137 FROM NFR TO AND: A POSITIVE APPROACH TO END OF LIFE CARE DISCUSSIONS

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Background We identified problems with paediatric end-of-life discussions, including language, content and location of documentation and information sharing with paramedics.

Aim To improve communication between clinical staff and between clinical staff and families about end of life care choices.

Methods We developed and implemented a novel approach: the Allow a Natural Death Policy and form. We collaborated with the NSW Ambulance Service to develop a system to communicate care choices to paramedics.

Results We audited the medical records of 43 children who died at CHW January–September, 2011. The results were:

- ▶ 15 (35%) did not have any information about end of life care choices
- ▶ 28 (65%) had end of life care choices documented

Where no End of Life Care choices were documented:

- ▶ 10 (66%) were Coroners cases
- ▶ 8 (53%) had an admission of ≤ 1 day
- ▶ 8 (53%) died in PICU
- ▶ 6 (40%) died in Emergency Department
- ▶ 1 (7%) died in an inpatient ward

Compliance with completing the AND was high, with the following sections completed 100%:

- ▶ Patient ID sticker
- ▶ FACS information
- ▶ Interpreter information
- ▶ Goals of care
- ▶ Response section
- ▶ Standing order section
- ▶ Medical Officer details

Paramedic data is yet to be audited.

Discussion This project was well received by clinicians, paramedics and families. The audit demonstrated successful implementation.

Conclusion Focussing on the positive choices for care, rather than the withdrawal of care, has made difficult discussions easier and junior staff clear guidelines.