Care of the Dying Patient in the ICU (Otago)

The following instructions help the interdisciplinary team (nursing, medical, and allied health staff) caring for the dying patient in the Intensive Care Unit (ICU) provide the best environment and maximum choice for the dying patient, his or her family and friends, and ICU staff.

Associated Policy: Care of the Dying Patient Policy (District) (24474)

Statement

All staff working in the Intensive Care Unit (ICU) are to follow the recommendations outlined in this document with the aim of achieving the best possible death for the patient, and minimal distress for his or her family.

Care of the Dying Patient

Information

On first contact:

- Introduce staff involved to patient and family, and explain their role in patient care.
- Give out the Ward 5A information pamphlet: Information Pamphlet - Intensive Care Unit (Otago) (23197).
- Explain the environment, including equipment, monitoring, and mutual expectations.

Contact Details

It is important to record accurate contact details for spokesperson, family, and next-of-kin in the Special Relatives notebook, kept at the administration desk.

Fill in a visitors list, if applicable.

Valuables

Accurately document valuables and belongings, and whether they are to be kept with the patient or given to the family. See Patient Valuables Policy (13044) and associated documents.

Communication

Frequency and Documentation

Communicate with patient and family and members of the multidisciplinary team, as required by both staff and family.

Document these meetings or discussions with the family using the blue ICU Family Communication page (kept in the stationery cabinet). This page is then kept in the front of the patient's notes.

Means

There must be ongoing consideration of the patient's / family's (whānau's) feelings and any specific wishes they may have.

For family communications, a letter board, picture cards, whiteboard, and pen and paper are available. For an out-of-town family, a conference speakerphone is available in the charge nurse manager's (CNM's) office.

Use the 'EasiSpeak' audio device to communicate with non-invasive ventilator-dependent patients.

Involve interpreters as needed.

Consent

Nurses must be aware of the legal position on consent in an

unconscious or injured patient, and should facilitate discussion with the family, as required. See:

- Informed Consent for Health Care Procedures Policy (21638)

Comfort

Ongoing Care	Provide continuing pain/anxiety assessment, medication, pain team involvement, support by presence, or any other therapeutic technologies that are safe, efficient, and may help to improve quality of life. Ensure there is gentle handling, regular movement for comfort, and oral and eye care.
Particular Needs	Allow for spiritual care — a patient's own minister, priest, spiritualist, or Māori chaplain is free to visit in consultation with family (whānau). Initiate privacy. Ensure respect for a quiet environment; provide side room if available and appropriate. Explore special individual needs after consultation, e.g. special linen, music, pets visiting, etc.
Continuity of Care	Organise nurse allocation and primary ICU consultant to achieve continuity of care.

Care of Family and Support People

Care Environment	Be flexible about the number of visitors the dying person may wish to be present. Facilitate the family's wishes. Enable and help family and friends to participate in patient care if this is what they and the patient would like, e.g. hair washing, oral care, massage, etc. Involve a social worker, if needed, for support, accommodation, and financial assistance. Explore the availability of the Whānau Room, etc. Try to make the environment welcoming and friendly with as much equipment as possible removed. Display some personal belongings (family photo, etc.) if time allows. In certain circumstances, it may be possible for the family to take the patient home to die. Explore this option, if appropriate. Involve the patient, family, multidisciplinary team in those discussions. Offer the family the option to have invasive therapeutic and monitoring devices removed.
After Death	The family may be present during brain death studies but **must** be supported by their own nurse. The possibility of spinal reflexes occurring **must** be explained before the studies start. Family and friends may stay as long as they wish with the patient following death. Help plan for after-death care. Family members need to be aware that they do have choices, and their choices will be supported. Options may include use of the viewing room

attached to the Mortuary, staying with the patient after death, and taking the body home.

Make available the leaflet Information Following the Death of a Family (Whānau) Member or Friend in Hospital (Otago) (65562). Extra copies are available from Patient Affairs.

Contact the funeral director of the family's choice for them, if needed.

Contact Patient Affairs in co-ordinating release of the deceased person.

Arrange transport of the body out of Ward 5A, in a manner in keeping with the family's wishes (e.g. transportation to the Mortuary in the patient's bed, not covering the head with a sheet, etc).

Ensure the ICU bereavement follow-up (give family the follow-up card), support groups, and grief counselling are offered to the family. If there has been police involvement, victim support is also available. Patient Affairs can help to facilitate this.

Documentation at Time of Death

Fill in the pink card (Mail Room number 00004573) and send it by orderly to Enquiries.

