

Withdrawal of life sustaining treatment plan

Name..... DOB.....

NHS Number..... Ward.....

Section 1: Withdrawal prescription

I can confirm that in keeping with the 5 priorities of *One chance to get it right* (Leadership Alliance for the Care of the Dying Person) and *Treatment and Care towards the end of life* (GMC) a collaborative decision has been taken with the patient (where possible), the patient's family & friends and other healthcare professionals to withdraw life supporting therapies as indicated opposite. The details of this decision have been recorded in the medical notes.

Signed*

Name..... GMC No.....

Date..... Time.....

*Consultant or registrar (ST3-7) after discussion with a consultant. If the latter – record name of the consultant:

All patients should be discussed with a Specialist Nurse for Organ Donation – see overleaf pager number.

Therapy		Continue	Withdraw
Airway	ETT		
	Tracheostomy		
Breathing	Oxygen therapy		
	PEEP/CPAP		
	Pressure support		
Circulation	Inotropic drugs		
	Fluids - resuscitation		
	Fluids - maintenance		
Renal	Renal replacement		
Nutrition	Enteral feed		
	TPN		
Lines	Central		
	Arterial		
Monitoring	Electronic		
	Routine bloods		

Record pre-withdrawal requests below: e.g. awaiting arrival of a family member/chaplaincy visit etc.

Section 2: Pre-withdrawal pause - meet at the bedside immediately prior to withdrawal of therapy.

We confirm that

- This is the correct patient.
- Section 1: withdrawal prescription (above) is signed.
- All relevant professionals have been involved in decision-making.
- Specific pre-withdrawal requests (see above) have been considered.
- If appropriate, the support of the Chaplaincy team has been offered.
- Family/friends have been provided with the appropriate information.
- A Do Not Attempt CardioPulmonary Resuscitation (DNACPR) decision has been recorded on a ReSPECT form.
- Anticipatory medication prescribed for pain, agitation, nausea, secretions & dyspnoea. (See palliative care intranet page)
- If consent is provided for donation, preparations for donation after circulatory death (DCD) have been completed.

Signed..... Name..... Bedside nurse

Signed..... Name..... Senior nurse/coordinator

Signed..... Name..... Doctor

Signed..... Name..... Specialist nurse for organ donation**

Date..... Time of withdrawal

**Only required if consent obtained for donation

Clinical Guidance Notes

End of life care

One chance to get it right (2014) published by the Leadership Alliance for the Care of Dying People outlines 5 priorities of care when it is thought that a person may die within the next few days or hours..

- ① this possibility is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly.
- ② Sensitive communication takes place between staff and the dying person, and those identified as important to them.
- ③ the dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.
- ④ the needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.
- ⑤ an individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.

Organ Donation

NICE guideline 135 states that:

'A significant proportion of people in England and Wales would wish to donate their organs after death for the purpose of transplantation.'

'Although donation occurs after death, there are steps that healthcare professionals may need to take before the death of the patient if donation is to take place.'

'Organ donation should be considered as a usual part of 'end-of-life care' planning.'

'Provided that delay is in the patient's overall best interests, life-sustaining treatments should not be withdrawn or limited until the patient's wishes around organ donation have been explored and the clinical potential for the patient to donate has been assessed in accordance with legal and professional guidance.'

'Before approaching those close to the patient..... check the NHS organ donor register...'

'The healthcare team caring for the patient should initiate discussions about potential organ donation with the specialist nurse for organ donation [when there is an] intention to withdraw life-sustaining treatment in patients with a life-threatening or life-limiting condition which will, or is expected to, result in circulatory death.'

Specialist nurse for organ donation pager: 03000 20 30 40.

Related LHT documents

Care of the dying person (adult) [LTH0117]

Care after death [LTH0102]

Organ donation after circulatory death – DCD

Supporting care in the last hours or days of life : Information for relatives and carers [LN000896]