AN AUDIT OF PALLIATIVE CARE PRACTICES IN THE BRISTOL ROYAL INFIRMARY EMERGENCY DEPARTMENT

Daniel Yeomans,1 Sian Veysey2. 1University of Bristol, Bristol, UK; 2University Hospitals Bristol

Aims The aim of this audit was to compare current practice in the Emergency Department of the Bristol Royal Infirmary (BRI)

to the guidelines set out by the College of Emergency Medicine (CEM, 2012)1

Methodology Using retrospective analysis of patient notes, this audit asked appropriate questions adapted from the nine CEM criteria. Notes were examined from two groups of patients; those who died within the ED and those who died within 24 hours of ED admission (i.e. they had moved onto a different ward). For the purposes of this report, these will be referred to as Group A and Group B respectively. A sample of 2×25 patients overall was deemed to deliver sufficient transferable results.

Results

Group A (died within the ED)
19/25 families were involved with the care of their relatives
23/25 patients had ceilings of treatment imposed
14/25 patients had completed DNAR forms
23/25 patients had organ transplantation considered
20/25 families had bereavement services offered
0/25 patients had end of life pathways started

Group B (died within 24 hours)
13/25 families were involved with decision making about treatment
10/25 patients had ceilings of treatment imposed within the ED
0/25 patients had end of life pathways started
6/25 patients had completed DNAR forms

Conclusions This audit shows that the BRI ED is meeting four of the measured indicators, excluding those where it were not applicable, by over 80%. It also raises further questions about the validity of an end of life pathway within the ED environment, and the use of DNAR forms.

REFERENCE

1 College of emergency medicine Clinical effectiveness committee End of life care for adults in the Emergency Department– Best practice Guidance February 2012.