



## Checklist

### Emergency Department End-of-Life Care

- Are there patients that are readmitted to the ward regularly, perhaps with exacerbations of ongoing conditions (such as chest infections in COPD). Think about these patients and ask the 'surprise' question about each of them: Would you be surprised if this patient dies within the next few months/weeks/days? Is it time to initiate a conversation about end-of-life care?

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- Do you have a clinically unstable patient who appears to be approaching the end of their life? (likely to die within 12 months). If you are not sure you can use the **SPICT** tool <http://www.spict.org.uk/using-spict/>

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- Practice kindness: Make your patient or relative a cup of tea. Refer to them by name.

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- Check if your patient already has an Advance Care Plan. If they have not yet started a discussion about their end-of-life care or their future, then be proactive: start a dialogue. Even if that dialogue is that a discussion needs to happen soon. Provide some ideas for them to think about in formulating their preferences for care. Read this information from Advance Care Planning Australia: How to start a conversation <https://www.advancecareplanning.org.au/understand-advance-care-planning/starting-the-conversation>

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- Despite best efforts people do die in the ED. ACI has prepared an overview on breaking bad news. <https://aci.health.nsw.gov.au/networks/eci/clinical/clinical-tools/end-of-life#bbn>

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- Make yourself aware of the ACSQHC End-of-Life Care Audit toolkit. Find the person in your organisation responsible for QA and bring it to their attention: <https://www.safetyandquality.gov.au/audit-toolkit-home/>

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Be prepared for expected death. Consider what your comfort level is in dealing with death and dying in the ED. Consider how you can improve your practice or continue to provide great care.

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Always check in with the family if someone is deteriorating: Is there anyone you would like to be here? *Are there any family who would like to be here?*

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When someone with a life-limiting illness is admitted via the Emergency Department this could be an opening to check if the patient and family recognise that things aren't going so well. Usually they will present with a sudden change, and there are outcomes that they need to be aware of. For example, that things may stay the same, or stabilise with no improvement / that this may be the beginning of a gradual deterioration / that they may deteriorate quickly and die in the department. They may or may not get home again.

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**For resources go to the My Toolkit pages in End-of-Life Essentials website: <https://www.endoflifeessentials.com.au/>**

## Resources

### Emergency Department End-of-Life Care

From Advance Care Planning Australia:  
Health care Professionals information  
How to start a conversation

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From ACI NSW Health: End of Life Care in the Emergency Department

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Australasian College for Emergency Medicine: Policy on End of Life and the Emergency Department

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The following Fast Facts, Palliative Care Network of Wisconsin may be of interest:

- Fast Facts #76 Death Notification by Phone Part 1
  - Fast Facts #77 Death Notification by Phone Part 2
  - Fast Facts #246 Emergency Department management of Hospice Patients
  - Fast Facts #298 Palliative Care Consultation in the ED
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Queensland Health: Decision making and End-of-Life-care in Emergency (DandELinE). 2020

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Einstein Emergency Medicine. Palliative and End-of-Life Care in the Emergency Department Today [Internet]. 2020

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End-of-Life Essentials: Glossary of terms

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End-of-Life Essentials Able versus Novice: Which one are You?

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### Videos, Blogs and Podcasts

CareSearch Blog: Tracey Giles: Family member experiences of the sudden, unexpected death of a loved one in an emergency department setting

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# Resources

## Emergency Department End-of-Life Care

Advance Care Planning Australia: <https://www.advancecareplanning.org.au/understand-advance-care-planning/advance-care-planning-explained> (includes videos from patients, nurses and doctors perspectives).

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### Further Reading

Cooper E, Hutchinson A, Sheikh Z, Taylor P, Townend W, Johnson MJ. Palliative care in the emergency department: A systematic literature qualitative review and thematic synthesis. *Palliat Med.* 2018 Oct;32(9):1443-1454. doi: [10.1177/0269216318783920](https://doi.org/10.1177/0269216318783920)

Cruz-Carreras MT, Chaftari P, Viets-Upchurch J. Advance care planning: challenges at the emergency department of a cancer care center. *Support Cancer Care.* 2018;26(2): 585-588. doi.org/[10.1007/s00520-017-3870-x](https://doi.org/10.1007/s00520-017-3870-x)

McCallum KJ, Jackson D, Walthall H, Aveyard H. Exploring the quality of the dying and death experience in the Emergency Department: An integrative literature review. *Int J Nurs Stud.* 2018 May 23;85:106-117. doi: [10.1016/j.ijnurstu.2018.05.011](https://doi.org/10.1016/j.ijnurstu.2018.05.011)

Cotogni P, DE Luca A, Evangelista A, Fillipini C, Gili R, Scarmozzino A, ...Brazzi L. A simplified screening tool to identify seriously ill patients in the Emergency Department for referral to a palliative care team. *Minerva Anestesiol.* 2017 May;83(5):474-484. doi: [10.23736/S0375-9393.16.11703-1](https://doi.org/10.23736/S0375-9393.16.11703-1)

Gloss K. End of life care in emergency departments: a review of the literature. *Emerg Nurse.* 2017 May 12;25(2):29-38. doi: [10.7748/en.2017.e1707](https://doi.org/10.7748/en.2017.e1707)

Dawood M. End of life care in the emergency department (Practice review). *Emergency Medicine Journal.* 2020;37:273-278. doi: [10.1136/emered-2019-208632](https://doi.org/10.1136/emered-2019-208632)

Bone AE, Evans CJ, Etkind SN, Sleeman KE, Gomes B, Aldridge M, Keep J, Verne J, Higginson IJ. Factors associated with older people's emergency department attendance towards the end of life: a systematic review. *Eur J Public Health.* 2019 Feb;29(1):67-74. doi: [10.1093/eurpub/cky241](https://doi.org/10.1093/eurpub/cky241)

McCallum KJ, Jackson D, Walthall H, Aveyard H. Exploring the quality of the dying and death experience in the Emergency Department: An integrative literature review. *Int J Nurs Stud* 2020;37:273-278. doi: [10.1016/j.ijnurstu.2018.05.011](https://doi.org/10.1016/j.ijnurstu.2018.05.011)

Argintaru N, Quinn KL, Chartier LB, Lee J, Hannam P, O'Connor E, Steinberg L, Ovens H, McGowan M, Vaillancourt S. Perceived barriers and facilitators to goals of care discussions in the emergency department: A descriptive analysis of the views of emergency medicine physicians and residents. *Int J Nurs Stud* 2020;37:273-278. doi: [10.1016/j.ijnurstu.2018.05.011](https://doi.org/10.1016/j.ijnurstu.2018.05.011)

# Resources

## Emergency Department End-of-Life Care

Shearer FM, Rogers IR, Monterosso L, Ross-Adjie G, Rogers JR. Understanding emergency department staff needs and perceptions in the provision of palliative care. *Emerg Med Australas*. 2014;26(3): 249-255. doi:10.1111/1742-6723.12215

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Díaz-Cortés MdM, Granero-Molina J, Hernández-Padilla JM, Pérez Rodríguez R, Correa Casado M, Fernández-Sola C. Promoting dignified end-of-life care in the emergency department: A qualitative study. *Int Emerg Nurs*. 2018;37:23-8 doi:10.1016/j.ienj.2017.05.004

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Vasquez D, Deland L, Spears K, Metcalfe L, Frost S, Christensen M. Time is Precious: person-centred end of life care in an emergency department. A quality improvement project. *Emerg Nurse*. 2019;27(4):33-42 doi:10.7748/en.2019.e1961

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