takes copy of ReSPECT / DNACPR form to be left at patient's home.*	GP emails ReSPECT / DNACPR form to community hub; CPFT nurse / staff to print copy to be left at patient's home.*
Medication Administration Chart completed by the GP	Using the separate guidance on medicines, the GP completes the Medication Administration Chart	GP takes copy of Medication Administration Chart to patient's home.*	GP emails Medication Administration Chart to community hub; CPFT nurse / staff to print copy to be left at patient's home.*
Drugs collected from the pharmacy (or GP practice if dispensing)	GP uses EPS to arrange for pharmacy to dispense drugs.	Relative collects drugs from pharmacy (or GP practice if dispensing) / pharmacy delivery**	Relative collects drugs from pharmacy / pharmacy delivery**. CPFT staff to collect from pharmacy if no relative / delivery available.
Syringes, needles, sharps bin as appropriate		GP takes supply of syringes, needles etc to patient's home.	CPFT Nurse / Staff takes supply of syringes, needles etc to patient's home.

*NOTE 1: For some patients it may be possible to email the ReSPECT form and MAR chart to their family / carer for printing. This may save the practice or CPFT nurse time and enable the home visit to take place more rapidly. For dispensing practices, the form and chart may be given to the relative / carer when medicines are collected.

** NOTE 2: It is not currently permitted for volunteers to collect controlled drugs from pharmacies.

Training willing family or friends to give injectable or sublingual end of life medication

During the response period to Covid 19, some family and friends may be willing to be supported to give medications by injection or onto the lining of the mouth to keep dying patients as comfortable as possible should a doctor or nurse not be readily available. This may only be appropriate in a relatively small number of cases and may be particularly appropriate for those who have experience of working in healthcare.

An experienced nurse / doctor will need to assess the competence and willingness of the family member or friend to take on this role and then give them appropriate training. This will normally be during a home visit: it might be possible by smart-phone video if the nurse or doctor already knows the patient, the family and their circumstances. The nurse / doctor should also confirm with the patient that they agree to their family / friend administering drugs (if possible).

The responsibility people are taking on is considerable and may cause significant stress, especially if the patient dies shortly after medication is administered. 24/7 support will be available from their GP practice (NHS111 Option 4 out of hours), or community nursing team.

TRAINING	EQUIPMENT	METHOD	COMPETENCE NEEDED
Discuss possible symptoms and which of the drugs and doses prescribed will help, and when.	The prescribed drugs, signed completed Medication Administration Record (MAR) chart, needles, syringes, sharps bin	Talk through drug chart and drugs prescribed, their indications and doses to use if needed. Talk through how to get advice before / after giving drugs	Understanding of what symptoms the patient could experience, drugs prescribed and doses that can be given and when. Confident when and how to seek clinical advice. Understands that at doses prescribed, death shortly after administration would not be caused by the drugs
Make aware of personal protective equipment (PPE) to use	Supply PPE: face mask, gloves, aprons.	Demonstrate good hand hygiene. Observe putting on and taking off PPE	Competent in good hand hygiene and ability to use appropriate PPE
Demonstration and practice of giving sublingual and / or injectable medications	Signed completed MAR chart, drugs, needles, syringes, sharps bin. Water for injection and an orange or similar fruit.	Demonstrate injection and sublingual administration methods. Observe person doing this using water for injection into mouth and injection into orange. Observe disposing of needles and used vials in sharps bin	Able and confident to give medication in correct doses via prescribed routes. Able and confident to safely dispose of used equipment in sharps bin
Demonstrate documenting drugs and doses given, assessment of effectiveness and seeking advice	Signed completed MAR chart. Guidance sheet for lay carer drug administration see http://www.cambslmc.org/localadvice	Talk through documenting drugs and doses given, assessment of effectiveness and seeking advice	Able to document drugs and doses given. Confident about assessing drug effectiveness. Confident about calling for clinical advice and support