

Going home on a Rapid Discharge

An information guide



Going home on a Rapid Discharge

The doctors and/or nurses will have explained to you that there has been a change in your relative or friend's condition. They believe that the person you care about may be in the last hours or days of life.

Either your relative or friend has expressed a wish to die at home, in a care home or hospice, or you as a family member/friend have expressed this. We understand that this is a difficult time and staff will support and work with you to try to fulfil these wishes.

Things to consider and discuss before discharge can take place:

- What is important to you and to your relative or friend?
- Do you have any concerns and/or expectations?
- What level of care and support will be provided by family or friends?
- What level of care and support are you expecting from the doctors and nurses?
- Will special equipment be needed?
- What medication will be needed?

Once all concerns/expectations have been considered, then we will aim to transfer your relative or friend out of hospital the same day or within 24 hours wherever possible.

What happens now?

The ward doctors and nurses will assess your relative or friend's needs and involve the discharge team/transfer of care team and any other relevant teams to help the ward staff plan a safe discharge.

- This assessment may highlight the need for special equipment which will be arranged, but may not always be available on the day of discharge. A relative or friend may be asked to collect equipment and take this to the discharge address.
- If oxygen is required this will be arranged and delivered the same day to the discharge address.
- Any medication that is needed will be provided on discharge. This may include injectable medication or medication given through a syringe pump – this will be explained to you before discharge.
- If discharge destination is home/care home, you will have support from relevant services as needed, for example District Nurses, GP and/or possibly the community palliative care team. The needs of your relative/friend will be assessed and appropriate visits arranged. If your relative/friend is discharged to a home address, there will not be a nurse with them all the time. If extra doses of injectable medications are needed, district nurses will come out and give these as soon as possible, though this may not be straight away.
- An ambulance will be arranged to take your relative/friend to their discharge destination. The ambulance will usually arrive within 4 hours of booking. It **may** be possible for someone to travel with your relative/friend in the ambulance.
- For most people being discharged for end of life care, a decision will have been made and discussed with your relative/friend and/or yourself that should their heart stop they will not be resuscitated. This will have been documented on a lilac Unified Do not Attempt Cardiopulmonary Resuscitation

(uDNACPR) form, which the ambulance crew will need to see and will be sent with your relative/friend to their discharge destination.

Are there any risks involved in my relative/friend being discharged?

There are times when a person thought to be dying lives for longer than expected, and times when a person deteriorates and dies sooner than expected.

Despite all our best intentions, your relative/friend's condition may change rapidly and we may be unable to go ahead with this planned discharge.

There is also a risk that if your relative/friend's condition changes suddenly, they may die during the journey home. This will be discussed with you before discharge.

When death is expected, a form call "Statement of Intent" may be completed by a hospital doctor to indicate that they will be available on the next working day to issue a "medical certificate of cause of death" (MCCD); a legal document required to register a death.

If a statement of intent has not been completed, the police and/or Coroner may be contacted and attend the place of death – this is normal practice.

With a statement of intent in place and with agreement from ambulance crew, discharge destination (if care home or hospice) and yourself, your relative/friend could still continue their journey to their discharge destination, even if they should die on the way.

Your relative/friend may be discharged with some paperwork for the ambulance crew and/or District Nurses/GP. This will be placed in an envelope.

Without a completed statement of intent, your relative/friend would be brought back to the mortuary at the discharging hospital, should they die on the journey.

When your relative/friend dies, you can contact their GP or District Nurses ('out of hours' teams are available if they die overnight or at the weekend) and they will respond as soon as possible to offer care and support and explain the next steps.

If your relative/friend is being discharged to address out of the borough and they have a syringe pump in place, this may need to be removed prior to discharge and arrangements made with district nurses at the discharge destination to reconnect a syringe pump as soon as possible on arrival.

Your relative or friend can be given medication prior to leaving the hospital to ensure a safe and comfortable journey.

Useful contact details

Discharge/Transfer of Care Team:

District Nurses:

Daytime: _____

Evening/weekend/Bank holidays: _____

Care agency (if applicable): _____

Discharging ward:

Hospital Palliative Care Team:

Community Palliative Care Team (if needed):

GP Surgery:

GP 'Out of Hours':

(evening/weekend/bank holidays) _____

Notes:

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

اگر انگریزی آپ کی پہلی زبان نہیں ہے اور آپ کو مدد کی ضرورت ہے تو ، براہ کرم ترجمانی اور ترجمہ خدمت سے رابطہ کریں

Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

ইংরাজী যদি আপনার প্রথম ভাষা না হয় এবং আপনার সাহায্যের প্রয়োজন হয় তবে অনুগ্রহ করে দোভাষী এবং অনুবাদ পরিষেবাটিতে যোগাযোগ করুন

إذا لم تكن الإنجليزية هي لغتك الأولى وتحتاج إلى مساعدة ، فيرجى الاتصال بخدمة الترجمة الشفوية والتحريرية

☎ : 0161 627 8770

@ : interpretation@pat.nhs.uk

To improve our care environment for Patients, Visitors and Staff, **Northern Care Alliance NHS Group** is Smoke Free including buildings, grounds & car parks.

For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).



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