

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: _____ NHS no: _____
Address: _____ Date of birth: _____
Postcode: _____ Hospital no: _____
Next of kin 1: _____ Phone: _____ Relationship: _____
Next of kin 2: _____ Phone: _____ Relationship: _____
For children and young people, who has parental responsibility? _____

GP and practice details: _____
Lead nurse: _____ Place of work: _____ Tel: _____
Lead consultant: _____ Place of work: _____ Tel: _____
Emergency out of hours Person or service: _____ Tel: _____
Other key professionals: _____
_____ Place of work: _____ Tel: _____
_____ Place of work: _____ Tel: _____
_____ Place of work: _____ Tel: _____
_____ Place of work: _____ Tel: _____

Underlying diagnosis(es): _____ 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)

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

Anticipated emergency(ies)

What to do

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

Background information about these decisions

- Does the individual have the capacity to make these care decisions?
- Has there been a team discussion about treatment in this individual?
- Has the individual been informed of the decision?
- Has the individual agreed for the decision to be discussed with the parent, partner or relatives?
- Has this individual made a verbal or written advance statement?

For children:

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

For those aged 18yrs and over

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

Individuals involved in these decisions:

Doctor or nurse (obligatory)	Name:	
Responsible senior clinician's signature:	Date:	
	Status:	

Name of individual: _____ NHS no: _____