

Plan for the event of major haemorrhage in a palliative care patient

Patient name:

Address:

.....

Date of birth:

NHS Number:

This person is at risk of bleeding from

No further medical intervention is possible to stop the bleeding.

The aim of treatment in the event of a bleed is to keep the patient calm and comfortable.

The following plan describes the actions to take if the person experiences a major (very heavy) bleed. The goal of this plan is to ensure the person is comfortable and their carer well supported.

Experiencing a sudden large bleed may be frightening for the person and their family. It may also be distressing for professionals involved. Ensure someone remains with the patient to provide reassurance.

Actions

- Call for help. Support from the paramedic service may be very helpful. Calling for ambulance assistance does not mean the person has to be taken to hospital.
- Ensure ReSPECT process (or local DNACPR) and escalation plan (TEP where applicable) is in the persons home/ usual place of residence.
- Keep calm, reassure the patient, and avoid leaving patient alone.
- Use dark towels and sheets to help absorb the blood.
- Have gloves, aprons and clinical waste bags at hand.
- Support family/ carers who may also be distressed.

Medications (see Medicine Administration Form for doses)

Symptoms of:

- Anxiety/distress/ breathlessness: Give midazolam intra-muscularly.
- Pain/ breathlessness: Give strong opioid subcutaneously as per Local anticipatory medicine guidance.

Other symptoms may sometimes occur such as:

- Troublesome oral/lung secretions: Give appropriate anti-secretory subcutaneously as per prescription as per Local guidance.
- Nausea/vomiting: Give prescribed antiemetic subcutaneously.

Actions after the bleed

- If the patient survives the bleed, aim to relieve any symptoms. The need for medication via a subcutaneous syringe driver should be considered.
- Review advance care plan/ ReSPECT process, do the patients' wishes and preferences remain appropriate?
- A hospice admission may be appropriate if person/carer agrees and a bed available.
- Should the person be transported to the Emergency Department, staff there may contact their palliative care team.
- Continue to offer reassurance to the patient if conscious.
- Support family.
- Consider debrief for professionals involved in care of the event.

Plan Written by:

Professional

Signature

Title

Date

For plan review: Yes No

Date for review if applicable