Case study discussion- End of life care and dignity

*Mavis is an 89 year old lady who is being reviewed by her GP for exacerbation of her COPD. She is currently semi-conscious. Mavis is cared for in a nursing home. Her daughter lives 80 miles away and no other relatives live close by. Her medical notes record that a DNAR is in place and Mavis has signed an advance directive in 2017 saying that she would not under any circumstances want to die in hospital but would prefer to die in the residential home if she becomes seriously ill.*

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| *Current medical history* *Type 2 diabetes**On NovoMix 30 BD 8 units AM 4 Units PM , Sitagliptin 50 mgs OD**Partially sighted**Chronic obstructive pulmonary disease**Ischaemic heart disease**Peripheral neuropathy**Severe dementia (Alzheimer’s)* | *Clinical data**Respiration rate 28**Heart rate, 83* *BP 131/62**Temp 37.2 centigrade.**Blood glucose 6.6 mmol/l @ 1500 hours**HbA1c 47 mmol/L**eGFR 28mls/min* |

*Please review this case and develop a management plan for Mavis taking into account her holistic needs and choices.*

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On review of this case, it is clear that Mavis and her family have had extensive discussions regarding her care and health decisions, by the presence of the advanced directive (and DNAR status) as this is a legally binding document that clearly states the wants and wishes of the individual and their family in regard to their health (NHS, 2020). In this document Mavis had made it very clear that she did not want to die in hospital however, it may be pertinent to discuss requirements for active treatment (i.e. requirement for fluid supplementation) with her daughter. According to the end-of-life clinical care recommendations (General Medical Council, 2010), Mavis is likely to have reached the end stages of life. She has multiple co-morbidities with incurable prognosis and clearly, her presenting condition at the time of review demonstrates deterioration. If we were to use the 3 steps assessment laid out in the Gold standards framework proactive identification guidance (Royal College of general practitioners, 2022) for the end-of-life care to assess her, the answer to the “surprise question” is likely to be yes. Her physical and functional decline and increased dependence for care demonstrated in her declining conscious level would indicate she also met stage 2 of the assessment. Her dementia status (Alzheimer’s Society, 2021) and declining renal function (eGFR 28mls/min) would also indicate an adherence to the stage 3 criteria. Whilst her clinical observations are not overly abnormal there are subtle indicators that she is struggling (elevated respiratory rate (although her bassline may be high as she has COPD), slightly elevated B/P, and low-grade temperature). Her Blood glucose remains within the national target of 6-15mmol/l (DUK, 2018, Trend 2021). However, her Hba1c (47mmol/mol) indicates very tight control and indicated a risk of hypoglycaemia, this, coupled with a reduced conscious level and likely impact on oral intake and renal status would indicate a need to reduce/ withdraw the anti-diabetes medications and consider hydration in order to reduce osmotic symptoms (Crasto, Jervis and Davies, 2016). This is also in keeping with the algorithm for the last days of life (Trend 2021). This algorithm indicates the need to observe for signs of hypo/hyperglycaemia and suggests testing urine for glucose above finger stick monitoring, to reduce any discomfort caused by finger stick testing (unless absolutely necessary). The DUK (2018) documents also suggests the use of a freestyle Libre here may also alleviate the need for capillary blood glucose testing and would allow more frequent testing, although dehydration may affect the accuracy of the results (Abbott, 2021). The end-of-life guidance also highlights the need for competency and integrated approaches to provide the best quality care, therefore indicating a need for DSN referral (and other HCP’s) to support the staff in the home.  The staff at the home will also require education regarding skincare/ protection; especially as she already has neuropathy, likely vascular compromise, and tissue perfusion concerns with COPD (Cole and Coe, 2020) and the appropriate management of hypo/hyperglycaemia.

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<https://goldstandardsframework.org.uk/PIG>

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