

Ref. No: FOI2104
Date: 13/10/2025
Subject: Emergency Department Palliative Care

REQUEST

1. What are the names of each hospital where there is an emergency department (ED)(A&E)in your trust?
2. For each ED (A&E) in your trust could you answer the following:
 - a) Is there a Medical End of life (EOL)/Palliative Care Lead in the ED?
 - b) Is there a Nursing End of life (EOL)/Palliative Care Lead in the ED?
 - c) Does the ED have access to palliative care advice/guidance/input? If so, what hours is this for? What type of service is this; is it an in person, phone advice, is it nursing or medical lead?
 - d) Does your ED have specific resources for patients who are dying/ EOL in the ED? - What are these resources?
 - e) Is there a specific space in your ED for patients who are dying to be looked after by the ED team?
 - f) Is there a fast track option to a sideroom in the hospital for patients who are recognised as dying in the ED?
 - g) Are you able to fastrack dying patients home from the ED?
 - h) Does your ED prescribe anticipatory meds for the patient to go home with? If not, who does this?
 - i) Does your department use RESPECT forms? If not, what do you use for your DNACPR options?
 - j) Is your department able to access religious support 24 hours a day?
 - k) What are your first line medications recommended for each of the following Agitation, Analgesia (Pain), Respiratory Secretions and Nausea and Vomiting

- l) Do you have a specific ED prescription with electronic or paper for these medications?
- m) Are you able to share any of your specific ED documentation or guidelines that you use for EOL care and the dying patient both nursing and medical?

RESPONSE

1. What are the names of each hospital where there is an emergency department (ED)(A&E)in your trust?

Southport District General Hospital

2. For each ED (A&E) in your trust could you answer the following:

- a) Is there a Medical End of life (EOL)/Palliative Care Lead in the ED?

Yes

- b) Is there a Nursing End of life (EOL)/Palliative Care Lead in the ED?

Yes

- c) Does the ED have access to palliative care advice/guidance/input? If so, what hours is this for? What type of service is this; is it an in person, phone advice, is it nursing or medical lead?

Palliative Care service is based at Queenscourt Hospice -located next door to the hospital. Staff available to provide face to face in reach and advice as required

- d) Does your ED have specific resources for patients who are dying/ EOL in the ED? - What are these resources?

Memory/support packs available for relatives.

Butterfly symbols to identify to all staff that a patient is end of life

- e) Is there a specific space in your ED for patients who are dying to be looked after by the ED team?

No, a cubicle is identified as soon as possible to enable family to be present with patient. Relatives room available for sensitive conversations.

- f) Is there a fast track option to a sideroom in the hospital for patients who are recognised as dying in the ED?

g)

patients with a preferred place of care to remain in hospital will be moved to a side room on a ward wherever possible. This will be flagged as urgent to the Bed Manager and patients will be prioritised.

h) Are you able to fastrack dying patients home from the ED?

Yes

i) Does your ED prescribe anticipatory meds for the patient to go home with? If not, who does this?

Yes

j) Does your department use RESPECT forms? If not, what do you use for your DNACPR options?

UDNACPR

k) Is your department able to access religious support 24 hours a day?

Yes

l) What are your first line medications recommended for each of the following Agitation, Analgesia (Pain), Respiratory Secretions and Nausea and Vomiting

Morphine, midazolam, glycopyrionium, levomepromazine,

m) Do you have a specific ED prescription with electronic or paper for these medications?

No, we follow Trust policy (separate preprinted page in drug prescription)

n) Are you able to share any of your specific ED documentation or guidelines that you use for EOL care and the dying patient both nursing and medical?

'The Individual plan for Care of those thought likely to be dying' is used to support EOL care. This supports from a medical and nursing perspective.

