LAST HOURS OF LIVING
Fantasy death exercise.

• What is your criteria for a good death?
INTRODUCTION.

• “How long have I got?”

• “When we see someone deteriorating from week to week we are often talking in terms of weeks, when that deterioration is from day to day, then we are usually talking in terms of days, but everyone is different”
End of life care.

This can be a time of personal growth.

• Establish goals of care,
• Clarify acceptable treatment options,
• Determine where a patient would want to spend the final days of life.
• Discuss issues about PC/hospice.

Clinical competence, willingness to educate, calmness and empathetic reassurance are critical.
PRINCIPLES OF MANAGEMENT.

• Problem solving approach to symptom control.
• Avoid unnecessary interventions.
• Review all drugs and symptoms regularly.
• Maintain effective communication.
• Ensure support for family and carers.
• Assess and refer early to specialists services for patient and family support if needed.
Common symptoms at end of life.

• Pain.
• Dyspnoea.
• Delirium.
• Death rattle.
PAIN

• Many patients fear uncontrolled pain during the final hours of life.
• Many carers (including health carers) express concern that opioids may hasten death.
• Consciousness may diminish.
• Change to an alternative route.
Dyspnœa.

- Low doses of morphine in opioid naïve pts,
- Benzodiazepines for anxiety associated with dyspnœa.
- Hyoscine.
- Nebulized saline.
- General supportive measures.
Delirium.

- Can present as hyperactive or hypoactive.
- Most present with auditory or visual hallucinations.
- Haloperidol injection, benzodiazepines.
- Spiritual leader.
Death rattle.

- Avoid over hydration.
- Hyoscine hydrobromide.
- Atropine.
- Position.
Ethical considerations.

DISCUSSION

- Nutritional supplementation (parenteral)
- DNR
- With drawing patient from the ventilator.
Routes of administration of drugs in the last 48 hours.

**Sublingual.**
Sedatives /anxiolytic (fast and short acting)

**Transdermal**
Opioid-fentanyl

**Antiemetic-hyoscine hydrobromide.**

**Subcutaneous**
Opioid-morphine

Antiemetic-
cyclizine, metoclopramide, cyclizine, hyoscine hydrobromide, ostreotide.
Drugs contd.

Sedatives-haloperidol

Rectal

Opioids, NSAIDS, sedatives (long acting)
Emergencies in the last 48 hours.

- Strider
- Seizure
- Hemorrhage
- Pain
- Confusion.
Important drugs in the last 48 hours.

• Pain medications.
• Anticonvulsants
• Antiemetic.
• Sedatives.

ABC Palliative care(2nd edition)
Role as a physician

• Team work
Prescribe appropriately for dying pts.
• Discontinue inappropriate drugs
• Convert orals to the appropriate route.
• Beware of medical legal issues.
Support.

Recognize and address the physical and emotional issues that may face pts, families and carers.

- Identify the family or other people involved and keep them informed.
- Be honest.
- Listen, explain what is likely to happen.
- Be available-contact.
- Assure them that symptom control will continue.
- Encourage the family to do small tasks for their loved one.
- Communicate with their loved one and stay close.
- Address religious concerns.
After death.

- Confirm and certify death.
- Break news
- Allow them to view and touch the body.
Importance of proper diagnosis.

• Unaware that death is imminent.
• Mistrust if the condition deteriorates without acknowledgment.
• Conflicting messages from the multiprofessional team.
• Pt dies with uncontrolled symptom.
Conclusion.

• Care provided during the last hours or days can have profound effects not just on the patient but on all who participate at the very end there is no second chance to get it right.