

NURSING CARE PLAN No 5
End of Life
All Careplans must be used in conjunction with Careplan 1

Full Name:

Address: **Addressograph**

HCR.....

Care Plan No 5 Problem	End of Life Goals	Issue Date: May 2020 Review Date: May 2023
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<p>.....</p> <p>condition is deteriorating secondary to</p> <p>.....</p>	<ol style="list-style-type: none"> 1. To promote quality of life, dignity and respect for the child and family 2. To manage, avoid, reduce or eliminate symptoms 3. To ensure appropriate bereavement support are made available to the child / family
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No	NURSING INTERVENTION <i>Refer to End of Life Resource Folder</i>	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
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1	<p style="text-align: center;">Communication with infant / child / family</p> <ul style="list-style-type: none"> Effective end-of-life care aims to prepare child and family for death and bereavement. Ensure timely, clear and sensitive communication with the child and family. Involve the multidisciplinary team e.g. Social Worker, Palliative Care, chaplaincy, psychology, Play Specialist, Music Therapy. Named Social Worker Bleep..... All nursing staff should be aware if an individualised Resuscitation Treatment Agreement (RTA) plan has been developed in consultation with family, primary consultant and multidisciplinary team. Be mindful of child's / family's cultural/religious beliefs and values. Document clearly the wishes and care of child and family – communicate these wishes to all staff <p>.....</p> <p>.....</p> <p>.....</p> <ul style="list-style-type: none"> Liaise with primary healthcare team as appropriate(GP, PHN, Community services) <p>Symptom Management</p> <ul style="list-style-type: none"> Aim of nursing care is to relieve or prevent symptoms which may cause discomfort or distress the child and family <p>Common symptoms at end of life may include (<i>but are not limited to</i>) the following:</p>		
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Pain	Dyspnoea	Bleeding
Constipation	Increased Respiratory Secretions	Agitation
Nausea & Vomiting	Seizures	Anorexia

Please use appropriate careplan for the child's symptoms.

Each symptom should be managed using a structured management plan e.g.

- Accurate assessment, and re-assessment as required, using appropriate tool(s)
- Ongoing communication with child and family about the symptom and treatment options
- Encourage child and family to voice concerns to staff.

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Communication with infant / child / family continued.....	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
<ul style="list-style-type: none"> • Implement an individualised plan of care using a combined approach to symptom management, to include e.g. pharmacological, physical, psychological & complementary strategies including medication, rest and sleep, physiotherapy, repositioning, play, music therapy, psychology. • Avoid inappropriate or invasive interventions where possible i.e. medication, blood pressure monitoring, saturations monitoring. Discuss with medical team • Regular evaluation and modification as required. • Document care • Refer to specialist palliative care team as child's needs indicate (Bleep 8301) <p>_____ is experiencing</p> <p>Please list symptoms</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Location of end-of-life care (transfer to home/local hospital)</p> <ul style="list-style-type: none"> • Where possible and in conjunction with the multidisciplinary team, facilitate the child and family's wishes in relation to the location of care. • If, for whatever reason, it is not possible to transfer the child home / to another centre, please discuss with the child / family in conjunction with the multidisciplinary team. <p>Care of the child at end of life in CHI at Crumlin</p> <ul style="list-style-type: none"> • Facilitate the family to spend as much time as possible with the child • Consider if the child would like to prepare something for their parents / family / friends, e.g. a letter, artwork, a recording etc • Avoid inappropriate or invasive treatments where possible i.e. BP/O2 monitoring. • The environment should be private and comfortable. Remove unnecessary medical equipment from room. • Give hospital information leaflets, e.g. re: parking, toilet, food and beverage facilities to grandparents or extended family – this may help to reduce pressure on parents • Provide symptom relief as required (<i>see Point 2 overleaf and relevant Careplans</i>) <p>Transfer to Home</p> <ul style="list-style-type: none"> • Where possible, the transfer to home of a terminally ill child, should only be done following careful planning and identification of resources required and in consultation with the child / family / multidisciplinary team / community services. • Each situation should be assessed individually. Please use the Palliative Care Multidisciplinary Discharge Checklist as a guide to planned discharge. • Provide parents with contact details of relevant personnel and services. 		



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Additional Information		
2	When the child has died	
<ul style="list-style-type: none"> • Please refer to and complete the 'Algorithm for Nursing Staff' to ensure all relevant procedures are carried out • Facilitate and support the family to spend time with their child • Discuss with Pathologist if the child requires a post mortem re: any specific requirements in relation to preparing the child's body • Wash and dress the child (<i>Please refer to the NPC Guideline on the Care of the Child who has Died</i>) • Discuss with parents / family about their wishes in relation to participating in washing and dressing their child. • Respect family's cultural wishes • Prepare the memorial booklet (<i>Refer to the End-of-Life Care: Resource Folder</i>) • Coordinate and assist with the transfer of the child to home / mortuary Additional Information		

Created by Nursing Department
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