

The Care Team

The care team is committed to caring for your relative or friend during this time as well as supporting their family and friends.

Please do not hesitate to make contact with the facility's nursing staff or the resident's general practitioner to discuss any questions or concerns that you may have about your relative or friend's condition and the care that they are receiving.



Facility contact details:

For Further Information

Please contact the facility's clinical manager or nursing staff if you require any further information about the Residential Aged Care End of Life Care Pathway.



Information for Relatives and Friends



Residential Aged Care End of Life Care Pathway (RAC EoLCP)



Developed by Brisbane South
Palliative Care Collaborative
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Information on a Palliative Approach and End of Life Care

A palliative approach to care may be introduced when a resident has an advanced illness or condition that is likely to affect how long they will live. This approach to care values and supports quality of life and comfort - but it does not provide a cure, nor does it try to lengthen or shorten life. A palliative approach to care may occur over many months or for a short period only, depending on the resident's needs and their preferences for care.

You have been given this brochure because the health care team now believe that your relative or friend's medical condition has deteriorated to the stage where death is likely to occur soon.

When death is close the focus of care remains on providing the utmost comfort for your relative or friend. The care team will discuss all end of life care treatment options with your relative or friend (if possible) as well as their substitute decision maker and family members.

To help the care team deliver the best quality of care to your relative or friend in the last days of their life this facility uses a document called the Residential Aged Care End of Life Care Pathway.

What is the Residential Aged Care End of Life Care Pathway (RAC EoLCP)?

The RAC EoLCP is a structured plan of care which outlines essential steps in the care to be provided for your relative or friend.

The decision to commence the RAC EoLCP is made by the resident's general practitioner and the care team in consultation with your relative or friend (if possible), their substitute decision maker and family members.

Once the RAC EoLCP is commenced all staff are aware that a resident is dying and understand the care that is to be provided. In most cases hospital admission for end of life care can be avoided. This allows the resident to be cared for, and their family and friends to be supported, in familiar surroundings.

How does the RAC EoLCP work?

The RAC EoLCP guides the care team in:

- **monitoring and responding promptly to common symptoms** that can be experienced at end of life such as pain, restlessness and changes in breathing
- **providing optimal comfort care**
- **addressing emotional and spiritual needs** of the resident and their family.

All care provided to your relative or friend is recorded on the RAC EoLCP document.

Focus of Care in the Last Days of Life

The general practitioner will review the resident's condition and the current treatment plan. He/she may make changes to medication, stopping those that are no longer helpful and commencing others that are essential for maintaining your relative or friend's comfort. Similarly non-essential tests and observations will also be stopped.

It is impossible to predict the exact manner and time in which a person will die. However, regardless of the illness, there are a number of signs and symptoms as well as changes in the resident's level of responsiveness that occur as death approaches.

This facility has a brochure called '**Understanding the Dying Process**'. Please ask nursing staff for a copy if you would like more information on what to expect.

The care staff will be continually assessing and monitoring your relative or friend to establish their care needs and to identify changes in their condition as these occur. The care plan will be reviewed daily to ensure all strategies are in place to maintain comfort and dignity.

In some cases a resident's condition may stabilise and improve. If this occurs, the care team and the resident's general practitioner will stop the RAC EoLCP and a new care plan will be devised based on the resident's needs.