Nightingale Macmillan Unit - Specialist Palliative Care In-Patient Unit. Individualised Response to a Sudden change in a Patient's Condition: Escalation and De-Escalation - Full Clinical Guideline

Reference no.:CG-PALL/2023/001

1. Introduction

The Nightingale Macmillan Unit (NMU) inpatient team subscribe to Trust policies. However, all patients admitted to NMU have an advanced, progressive, life-shortening illness. Recovery is uncertain and deterioration may not be reversible. Patients on NMU have illnesses ranging from those continuing to receive disease modifying treatment to those expected to die within days. These patients all have unique circumstances, both in terms of their physical illness and their personal priorities. As such, it is not always appropriate to implement Trust policies and guidelines in their entirety.

2. Aim and Purpose

- To individualise the response to a sudden, and sometimes unexpected, change in a patient's condition according to likelihood of reversibility and patient's priorities and therefore avoid unnecessary and unsuccessful medicalisation in the context of advanced progressive illness.
- To implement Trust policies and guidelines in a way that maximises any benefit to patients and avoids unnecessary interventions that do not improve patient's care
- To reassure medical and nursing staff that this individualised care is best practice and deviating from guidelines is supported by the Trust in this context.
- To provide a framework to support this individualised care.

3. Process

All patients admitted to NMU are assessed by a junior doctor and the case is discussed with a Palliative Medicine senior doctor to confirm an appropriate plan at the time which includes consideration of the ReSPECT process. All patients admitted to NMU will have a ReSPECT form. Some patients will bring one previously completed at home or in hospital. If not, a new one will be completed. This will contain information about escalation of treatment as well as patient preferences and priorities and will be updated when there is a change.

Within 24hrs of admission and every subsequent Friday, the senior medical team formally consider each patient's prognosis and priorities as well as potential complications and appropriate interventions as far as is possible. This is documented on the "NMU

individualised escalation and de-escalation plan" sticker which is placed in the patient's case notes (see appendix). This complements the patient's ReSPECT form.

The anticipated prognosis falls into one of three groups - see "4. Prognostic groups" below.

This guides escalation decisions with regard to:

- Sudden (unexpected) change in patient's condition
- The role of observations
- The need for medical discussion, review and investigation out of hours.
- Falls
- Head injury
- Signs of infection and sepsis
- Acute Kidney Injury/renal impairment
- Thromboprophylaxis

NMU does not implement the Trust tools 'AMBER care bundle' or 'Sepsis Screening & Action Tool'. See "5. Why some tools don't fit"

4. Prognostic groups

Continued deterioration is expected	
Description	Patient is noted to be progressively deteriorating over periods of days, from the underlying progressive illness, with no reversible element that would change the outcome. Patient may be recognised as likely to be dying (in the last hours to days of life). Or Patient has planned in advance to avoid any treatment for reversible problems.
Patient/companion understanding	Aware that further irreversible deterioration is expected.

Escalation/de-escalation - general	Nurse led response to sudden changes. Out of hours medical review is not required. Investigations are not required. Medication will have been minimised and can be omitted if patient unable to take orally. Some oral drugs can be given SC and nursing team should prompt review of this - usually in working hours. Nursing staff to use prn medication to manage symptoms; SC route if difficulty swallowing.
Symptom management	Nursing assessment of cause of symptoms out of hours and use of prn medication. Nursing staff to contact on-call Palliative Medicine StR/consultant if symptoms are not responding to prn medication.
Monitoring	Observations are not required (except capillary BSL in insulin dependent diabetes). Monitor and respond to symptoms.
Falls/head injury	Follow "Post Falls Care Record" **except**: Observations not required as abnormal results will not change management. Routine medical review is not required.
Sign of infection	Respond to symptoms with nursing measures.
Thromboprophylaxis	Not required.
Place of care	NMU based care (or discharge home if preferred place of death is home).

Continued deterioration is not currently expected but reversibility of complications will be limited	
Description	Patient has not been noted as deteriorating but prognosis may be in terms of 'weeks' or 'weeks to months'. Sudden change may or may not be reversible and not all interventions will be appropriate due to the extent of the underlying disease. Burdensome interventions should be avoided if there is little chance of overall benefit. Patients will have different priorities for their care that should be considered.

