

Medical management planning – general principles

Purpose

It is essential that:

- **dying** is identified and **recognised** as early as possible, although this can be difficult as signs and symptoms suggesting dying can be subtle (see *Recognising the Dying Person Flow Chart*)
- all members of the multidisciplinary team (MDT) understand the **priorities of care**
- the person is assessed and **communication** is unhurried, compassionate and valued for all people involved (the person (if able), family/whānau and staff)
- the person has an **individualised plan of care** that aligns with their stated preferences and needs (if able) and those of their family/whānau
- **dignity, respect and privacy** are provided and maintained
- every effort is made to **optimise symptom management**
- staff are enabled and supported to deliver the **highest standard** of last days of life care.

Principles

The principles of good care at the end of life include:

- **attending** to culture, with clear communications and explanations
- **continuing** any regular medications if withdrawal could cause adverse effects (this may include anti-anginals, heart failure medications, steroids and benzodiazepines, if dependent)
- **stopping** all non-essential medications (this may include anti-hypertensives, oral hypoglycaemics, diuretics, antibiotics, etc)
- **starting** appropriate medications for existing symptoms as needed (PRN), subcutaneous and oral (if still able to swallow) and, if necessary, via continuous subcutaneous infusion (CSCI)
- **anticipating** symptoms that may occur and prescribing PRN medications (see Anticipatory and Symptomatic Prescribing below) (chart orally if still able to swallow AND as subcutaneous boluses)
- **reviewing** medications at least daily
- **considering** the risks and benefits of administering hydration by parenteral route before commencing or stopping intravenous or subcutaneous fluids.

Anticipatory and symptomatic prescribing

Reviewing prescribed medications

There are five main symptoms that must be anticipated so that care is optimised. Not every dying person experiences these, but some may experience all five. The symptoms are:

- pain
- nausea and vomiting
- respiratory tract secretions
- delirium, restlessness, agitation
- breathlessness/dyspnea.

It is important to anticipate potential symptoms and prescribe accordingly.

Anticipatory prescribing enables health professionals to respond quickly should a symptom arise or when swallowing becomes difficult.

Explain to the person (if able) and their family/whānau the rationale for anticipatory prescribing.

If more than three doses of any prescribed drug are required within the minimum administration period (eg, if prescribed Q1H PRN and three doses are required in three hours), review and consider whether a continuous subcutaneous infusion (CSCI) would be preferable.

Refer to symptom management flow charts.