

Care Team Guide: Transition from Dialysis Treatment to Palliative Care

PHASE	MAJOR TASKS			
	HD, PD, HHD Team	Completed	Copy to Family Physician	Copy to PC team
Identify Patient	Surprise Question <ul style="list-style-type: none"> Would you be surprised if your patient died in 6-12 months? 			
	Frailty scale 4 and above https://www.dal.ca/sites/gmr/our-tools/clinical-frailty-scale.html			
	General Indicators <ul style="list-style-type: none"> Has the patient asked for treatment withdrawal? 			
	Examples of key statements may include: <ul style="list-style-type: none"> “I am tired of doing dialysis” “I don’t know if I can do this for much longer” “I feel that this is not how I want to spend the rest of my life.” 			
	Clinical Indicators <ul style="list-style-type: none"> Multiple vascular access issues Sentinel events (falls, serum albumin, weight loss, poor BP control) Hospitalizations Dependence on others Bed or chair bound? Multiple co-morbidities 			
Serious Illness Conversation	**For clinicians trained in Serious Illness Conversation Only http://www.bcrenalagency.ca/resource-gallery/Documents/ClinicianinterprofessionalReferenceGuide_v4_2018_01_19.pdf			
	Ask for permission to have Serious Illness Conversation <ul style="list-style-type: none"> “I’d like to talk about what is ahead with your illness and do some thinking in advance about what is important to you so that I can make sure we provide you with the care you want- is that ok?” 			
	Assess Patient’s Understanding of Illness <ul style="list-style-type: none"> What is your understanding of where you are at you are with your illness? How much information about what is likely to be ahead with your illness would you like from me? 			
	Share Prognosis <ul style="list-style-type: none"> “I want to share with you my understanding of where things are with your illness.” “I wish we were not in this situation, but I am worried that time may be as short as_____” “I hope that this is not the case, but I’m worried that this may be as strong as you will feel, and things will likely become more difficult” 			

Continued...

PHASE	MAJOR TASKS			
	HD, PD, HHD Team	Completed	Copy to Family Physician	Copy to PC team
	Explore Key Topics <ul style="list-style-type: none"> • “What are your most important goals if your health situation worsens?” • “What are your biggest fears and worries about the future with your health?” • “If you become sicker, how much are you willing to go through for the possibility of gaining more time?” 			
	Close conversation <ul style="list-style-type: none"> • “I’ve heard you say that ____ is really important to you.” • “I recommend that we_____.” • “How does this plan seem to you?” 			
	Communicate with key clinicians			
	Document Serious Illness Conversation			
Advance Care Plan	If appropriate, provide the patient BC Renal documents: <ul style="list-style-type: none"> • <i>Stopping Dialysis Treatment: What you need to know before deciding</i> • <i>Frequently Asked Questions about stopping dialysis treatment: A guide for patient and families</i> Documents can be found at: http://www.bcrenalagency.ca/health-info/managing-my-care/palliative-care			
	Discuss what is important to the patient (e.g. beliefs, values, spiritual & cultural needs, treatment preferences)			
	If patient is open to &/or appropriate, review desires at end of life, including place of death			
	Document ACP discussion in patient record			
	Update ACP documentation in PROMIS			
	Discuss substitute decision maker. For more information on Substitute Decision- Making please refer to: https://www2.gov.bc.ca/gov/content/family-social-supports/seniors/financial-legal-matters/substitute-decision-making			
	Update MOST and DNR forms and place copy in patient record (hard copy &/or electronic file)			
	If available, place copy of ACP & related documentation in patient record (hard copy &/or electronic file)			
	When patient/family ready, encourage patient to update will, power of attorney & other relevant forms (e.g. organ donation, bequest forms). For more information on Estate Planning, please refer to: https://www2.gov.bc.ca/gov/content/family-social-supports/seniors/financial-legal-matters/wills-and-estate-planning			

Continued...

PHASE	MAJOR TASKS			
	HD, PD, HHD Team	Completed	Copy to Family Physician	Copy to PC team
Goals of Care	Provide education on palliative care services available in local community. Confirm referral sent to appropriate services			
	Confirm BC Palliative Care Benefits Program Application form has been submitted https://www2.gov.bc.ca/assets/gov/health/health-drug-coverage/pharmacare/palliative-patientinfo.pdf			
	If home death desired, confirm “Notification of Expected Death in the Home” form has been signed by the patient if the patient/family opts for no pronouncement. https://www2.gov.bc.ca/assets/gov/health/forms/3987fil.pdf			
	Ensure patient/family has copies of No CPR & Notification of Expected Death at Home” forms if relevant https://www2.gov.bc.ca/assets/gov/health/forms/302fil.pdf			
	Assess symptoms using My Symptom Checklist (mESAS) http://www.bcrenalagency.ca/resource-gallery/Documents/My%20Symptom%20Checklist.pdf			
	Enter results of mESAS into PROMIS			
	Review symptom management plan with patient/family & provide relevant handouts. For more information on symptom management handouts, please refer to: http://www.bcrenalagency.ca/health-professionals/clinical-resources/symptom-assessment-and-management			
	Contact PC team to discuss kidney specific symptoms, include providing copies of mESAS			
	As appropriate, link patient with spiritual care. <ul style="list-style-type: none"> Assess spiritual suffering /existential distress assessment Religious beliefs/cultural considerations explored 			
	As appropriate, offer psychological/emotional counselling. Provide resources for funeral packages, community supports & local counselling			
	As appropriate, discuss the care required for a spouse or family member who may not be able to care for themselves.			
	As appropriate, discuss arrangements for pets. For more information on pet adoption, please refer to: BC SPCA https://spca.bc.ca/faqs/relative-died-pet/			
	Bereavement Support	Acknowledges death with phone call, letter or card to family		
As appropriate, offer brief grief & bereavement counselling to the family/ caregiver & provide resources such as funeral package, community supports & grief counselling resources e.g. BC Bereavement Helpline (www.bcbereavementhelpline.com) local counselling/grief support resources, local hospice society & PCP.				
Reflection with team	Discuss and reflect on patient’s death as a team			