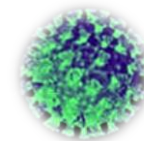


Health Professional Guide to Palliative Care for Patients Not Suitable for Escalation to Secondary Care in North and Mid Hampshire



ReSPECT

The below link from the European Association for Palliative Care (EACP) is an excellent, succinct guide from Italy advising how to have difficult conversations over the telephone and with relatives you have never met previously. If the link below does not work, please see “EACP Communication Covid Guide” Attachment in email.

<https://eapcnet.eu/Portals/0/adam/Content/9mJL4s6J4k2IISSDO-dEEQ/Text/SCIP%20COVID19%20communication%20toolkit-1.pdf>

ReSPECT ‘ Clinical Recommendation Section’

When discussing escalation planning with patients, when you summarise your conversation, please use this brief summary in the ‘clinical recommendations’ section of the ReSPECT form. Including -

1. Pandemic plan, including the decision not to consider ventilation, clear decision not to admit

E.g. During the Coronavirus pandemic, Betty would not wish to be admitted to hospital and would not be suitable for intubation and ventilation. In the event of a chest infection use antibiotics at home.

2. Usual escalation plan – so this is in place once the pandemic is over

E.g. Betty would like admission to hospital for reversible causes, limited to IV treatments on the ward



ReSPECT administration in EMIS practices

Complete ReSPECT form in EMIS Documents (any problems contact julia.tickner@nhs.net)

Ensure snomed code completed (then ReSPECT form will be visible to SCAS in 111, 999, vehicles)

Ensure ReSPECT is completed as a care plan in EMIS (will then automatically upload to CHIE)

Ensure signed paper copy available in House or Nursing Home OR email to Nursing Home on nhs.net email

If a ReSPECT form is completed in HHFT this is sent to CHIE automatically at the time of discharge. If one is subsequently completed in general practice, this will supersede previous copies automatically in CHIE and is visible to SCAS in the ‘care plans’ section.

Generic information about completing the form is available at <https://resus.org.uk/respect/>

Drugs

Prescription for the following Just In Case drugs (the list below will cover a 7 day period)

5mcg butrans patch x 1

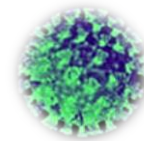
2.5mg oramorph qds / prn total 100mls

Scopolamine patch 1mg x 2

Olanzapine 5mg orodispersible tablet x 5 or Lorazepam 0.5-1mg orodispersible tablet x 10

Complete Community Administration Chart for Subcutaneous Medication (to find these charts search 'SHFT' in EMIS Documents) in case needed for EOLC – see APOC guide

See drug guide below



Patients Dying from COVID-19

Follow APOC (achieving priorities of care) check list guide for GPs

If visiting use HCP checklist guide on the APOC document. Stat lines available in the GP visiting hubs and at Palliative Care hub at SMH in Basingstoke

Consider

Video how to insert subcutaneous stat line <https://www.youtube.com/watch?v=zXsESLCskfl&feature=youtu.be>

Video how to set up a syringe driver (complex symptom control only) <https://www.youtube.com/watch?v=DJ9qRbmEu50&feature=youtu.be>

Leaflet for carers explaining how to care for the dying <https://helixcentre.com/project-end-of-life-toolkit>

Photographic guide for carers how to give drugs through subcut lines 'no needle injections' <https://subcut.helixcentre.com/>

Please note:

If patient has a pacemaker they cannot be cremated as this cannot be removed, they will need to be for burial

For healthcare professionals

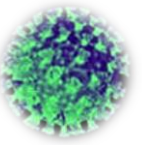
The following is a pragmatic and practical guide to emotional and psychological wellbeing

[https://www.gp-update.co.uk/SM4/Mutable/Uploads/pdf_file/PEARL-Emotional-and-Psychological-wellbeing\[2\]-EDITED.pdf](https://www.gp-update.co.uk/SM4/Mutable/Uploads/pdf_file/PEARL-Emotional-and-Psychological-wellbeing[2]-EDITED.pdf)

24/7 Palliative Care Team Contact numbers for HEALTHCARE PROFESSIONALS

Basingstoke: 01256 848863

Winchester and Andover: 07787270618



Oral Medicines for COVID Symptom Management

Please select most appropriate / available

Agitation / Delirium	Olanzapine (oro-dispersible – place on tongue to dissolve) 5mg at night and as required up to 4 times a day Haloperidol 0.5-1mg twice daily and increase dose as required up to 20mg in 24 hrs Levomepromazine 6.25-25mg twice daily and as required
Secretions	Scopolamine patch (1mg/day size) (change every 3 days) increase to 2 patches every 3 days if required
Breathlessness / Pain	Oramorph 2.5mg every 4 hours and as required up to a total of 8 doses a day Morphine Sulphate Tablets (Modified Release) 5mg twice daily up to 15mg twice daily if required Fentanyl 12 mcg/hr size patch every 3 days (equivalent to 30mg morphine over 24 hrs) OR Buprenorphine 5mcg / hr patch change every 3 days (equivalent to 10mg morphine over 24 hrs) (10mcg patch equiv = 20mg morphine over 24 hrs) Lorazepam (under the tongue) 0.5 to 1mg as required up to 4 times a day as 2 nd line for agitation or breathlessness
Cough	Simple Linctus 5-10mls four times a day Codeine linctus 5-10mls four times a day Oramorph 2.5mg four times a day
Fever	Paracetamol 1g four times a day - avoid NSAIDs Do not use fan as virus can be spread through the air

HEALTHCARE PROFESSIONAL RESOURCES

North Hampshire

01256 848863 - 24/7 Palliative Care Hub at SMH with grab packs of drugs, stat lines, APOCs and carer leaflets (also in GP visiting hub)
First choice community pharmacies - Whitewater, Cohens, Anstey Road, Rooksdown

Mid Hampshire

07787270618 – 24/7 Palliative Care Hub at COBH for Andover
02382548860 – 24/7 Palliative Care hub at CMH for Winchester
Stat lines, APOCs and carer leaflets in GP visiting hubs