ICU team to follow the Documentation for Patient Death in ICU - Flowchart (Otago) (54627). Packs of documents required in the event of patient death are made up in the ICU document filing cabinet.

Consideration in Caring for the Dying in relation to Organ Donation

Preparation

SeeOrgan Donation in ICU / CCU (District) (15815).

The Intensive Care Unit Guidelines (Green Folder) containing the 'Guidelines for Organ and Tissue Donation' are provided by the National Transplant Donor Co-ordination office, and form the ICU's resource book for organ donation.

- Once a potential organ donor is identified, notify the donor co-ordinator of the potential donor.
- Obtain and send patient's blood samples, as per protocol (Section 8.1 of the Green Folder). This can be done prior to brain death studies at the ICU team's discretion.
- Brain death studies are to be discussed openly and fully with medical staff, nursing staff, and the patient's family.

After Death

- The first set of brain death studies will occur.
- Discussion occurs following these studies. If the family does **not** consent to organ donation, any previously sent blood samples will be destroyed.
- There is a further family meeting to confirm brain death study results. The family is left to assimilate the information and a further meeting planned for the 'Where do we go now?' question.
- Staff continue to support the family.

Request

- Coroner consent is required in certain circumstances: this must be obtained **before** the request made to the family for organs.
- At the follow-up meeting, the request is made for organ donation. This request should be made by the ICU consultant or a designated person with experience in the organ donation process — as stated on the Brain Death Assessment form (Section 7 of the Green Folder).
- Refer back to the donor co-ordinator with the results of the family meeting.

Time of Death

Second brain death studies are to be completed, and certification of **time of death** is made at this point.

The patient's body is supported with cardiac, respiratory, renal, and metabolic needs as per 'Physiologic support in brain death' (Section 4 of the Green Folder), until the body can be taken to theatre for retrieval of organs.

Continue to co-ordinate with theatre staff and family about care. If all parties agree, theatre staff may wish to view the second brain death studies and/or meet the family.

Organ Retrieval

Inform family that it is possible for them to remain or return following organ retrieval. They may wish to spend time with their relative and help to prepare the body.

Tell the family how long the process can take (up to four hours in theatre). They may wish to meet the donor co-ordinator.

Advise the family that contact will be made with them via letter informing them of the outcome of their donation. Further follow-up support is available if they want it.

Computer Data Entry

iPM

The patient is to be listed under the 'Discharged dead' code on iPM, as follows:

- Right click for the '**Discharge**' tab, enter the time of death > discharge method is "death" > choose '**Destination**' > press '**Ok**'. On the next screen select '**Hospital**' as place of death and add any comments, if necessary.

If the patient is to become an organ donor, refer to Organ Retrieval - Discharge and Admission in iPM (Otago) (50786).

Static Trendcare

Complete appropriate data entry and discharge report.

Ensure the patient is categorised and actualised appropriately. There is the ability to use the 'deceased care' option within Trendcare to capture this aspect of the patient's care.

Care of the Staff

Support

Staff should be aware of the following:

- Educational support and access to research, journals, death and dying bereavement courses; support from our Link nurses.
- Personal needs — how you may react to traumatic

events.

- Available colleague support:
  - Emergency Psychiatric Service (EPS)
  - Employee assistance programme, Vitae
  - Debriefing (both informally and via formal sessions)

Associated Documents:

- Documentation for Patient Death in ICU - Flowchart (Otago) (54627)
- Patient Valuables Policy (13044)
- Informed Consent for Health Care Procedures Policy (21638)
- Patient Information Booklet - Dunedin and Wakari Hospitals (23048)
- Information Pamphlet - Intensive Care Unit (Otago) (23197)
- Information Following the Death of a Family (Whānau) Member or Friend in Hospital (Otago) (65562)
- Management of the Deceased Patient [Policy] (21418)
- Care of the Deceased [Tupapaku] (District) (60998)
- Tikaka Best Practice - Dying and Death (25053)
- ICU Red Folder - Death in ICU.

References:

- Vitae - Employee assistance programme. 2011. Auckland: www.vitae.co.nz
- Nursing Council of New Zealand. 2011. *Guidelines for Cultural Safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice*. Wellington
- Organ Donation New Zealand. 2011. Auckland: www.donor.org.nz

General Notes

Scope of Practice: Ensure you are fully qualified to perform the role specified in any document.
Deviations: If you need to deviate from any procedure, policy, or guideline, make notes and follow up.
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