

End of life care for patients with severe renal impairment

This guide is to be used by senior and junior medical staff to ensure good quality end of life care for our patients, if the renal supportive care service is not available to assist.

Signs of dying

At the end of life patients are often bed/chairbound, drowsy, disinterested in food and fluids, and may be confused and/or agitated.

Communication to family (and patient if able)

Be honest and transparent: "time is short"

Acknowledge the situation "I'm sorry this is happening to your mother/husband/etc"

Non-abandonment: AVOID "there's nothing more we can do", INSTEAD SAY "we will do everything possible to make sure your mother/husband/etc is comfortable", "we will try our best to support you no matter what happens"

Rationalise unnecessary medications. Stop fluids, artificial feeding, tests and observations. Ensure NFR in place. Commence end of life care pathway.

Symptom management

Anticipatory prescribing for every patient should include

HYDROmorphone 0.25mg-0.5mg sc q2h PRN for pain or dyspnea, max 3mg in 24h

Midazolam 2.5-5mg sc q2h PRN for agitation or (second-line) dyspnea, max 30mg in 24h

Metoclopramide 10mg sc tds PRN for nausea (if Parkinson's, use cyclizine 25mg sc tds PRN)

Glycopyrolate 0.2-0.4mg sc q4h PRN for secretions, max 2.4mg in 24h

1xGlycerine and 1x Bisacodyl suppositories q3 days PR PRN if BNO

Mouth care: AquaSpray ii and sodium bicarbonate 1% mouthwash 10ml qid

Regular dosing for more difficult symptoms

If patient is using 3 or more PRN in 24hours, regular dosing should be commenced.

For pain: HYDROmorphone 0.5mg q4h sc OR 3mg q24h via syringe driver

For agitation: midazolam 2.5mg q4h sc OR 15mg q24h via syringe driver

For severe dyspnea: use BOTH HYDROmorphone and midazolam together

Dose need to be reassessed (and titrated) at least every 24hours

PRN medication **must be continued** according to symptoms, and to guide uptitration of regular dosing

For patients already on opioids: contact palliative care team for dosing

For agitation in addition to midazolam:

Haloperidol 0.5-1mg tds sc PRN OR (if Parkinson's) olanzapine 2.5-5mg sublingual

If midazolam dose already at 60mg over 24hours:

Levomopromazine 12.5-25mg qid sc: start as PRN, and convert to regular dosing if required

Psychosocial support

Ask about spiritual/religious needs

Ask about close family members (who may need to be looked after)

Social work referral if this is available