**End of life – Handout 2**

**What is End of Life Care?**

* End of life care is support for people who are in the last months or years of their life.
* End of life care should help client's to live as well as possible until they die and to die with dignity. The people providing the care should ask about client’s wishes and preferences and take these into account as they work with the client to plan the care. They should also support the client’s family, carers or other people who are important to them.
* Clients have the right to express their wishes about where they would like to receive care and where they want to die.
* They can receive end of life care at home, or in care homes, hospices or hospitals, depending on their needs and preference.
* People who are approaching the end of life are entitled to high-quality care, wherever they are being cared for.

**Who provides end of life care?**

* Different health and social care professionals may be involved in your end of life care, depending on your needs. For example, hospital doctors and nurses, your GP, community nurses, hospice staff and counsellors may all be involved, as well as social care staff, chaplains (of all faiths or none), physiotherapists, occupational therapists or complementary therapists.
* If you are being cared for at home or in a care home, your GP has overall responsibility for your care. Community nurses usually visit you at home, and family and friends may be closely involved in caring for you too.

**What is palliative care?**

* End of life care includes palliative care. If you have an illness that cannot be cured, palliative care makes you as comfortable as possible, by managing your pain and other distressing symptoms. It also involves psychological, social and spiritual support for you and your family or carers. This is called a holistic approach, because it deals with you as a "whole" person, not just your illness or symptoms.
* Palliative care is not just for the end of life – you may receive palliative care earlier in your illness, while you are still receiving other therapies to treat your condition.

**Who provides palliative care?**

* Many healthcare professionals provide palliative care as part of their jobs. An example is the care you get from your GP or community nurses.
* Some people need additional specialist palliative care. This may be provided by consultants trained in palliative medicine, specialist palliative care nurses, or specialist occupational therapists or physiotherapists.
* Palliative care teams are made up of different healthcare professionals and can co-ordinate the care of people with an incurable illness. As specialists, they also advise other professionals on palliative care.

**When does End of Life Care Begin?**

* End of life care should begin when you need it and may last a few days, or for months or years.
* People in lots of different situations can benefit from end of life care. Some of them may be expected to die within the next few hours or days. Others receive end of life care over many months.
* People are considered to be approaching the end of life when they are likely to die within the next 12 months, although this is not always possible to predict. This includes people whose death is imminent, as well as people who:
* have an advanced incurable illness, such as cancer, dementia or motor neurone disease
* are generally frail and have co-existing conditions that mean they are expected to die within 12 months
* have existing conditions if they are at risk of dying from a sudden crisis in their condition
* have a life-threatening acute condition caused by a sudden catastrophic event, such as an accident or stroke.

**Just in Case Boxes**

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* The Just-in-case (JIC) box is a box containing medicines which, among other things, are very effective in treating pain and sickness when administered into the skin via a needle and a special pump (syringe-driver).
* The JIC box contains the following medicines (your
* GP may have decided to make individualised changes to this list:
* 1. DIAMORPHINE: for severe pain.
* 2. CYCLIZINE: for sickness.
* 3. MIDAZOLAM: for relaxing muscle.
* 4. HYOSCINE or GLYCOPYRRONIUM: to dry up secretions from the
* mouth/chest.
* 5. HALOPERIDOL: for anxiousness.
* 6. WATER: to dissolve the other medicines.

**What to do if you find a client has deceased**

**If it is an expected death:**

* Ring the office or the Care Manager direct. You can also ring the Registered Manager
* You may be advised to call the Client’s GP to inform them, or the Care Manager may do this for you.
* The Care Manager will come out to support you as this can be upsetting to deal with, especially if the client is one you have looked after for a while.

**If it is an unexpected death:**

* Do not move or touch anything including the person.
* Ring 999 and ask for an ambulance to attend the property.
* Ring the office or the Care Manager direct. You can also ring the Registered Manager
* The Care Manager or the Registered Manager will come out to support you as again this can be upsetting to deal with.

**After the client has died**

* When a client dies, care staff are very likely to feel affected and bereaved.
* Good practice lies in acknowledging staff may be affected by a death and need time to reflect on and deal with feelings of bereavement.
* Staff need to be able to talk openly about their feelings and emotions. Managers can support staff to do this in one-to-one meetings as well as group settings.
* This acknowledges the importance of staff to the care and confirms how important and valuable is their contribution to good care.
* It is important to recognise that grief may take some time to surface in staff following a death.