

<b>Title</b>	<b>The clinical journeys of 100 consecutive oncology deaths: We recognise that it is going to happen, but do we only act when it is happening?</b>
Number	39
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Abstract	<p>Background: A primary challenge impacting on the patient and family experience at the end of life is the difficulty clinicians experience in recognising patients who are either approaching the end of the life or dying. Aims: a) to undertake a retrospective medical record audit of the clinical journey of 100 consecutive deaths for any oncology patient at a Sydney metropolitan hospital.</p> <p>Methods: We retrospectively audited medical records from July 2012 to June 2013 to describe key clinical elements in the patient journey. This paper reports on findings related to the last admission for patients preceding their death.</p> <p>Results: The average length of stay in the last admission prior to death was 13 days. Pain was the most common reason for admission (50%) during the last year of life. 97% of patients had a NFR documented by the time they died, on average this occurred 8 days prior to their death. 64% of patients were commenced on an end-of-life pathway. Patients who were dying displayed a characteristic constellation of burdensome symptoms - drowsiness, difficulty swallowing, weakness, delirium, dyspnoea, being bedbound and only sipping fluids.</p> <p>Discussion: Proactive assessment of the characteristic constellation of symptoms that occur when a patient is imminently dying could be used to ensure early recognition occurs. The final admission, averaging 13 days, creates potential opportunities for decision-making about end of life, including the option of dying at home.</p>