

# Direct Transfer from Emergency Department (ED) to Hospice Flowchart For Patients who require End of Life Care

## Suitability for Hospice Transfer Checklist

The following factors must be considered by ED Consultant or deputy:

- ✓ Patient is thought to be in the last hours or days of life.
- ✓ Exclude Reversible factors.  
or  
Patient with capacity does not want treatment.  
or  
Not in Best Interests to treat patient who lacks capacity.
- ✓ Patient does not have needs requiring hospital admission.
- ✓ Patient with capacity wishes to transfer to hospice for end of life care.  
or  
Patient lacks capacity and it is in their Best Interests to transfer.
- ✓ Patient is safe to transfer.
- ✓ The above have all been discussed with patient and family.

Contact the Hospice via referral phone  
(see map for correct Hospice)  
Wheatfields xxxxxxxxxxxx  
St Gemma's xxxxxxxxxxxx

ED provide clinical details verbally to Nurse in Charge as per triage form (page 2) and provide contact details to enable response within 1 hour

### Bed available

Decision to admit is made and confirmed with ED.

Transport is booked by ED Team.

Palliative Care Ambulance.

Tel no xxxxxxxxxxxxxxxxxxxx

ED to transfer patient with :

- ED paper notes
- Possessions
- Own medication

### No bed available

If Hospice has no availability, Hospice Nurse in Charge contacts other Hospice to check their capacity.

If there is no capacity to admit overnight but a bed is available next day, the Hospice will reserve bed and inform ED of plan. ED will book transport.

Palliative Care Ambulance  
Tel no xxxxxxxxxxxxxxxxxxxx

If patient is admitted to a ward in LTHT before transfer to Hospice, ED to update Hospice with patient location and ensure full handover to receiving LTHT ward.

#### Where no Hospice bed available:

08:30 – 17:00 Hospital Palliative Care Team will contact ED to offer advice.

17:00 – 08:30 Palliative Care Consultant on call will contact ED to offer advice and can be called via switchboard.

## Further Information

Decision from Hospice is based on both bed and staff availability.

If a patient is not thought to be dying but has unmanaged symptoms contact Hospital Palliative Care Team (8:30-17:00) xxxxxxxx or Palliative Care Consultant on call via switchboard (17:00 – 8:30) for advice.