

WHAT TO CONSIDER WHEN YOUR FAMILY MEMBER OR FRIEND HAS EXPRESSED A WISH TO GO HOME FROM HOSPITAL TO DIE AT HOME

This information is to help you decide whether you may be able to take your family member or friend home (includes Residential Aged Care Facility) from hospital for the last days or weeks of life to die at home. **Asking questions can help you to decide on the best place of care.** If you have questions please don't hesitate to ask members of the health care team or community nurses.

Who is available to provide the care?

A person in the last days to weeks of life usually needs the assistance of 2 people to provide for their care needs. Most of this care needs to be provided by the family or friends. The staff will let you know what care needs your family member or friend has, and how many people they usually need to help with personal care.

Who will provide the personal care and nursing care?

The social worker can let you know what additional help you may be able to get at home, and the costs involved.

Equipment: The occupational therapist will help you to know what equipment you may need, and how quickly this can be delivered. They will also tell you what it will cost. Items may include a hospital bed.

Medications: Ask your doctor and nurse about this. Injection medications will usually be organised, to be used if needed. You will be sent home with instructions about medications, so that you will know how and when to use them. Usually in the last days of life, a person will have difficulty swallowing and they may only be on a few medications to keep them comfortable, or to use if needed if pain or other problems occur.

GP: A GP will need to be available to support care at home. It is also important to plan ahead and check if the GP is willing and available to complete the death certificate following death.

Further information if you would like to understand what happens after a death at home

How to recognise that a person has died

When death has occurred the person stops breathing and there is no heart beat or pulse. They will not respond to any stimulation. Their eyes may be open, but their pupils will be large and fixed on one spot. Their mouth may fall slightly open. They may also have lost control of their bladder and bowels and secretions may come from their mouth.

What should you do?

As this is an expected death, you don't have to contact anyone immediately unless you want to. There is no need to hurry. Telephone a relative or friend if you want them to be with you. If the person dies during the night, you can wait till morning to notify the doctor or nurse, or you can call them straight away if you wish. The community nurse can help with further care and cleaning of the person following death.

After the person dies, the doctor needs to provide a Medical Certificate of Cause of Death. If the doctor is not available, an authorised nurse or paramedic can complete a 'Verification of Death' form which confirms that the person has died, and allows the doctor to complete the Medical Certificate of Cause of Death in the next 48 hours.

It is up to the doctor to decide if they know the cause of the death, and are prepared to do the death certificate. When you are ready, contact the funeral director who will guide you through the funeral arrangements.

Coroners Cases

There are certain deaths that must be reported to the coroner. This is uncommon for an expected death at home. Please discuss with your doctor or nurse if you have any questions about this.

Notes

If at any time you have any further questions note them here and speak to
your Doctor and/or Nurse Unit Manager of your ward

Helpful contact numbers

	Name	Contact number/s
Nurse Manager		
Medical Officer		
Social Worker		
Chaplaincy Service		
Interpreter Service		

Acknowledgment: Adapted from University Hospitals of Leicester, NHS Trust, UK; About the process of dying, Palliative Care, Victoria; Sydney Local Health District Family/Carer Information for End of Life Care information sheet.



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