Clinical Guidance for Critical Care Staff on Transferring the Critically Ill Patient Home to Die

### Stage 1: Assessing potential for transfer home

**The ‘right’ patient characteristics:**
- Patient with mental capacity expressed wish to go home
- Patient clinically stable for transfer

**The ‘right time’**
- Sufficient time to organise transfer
- Transfer planned during core working hours

**The ‘right’ circumstances**
- Family supportive/requesting transfer home
- In-patient clinical team supportive of transfer home to die

**Transfer home less likely if:**
- Patient intubated receiving multiple inotropes
- High level of manual handling/turning needs
- Planned organ donation
- Coroner with police involvement
- Intensive nursing care needs e.g. open wounds, high gastrointestinal losses
- Family lack capability to support patient dying at home

### Stage 2: Preparing for transfer

**Consider:**
- **Patient/family issues**
  - Is patient/family realistic about care package at home?
  - Is patient/family aware of risk of dying during transfer?
  - Has re-admission to hospital been discussed?
  - Has family given consent for ICU follow up call?
- **Intensive care issues**
  - Who will take the lead in transfer arrangements?
  - Who will accompany the patient home (staff and relatives)?
  - How are any treatments to be withdrawn, by whom and where?
  - Can the unit manage without the staff involved in the transfer?
  - Are there funding implications?
- **Community issues**
  - Will GP support transfer of patient home to die?
  - Is care package at home in place?
  - How will patient symptoms be managed at home?
  - Who will sign the death certificate?
  - Has there been discussion about how family can participate in care at home?
- **Transfer issues**
  - Has time been built in for changes to care before transfer e.g. conversion to syringe driver?
  - Do transfer staff know what to do if patient dies during transfer?
  - Are there any medico-legal/indemnity issues for health care staff involved in the transfer?
  - Are arrangements in place to return ICU staff and equipment to the hospital?
- **Home issues**
  - Is home suitable for transfer and care e.g. stairs, toilet, bedroom?

**Potential contact personnel:**
- General Practitioner
- Hospital palliative care team
- Hospital rapid discharge team
- Community nursing services
- Community palliative care team
- Ambulance services
- ICU technicians
- Coroner
- Social worker
- Pharmacist

**Equipment and supplies:**
- Specialised bed/mattress
- Oxygen and respiratory support
- Continence supplies
- Syringe driver
- Medications and prescriptions
- Dressings

**Documentation:**
- ICU discharge letter
- DNACPR form
- Expected death form
- Rapid discharge forms

### Stage 3: During the transfer

Follow local policy for transfer of critically ill patient

Ensure patient comfortable at home and any symptoms managed

Ensure family aware of signs of deterioration and impending death

Ensure family aware of who to contact for support or in the event of patient death (written information may be useful)

Give advice to family as required e.g. family visiting, etc.

### Stage 4: On arrival at home

Contact family for feedback if consent previously given

Contact community teams for feedback

Update ICU transfer education and training as required

Consider formal case review

Offer debrief for all ICU staff involved

Update local transfer guidelines as required

Engage commissioners if any funding concerns

### Stage 5: Follow up after the transfer

Contact family for feedback if consent previously given

Contact community teams for feedback

Update ICU transfer education and training as required

Consider formal case review

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