Patient/companion understanding	Usually aware of the nature of the progressive illness and limited prognosis. Should be involved in treatment decisions if well enough. Explain if change represents an irreversible deterioration.
Escalation/de-escalation - general	Out of hours medical review is appropriate but plan should only be implemented after discussion and agreement with on-call Palliative Medicine StR/consultant. Nursing staff to discuss with on-call Palliative Medicine StR/consultant if in any doubt about arranging out of hours review or the plan made by the reviewer.
Symptom management	Nursing staff to contact on-call Palliative Medicine StR/consultant if symptoms are not responding to prn medication
Monitoring	Check observations in response to a sudden change in condition. Individualised regular observations planned according to needs.
Falls/head injury	Follow “Post Falls Care Record”. Aggressive medical management is less likely to be beneficial but will be decided on a case-by-case basis. Out of hours medical review is appropriate but plan should only be implemented after discussion and agreement with on-call Palliative Medicine StR/consultant including whether on-going neurological observations are beneficial.
Sign of infection	Out of hours medical review is appropriate but plan should only be implemented after discussion and agreement with on-call Palliative Medicine StR/consultant. Taking bloods and blood cultures may be appropriate. Oral antibiotics may be preferred to IV.
Thromboprophylaxis	Decided on a case-by-case basis taking in to account risks, benefits and patients priorities
Place of care	NMU based care. If symptoms stabilise, discharge will be planned.

Deterioration is not expected and the patient should receive usual medical management initially	
Description	Patient has <u>not</u> been noted as deteriorating and prognosis may be in terms of ‘months’. Sudden change has potential to be reversible and patient wishes to receive all medical treatments.

Patient/companion understanding	Aware of incurable diagnosis and may be eligible for disease modifying treatment. Should be involved in treatment decisions if well enough.
Escalation/de-escalation - general	Out of hours medical review and hospital based investigation and treatment is appropriate. Inform on-call Palliative Medicine StR/consultant of changes in treatment. Nursing staff to discuss with on-call Palliative Medicine StR/consultant if any concerns.
Symptom management	Nursing staff to contact on-call Palliative Medicine StR/consultant if symptoms are not responding to prn medication
Monitoring	Check observations in response to a sudden change in condition. Individualised regular observations planned according to needs. If patient is expecting routine regular observations, this needs to be explored and explained.
Falls/head injury	Follow “Post Falls Care Record”. Inform on-call Palliative Medicine consultant if CT Scan indicated.
Sign of infection	Out of hours medical review is appropriate. Follow Sepsis Six approach but some steps may not be indicated (see ‘Why some Tools don’t fit’). Transfer from NMU to HDU/ITU not indicated and therefore initiation of NEWS not required. Inform on-call Palliative Medicine StR/consultant of change to treatment and discuss if any doubt.
Thromboprophylaxis	Indicated unless there are risks e.g. bleeding/low platelets or patient makes informed decision to decline it.
Place of care	NMU based care. However, transfer to an acute hospital ward may be indicated if in keeping with patient’s wishes. Transfer from NMU to HDU/ITU not indicated.

If there is any uncertainty concerning the group to which a patient has been assigned or to the escalation plan itself or if the circumstances of a head injury are unusual the on-call Palliative Medicine consultant’s opinion should be sought.

5. Why some tools don’t fit

Observations and National Early Warning Score (NEWS)

Palliative care is driven by a person centred approach and symptom management. We do not treat abnormal observations or results if they are not affecting (or likely to affect) a

patient's symptoms or quality of life. Routine observations are often an unpleasant intrusion with no gain. Therefore, individualised observations are planned by the medical team shortly after admission, either at first discussion with or first review by, a senior member of the medical team. This enables maximal gain and minimal intrusion. Whilst awaiting this plan the nursing team will carry out twice daily observations. Unplanned observations are carried out in response to a change in a patient's condition.

When observations are taken they are documented on Patientrack but without use of the NEWS. This is because the individual results need to be interpreted in the context of advanced illness and a palliative care approach, as described earlier. An abnormal NEWS routinely results in increased frequency of observation e.g. hourly or 30mins. This is unnecessary if no further escalation is indicated.

Capillary blood glucose results are documented on the Trust Diabetes paper chart. Frequency of checking is minimised and adjusted according to diabetes control and treatment.

AMBER care bundle (ACB)

The AMBER care bundle (Assessment, Management, Best practice, Engagement, Recovery uncertain) was designed to improve the care of hospital patients who are facing an uncertain recovery and may be approaching the end of their life. The ACB prompts:

- The ward team to recognise uncertainty of recovery, potential for deterioration with limited reversibility and the risk of dying.
- Discussion with patient and companion(s): uncertain recovery, concerns / wishes / preferences, preferred place of care and death
- Documentation of medical plan – key issues and anticipated outcomes
- Documentation of treatment escalation decisions
- Discussion between medical and nursing staff
- Daily review and recognition of changes
- Regularly updating patient/companion

As described in the introduction, all patients admitted to NMU face uncertain recovery. So the actions above are usual and integral to patient care on NMU and reflected within this document. The ACB documentation is therefore not used as it adds no additional value.

