

## STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title		Palliative Care Patients	Doc. No.	CL020			
Scope		Operational Directorate Clinical Directorate					
Purpose		Ensuring that terminally ill patients are assessed and managed effectively with care, empathy and respect and their carers taken into account in line with the Integrated Mersey Palliative Care Team (IMPaCT) model.					
Guidelines		Terminally ill patients are by default visited urgently according to clinical need unless a documented reason for not doing so is entered into the notes. Terminally ill patients are not admitted to hospital without taking into account the wishes of the patient and carers and exploring other options. Care and compassion are key parts of the management of the terminally ill. In line with the IMPaCT model all actions should be documented within the patient record and all relevant information in the wider record accessed, taken into account and transmitted to those responsible for ongoing care.					
PROCEDURE			RESPONSI	BILITY			
1	terminally there is a for triage	atient demographics recorded. Record that the patient is rminally ill or for palliative care if the caller indicates or ere is a Special Patient Note indicating such. Prioritisation Advisor triage set via 111 'Clinical Pathways', defaults to 20 nute DCA.					
2	the asses the IMPa 1. Fa 2. Te 3. Fa (rarely) 4. Cl profession 5. Int 6. Mo 7. Ho 8. Co	tervention of social services edication request espice or secondary care admission entact with cancer care professionals by ill patients who require a PC24 clinician visit are	Primary Care 24 Clinician				
3	by default visited urgently unless a documented reason for not doing so is entered into the notes  All face-to-face consultations with palliative patients are to be forwarded for dispatch by the triaging clinician and completed within the timescale recommended. The default priority for terminal care patients is Urgent (within 2 hours).						

PrimaryCare:24 (b)

4	During consultations with terminally ill patients, PC24 clinicians must read and consider any Special Patient Notes, Advance Care Plans, Care of the Dying Pathways, Preferred Place of Care documents, DNACPR forms or other specific directives available via the IMPaCT model protocols when making their assessments, planning interventions and communicating with patients and carers.	Primary Care 24 Clinician	
5	Documentation of consultations with terminally ill patients should include details of the problem, the assessment, the intervention and any information given to the patient and carers. We must also record any information that will enhance understanding of the wishes and concerns of patients and carers and share it appropriately with other services according to the IMPaCT model.	Primary Care 24 Clinician	



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Title Pallia		Pallia	tive Care Patients			Doc. No.	CL020		
Version					v9				
Supersedes					All previous versions				
Approving Managers/Committee					Head of Service / Medical Lead				
Date Ratified					Dec 2006				
Department of Originator					Integrated Urgent Care				
Responsible Executive Director				or	Medical Director				
Responsible Manager/Support				t	Head of Service / Medical Lead				
Date Issu	ıed				Dec 2006 (Original)				
Next Rev	iew D	ate			January 2022				
Target Au	udien	ce			Clinical / Operational				
Version	Date	9	Contro	Control Reason			Accountable Person for this Version		
V1 – V6	2006 2013		Review	Reviewed and updated accordingly			Various		
V7	Mare 201	_	Reviewed and updated accordingly				Clinical Leads / Clinical Governance Manager		
V8	V8 October 2015 Change of r				esponsible director		Medical Lead / Clinical Governance Manager		
V8.1 February 2018 Minor w			Minor v	vordii	ording changes		Medical Lead, Integrated Urgent Care		
				align with Integrated Mersey are Team (IMPaCT) model		Medical Lead, Integrated Urgent Care			
Reference documents				E	Electronic Locations	Location	ons for Hard Copies		
Cor				Cor	nary Care 24 Intranet / porate Policies/ Current PS/		Standard Operating Procedures File in the Call Centre.		
Document Status: This is a controlled document.									

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