End of Life (Terminal) Care Pathways

An end of life (terminal) care pathway (or plan) is a document that guides the steps needed to provide high quality care to the resident in the last week or days of their life. A resident will be started on a pathway when there are signs or they show symptoms or physical changes suggesting that they may be dying. The final decision to commence a resident on a pathway is made by the doctor and care team after talking with the resident, their family and/or substitute decision maker.

Key messages

- End of life (terminal) care pathways help the care team to provide high quality care to the resident in their last week or days of life.
- The resident will start on a pathway after discussion with the resident, family and care team.
- If the resident’s condition improves, in discussion with the family and/or substitute decision maker, they will be taken off the pathway and routine care will be resumed.

What can you do?

- Be familiar with the signs and symptoms indicating that the resident may be dying.
- Report to nursing staff if the resident appears to have any of the signs and symptoms.
- Find out if your facility uses an end of life (terminal) care pathway and, if so, what your role is.
- If you are required to fill in any part of the pathway and are unsure of what to do, ask the nursing staff to show you how to do this.
- Always keep the resident as comfortable as possible. For example, provide mouth, eye and skin care; help get them into a comfortable position; help with incontinence and bowel care.
- Talk with the family/loved ones and provide comfort to them.

Why it works

- End of life (terminal) care pathways support the best possible care for the resident at the end of their lives.
- Helps to keep the resident comfortable up until they die.
- Allows the resident to be cared for, and their family to be supported, in familiar surroundings by staff they know.

Common signs and symptoms associated with dying

Common signs and symptoms indicating that a resident may be dying include: experiencing rapid day-to-day deterioration where the resident’s condition keeps getting worse; needing more frequent care; becoming semi-conscious or less aware of their surroundings; finding it harder to swallow; refusing or unable to eat, drink or take oral medications; weight loss; changes in their breathing; becoming restless, agitated and confused; they are very weak.