Sepsis Screening & Action Tool

Patients with palliative care needs may develop an infection whilst there are few (sometimes no) abnormal parameters. Patients may also have abnormal parameters (e.g. raised WCC, raised temp, abnormal HR/bp) and organ dysfunction for other reasons. The Screening Tool may therefore miss some cases and over-treat or misdirect the treatment of others. The tool is designed to empower less experienced staff. The NMU medical team structure is designed to provide consistent presence of a senior clinician. NMU therefore does not use the Screening Tool.

However, recognition and treatment of infection (including IV antibiotics) does occur on NMU.

The Sepsis Six Pathway is:

1. Administer oxygen, aim SpO2>94% (88-92%)

2. Take blood cultures

3. Give IV antibiotics

4. Give IV fluids

5. Check Lactate

6. Measure urine output

The medical team are aware of the six steps. Assessment and treatment, and which of the 6 steps is implemented, is individualised according to the infection, the patient's prognosis and priorities as noted in section 4.

For example:

- Advanced cancer can cause recurrent pyrexia. Patients frequently receive repeated courses of IV antibiotics with no source found before this is confirmed. In this case, it is more appropriate to wait for blood cultures results before any antibiotic treatment is initiated.
- When the focus of care is primarily on symptom management, oral or no antibiotics may be chosen.
- Patients with advanced illness often develop peripheral oedema due to low albumin and/or organ impairment. Additional IV fluids can be detrimental.
- Lactate is a non-specific indicator of serious illness. It is not specific to sepsis and as a prognostic indicator is not an independent predictor.

Appendix: NMU Escalation plan sticker example

NMU Individualised Escalation and De-escalation Plan			
Patient's Name:		**Date:**	
Comments:			
Continued deterioration expected. For nurse led management. Not for routine review by out of hours doctors. Not for observations or investigations.			
Deterioration is not currently expected but reversibility of complications will be limited. For review by out of hours doctor and then discuss with on-call Palliative Medicine StR/Consultant to agree appropriate plan before implementing.			
Deterioration is not expected - usual medical management initially. For review by out of hours doctor who should inform on-call Palliative Medicine StR/Consultant of changes to treatment. In the event of head injury, imaging would be appropriate.			
SIGN:			
If any doubt, discuss with the Palliative Medicine StR/Consultant on-call.			

References

Palliative Care (general and specialist) definitions

NICE Clinical Knowledge Summaries: What is palliative care? https://cks.nice.org.uk/topics/palliative-care-general-issues/background-information/definition/

Observations

NHS England » National Early Warning Score (NEWS)

UHDB CG-TRUST/2019/002 Observations and Escalation for Adult Inpatients - Full Clinical Guideline. https:derby.koha-ptfs.co.uk

AMBER care bundle

AMBER care bundle when recovery is uncertain - Overview | Guy's and St Thomas' NHS Foundation Trust (guysandstthomas.nhs.uk)

NHS England, Transforming end of life care in hospitals; The route to success (Revised Dec 2015) Section 3, P13 - Managing patients whose recovery is uncertain: The AMBER care bundle and treatment escalation plans. P13

Sepsis

Clinical Tools for Healthcare Professionals | The UK Sepsis Trust

Evidence Search: LS178 Lactate levels and palliative care. Lisa Lawrence. (09/12/2021). Derby, UK: University Hospitals of Derby & Burton NHS Foundation Trust Library and Knowledge Service.

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Documentation Controls

Reference Number CG-PALL/2023/001	**Version:** 2		**Status** Final	Jacky Frisby - Consultant
Version / Amendment History	Version	Date	Author	Reason
	2			Review
Intended Recipients: All Staff, NMU, OOH Doctors				
Training and Dissemination: How will you implement the Clinical Guideline, cascade the information and address training				
Development of Guideline: Jacky Frisby **Job Title: Consultant**				
Consultation with: Palliatve Medicine Consultants, NMU nursing team, Cancer Business unit quality and risk group				
Linked Documents: n/a				
Keywords:				
Business Unit Sign Off			**Group:Cancer BU Quality and Risk Group** **Date:25th April**	
Divisional Sign Off			**Group:CDCS** **Date:9th May**	
Date of Upload			16/06/2023	
Review Date			June 2026	
Contact for Review			Claudia Whale - ACD of Palliative Medicine	