

A decision was made to withdraw cardio-respiratory and renal support on the grounds of futility of ongoing active management.

Results/Discussion The patient was safely transported. During the visit, she commented to her family that she was at peace, and ready to die, something that she had not previously felt. This provided closure for the patient and her family, and significantly helped her family come to terms with her impending withdrawal of respiratory support. She was transported back to the Intensive Care Unit after her home visit, and died the following day after withdrawal of respiratory support.

Conclusion Extra-ordinary measures taken to fulfil the dying wishes of our patient were able to significantly improve the dying experience for her and her family.

10 FULFILLING THE END OF LIFE WISH OF AN AWAKE CRITICALLY ILL PATIENT PRIOR TO WITHDRAWAL OF ORGAN SUPPORT

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10.1136/bmjspcare-2013-000491.10

Background A high proportion of hospital deaths occur in Intensive Care. Most of these patients are unable to communicate immediately prior to their death due to illness, sedation, intubation and mechanical ventilation.

Aim To describe how we were able to fulfil the dying wish of an ICU patient to spend an afternoon at home with family, despite ongoing requirement for intensive organ supports. We describe the positive impact of the visit on the patient, her family, and staff.

Method A 58-year-old lady spent over 4 months in our Intensive Care Unit following a bilateral lung transplant which was complicated by respiratory and renal failure. She was dependent upon mechanical ventilation and continuous renal replacement therapy, but was able to fully communicate her wishes.