

Question 18

You are the F1 working in Palliative care at General Hospital. The consultant is Dr Leahy.

Your GMC number is 9897.

Patient details

Name: Thomasin Hardy

Date of birth: 02/06/1957

NHS number: 0987654321

Hospital number: X110119280

Address: 21 Hospital Road, Wessex, WE13 9PX

GP Practice: The Practice, Casterbrigde Road, Wessex WE13 9TM

History

You have been asked to write up an emergency healthcare plan for Thomasin Hardy a patient who has recently been assessed by the palliative care team.

Thomasin has bowel cancer (local, pre-sacral) and hydronephrosis which has been managed with bilateral ureteric stents. She is currently being treated with Cetuximab and Hydromorphone (for pain control.) Her stents were replaced on 20/02/2023. She has no known drug allergies but has developed a painless erythematous rash as a side-effect of the Cetuximab.

After discussion with Dr Leahy, a do not attempt cardiopulmonary resuscitation form (DNACPR) has been completed and the decision has been made to manage Thomasin palliatively at her home. This, as well as the contents of the EHCP, has been discussed with the patient and her husband, James Hardy (telephone: 0191 498 0321.) Her general practitioner and the district nursing team have also been made aware. Thomasin's oncologist at General Hospital, Dr McAleese (telephone: 0191 498 8991) has also been made aware.

In the event of Thomasin feeling generally unwell, the family and district nurses have been advised to contact the palliative care team, either on 0191 498 3991 (Monday-Friday 0900-1700) or 0191 498 2991 (out of hours.) If Thomasin begins vomiting, Levopromazine (delivered via a continuous SC infusion) has been recommended. For pain control, it has been recommended to continue with Hydromorphone and avoid Morphine or Oxycodone. If Thomasin begins to vomit, the Hydromorphone should be converted to an Alfentanil infusion with input from pharmacy or palliative care. If there are signs of UTI / urosepsis, the patency of Thomasin's ureteric stents should be checked with ultrasound. If bowel obstruction is suspected, discuss with palliative care team consider ambulance transfer to hospital (for discussion with surgeons / consideration of endoscopic stenting.)

Please document the above in an emergency healthcare plan. For the purpose of this exercise, you are the responsible clinician.

This EHCP contains information to help communication in an emergency for the individual, to ensure timely access to the right treatment and specialists
This form does not replace a DNACPR form, advance statement or ADRT
Copies of this document cannot be guaranteed to indicate current advice- the original document must be used



Name of individual: Thomasin Hardy		NHS no: 0987654321
Address: 21 Hospital Road, Wessex		Date of birth: 02-Jun-1957
Postcode: WE13 9PX		Hospital no: X110119280
Next of kin 1: James Hardy	Phone: 0191 498 0321	Relationship: Husband
Next of kin 2:	Phone:	Relationship:
For children and young people, who has parental responsibility? N/A		

GP and practice details: The Practice, Casterbrigde Road, Wessex WE13 9TM

Lead nurse:	Place of work:	Tel:
Lead consultant: Dr Leahy	Place of work: Palliative care, General Hospital	Tel: 0191 565 7891
Emergency out of hours	Person or service Palliative care OOH	Tel: 0191 498 3991
Other key professionals:		
Dr McAleese	Place of work: Oncology, General Hospital	Tel: 0191 498 8991
	Place of work:	Tel:
	Place of work:	Tel:
	Place of work:	Tel:

Underlying diagnosis(es):

Bowel cancer - local (pre-sacral mass)
 Hydronephrosis (bilateral ureteric stents)

For children: wt in kg **Date**

Key treatments and concerns you need to know about in an emergency
 (eg. main drugs, oxygen, ventilation, active medical issues)

Currently on targeted antibody therapy - Cetuximab
 Stents replaced (20/02/2023)
 Currently on Hydromorphone for pain
 Cetuximab - S/E - skin rash

Important information for healthcare professionals (if necessary use p3 for additional information)

DNACPR in place

EMERGENCY HEALTH CARE PLAN (EHCP) v1.4

Anticipated emergency(ies)

If generally unwell

If vomiting

To manage pain

If urosepsis or low eGFR

If suspected bowel obstruction

What to do

Contact palliative care team:

- Monday to Friday 0900 - 1700 on 0191 498 3991
- Out of hours on 0191 498 2991

Consider Levomepromazine in continuous subcutaneous infusion.

Use current analgesia (avoid Morphine/Oxycodone.)
 If vomiting, stop oral analgesia and commence Alfentanyl infusion
 - convert from Hydropmorphone with pharmacy / palliative care advice.

Contact palliative care team. ?USS pelvis KUB - check patency of stents.

Contact palliative care team. Consider ambulance transfer to hospital - discuss with surgeons ?endoscopic stenting.

**If a DNACPR decision has been agreed,
 complete the regional DNACPR document**

Background information about these decisions

- Yes Does the individual have the capacity to make these care decisions?
 YES Has there been a team discussion about treatment in this individual?
 YES Has the individual been informed of the decision?
 YES Has the individual agreed for the decision to be discussed with the parent, partner or relatives?
 NO Has this individual made a verbal or written advance statement?

For children:

- n/a Have those with parental responsibility been involved in the decision?

For those aged 18yrs and over

- n/a Has their Personal Welfare Lasting Power of Attorney, court appointee or IMCA been informed of this EHCP?
 n/a Has an Advance Decision to Refuse Treatment been written by this individual?

Individuals involved in these decisions:

Patient, husband, son, district nurse team and GP advised.

Doctor or nurse (obligatory)

Name: FRED JONES

Responsible senior

clinician's signature: *F. Jones*

Date: 25-Jan-2023

Status: F1 Palliative care, GMC 9897

Name of individual: Thomasin Hardy

NHS no: 0987654321

