

A Re-Audit: End of Life Care in Critical Care

Background

In critical care, about 25% of patients don't survive, and 70% of these deaths result from the withdrawal of life-sustaining treatments. As end-of-life decisions become more common, it's crucial to ensure quality care during the transition from curative to comfort care. This involves shifting focus to symptom management, aligning with patient values, providing palliative measures and fostering compassionate communication with the patient and their relatives.

Methods

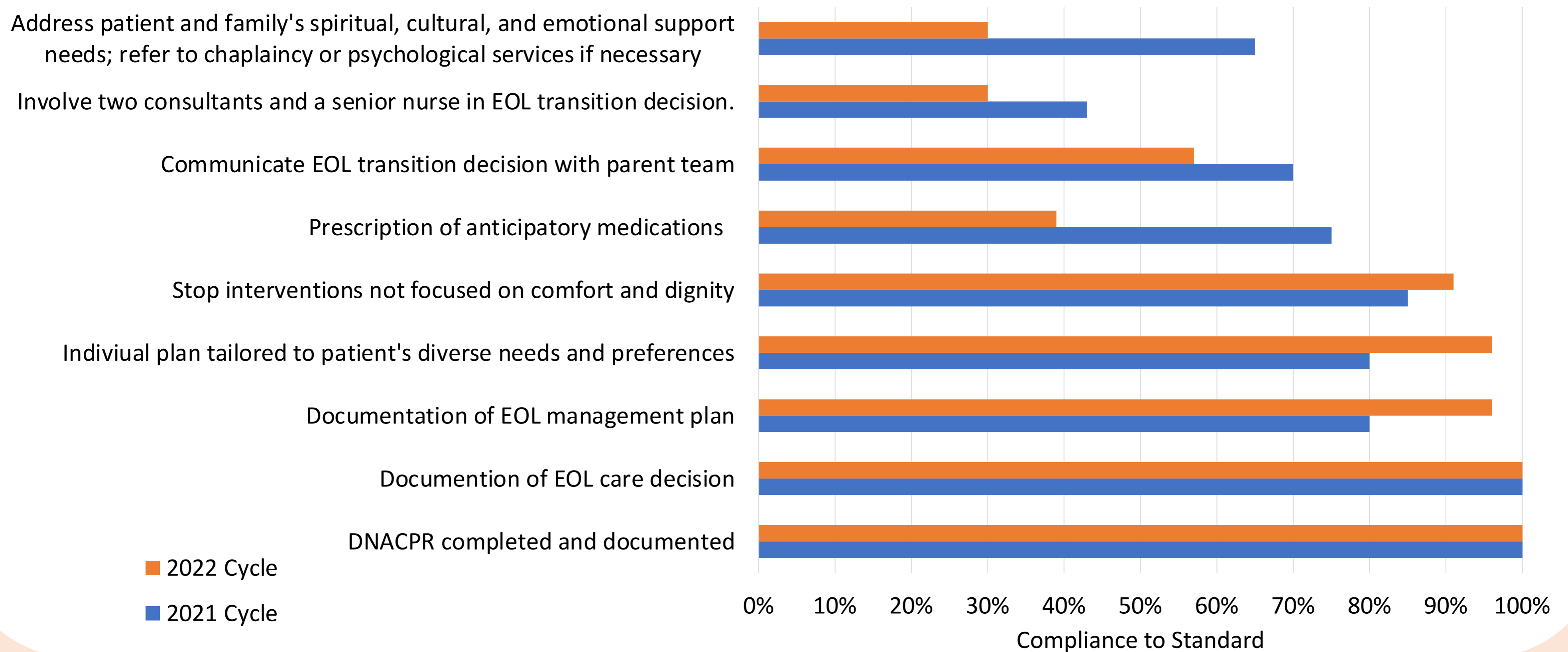
AIM: Re-audit adherence to national EOL care guidelines within Critical Care at Nottingham University Hospitals (NUH) and identify areas for improvement in service delivery.

Retrospective review of 23 patients on NUH critical care in November 2022 in whom life-sustaining treatment was withdrawn and EOL care was instigated. This is a re-audit of the November 2021 cycle.

15 Standards are made in accordance with the national guidance by:

- Faculty of Intensive Care Medicine (Guidelines for the Provision of Intensive Care Services, 2nd ed)
- National Institute for Health and Care Excellence (Care of Dying Adults in the Last Days of Life)
- General Medical Council (Treatment and Care Towards the End of Life: Good Practice in Decision Making)

Results



Discussion and Conclusion

The audit shows strong compliance in critical aspects of EOL care. 100% adherence to specifying EOL decisions and conducting DNACPR discussions is commendable. However, involving two consultants and a senior nurse in decisions and communication with the patient's parent team (require clearer documentation. EOL management plan documentation and individualisation have improved to 96% compliance. Prescribing anticipatory medications needs attention (39% compliance); proper utilisation of the designated 'End of Life Care' prescription charts is essential, along with educating medical staff on their use.

In conclusion, the audit reveals commendable practices and areas for enhancement. Recommendations include improving documentation of consultant and nurse involvement, enhancing communication with parent teams, and considering service referrals such as chaplaincy and psychological services for patients and families. Addressing medication prescription and documentation of care measures are crucial.

References

- 1) General Medical Council. Treatment and Care Towards the End of Life: Good Practice in Decision Making. London: GMC; 2010; 2) Intensive Care National Audit & Research Centre (ICNARC) Report 1. Deaths in adult, general critical care units in England and Wales, 1 January 2007 to 31 December 2009; 3) National Institute for Health and Care Excellence. Care of Dying Adults in the Last Days of Life. Quality Standard QS 144. London. NICE; 2017