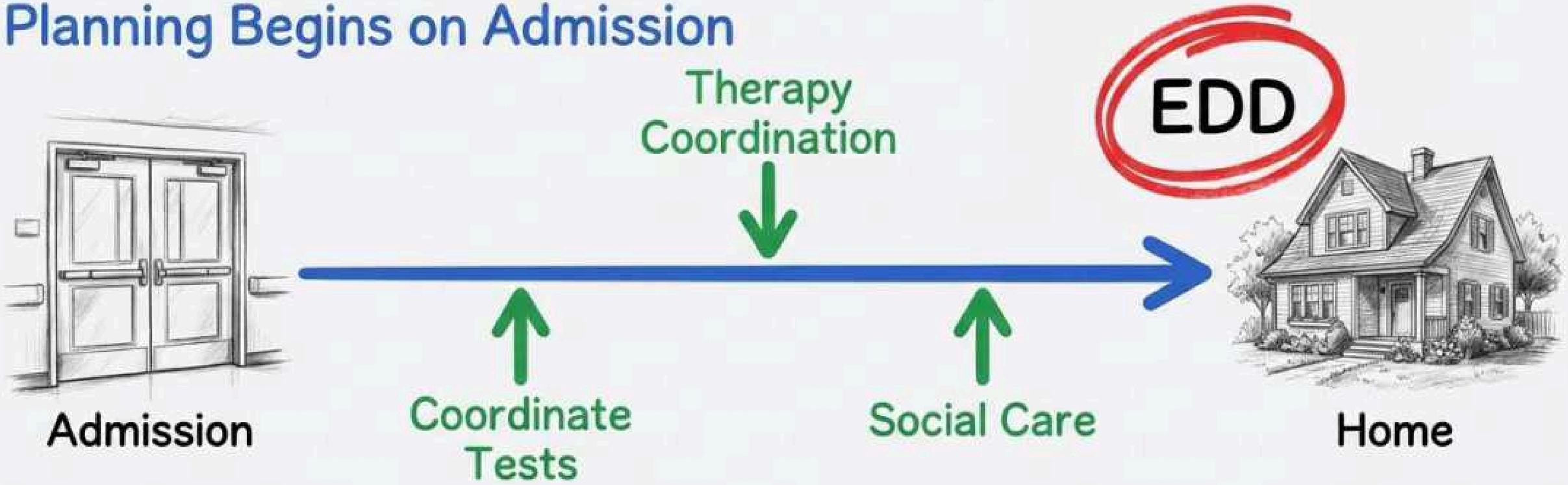
Lecture 6: Discharge, Chronic Disease and End of Life

¶ 6.1

Planning Begins on Admission

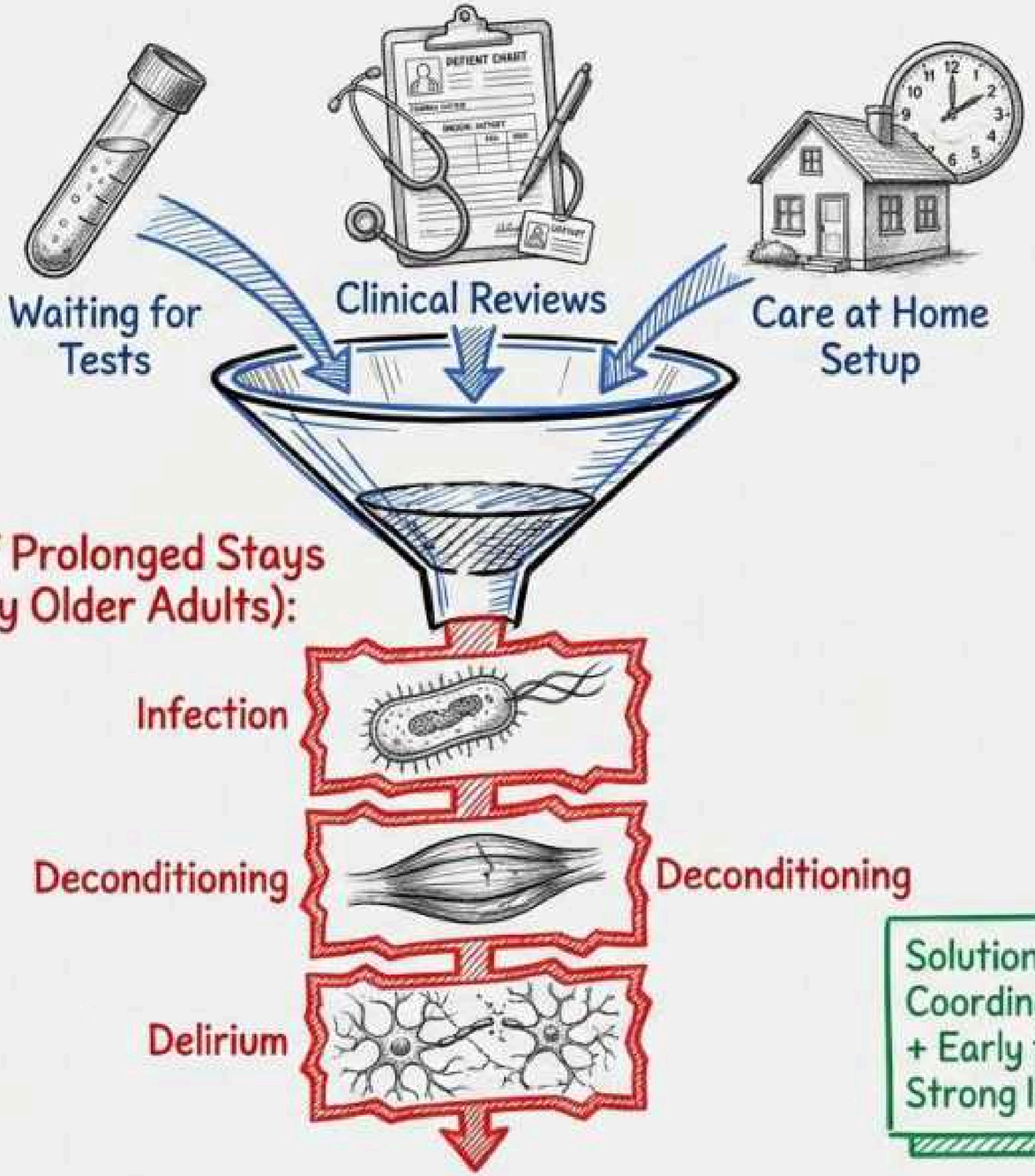


- Core Insight: Early coordination centers around one critical question: What needs to happen for the patient to go home, and when?
- Impact: Sharing the Expected Date of Discharge (EDD) keeps the clinical team, the patient, and their family perfectly aligned toward a common goal.

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The Anatomy of a Delay

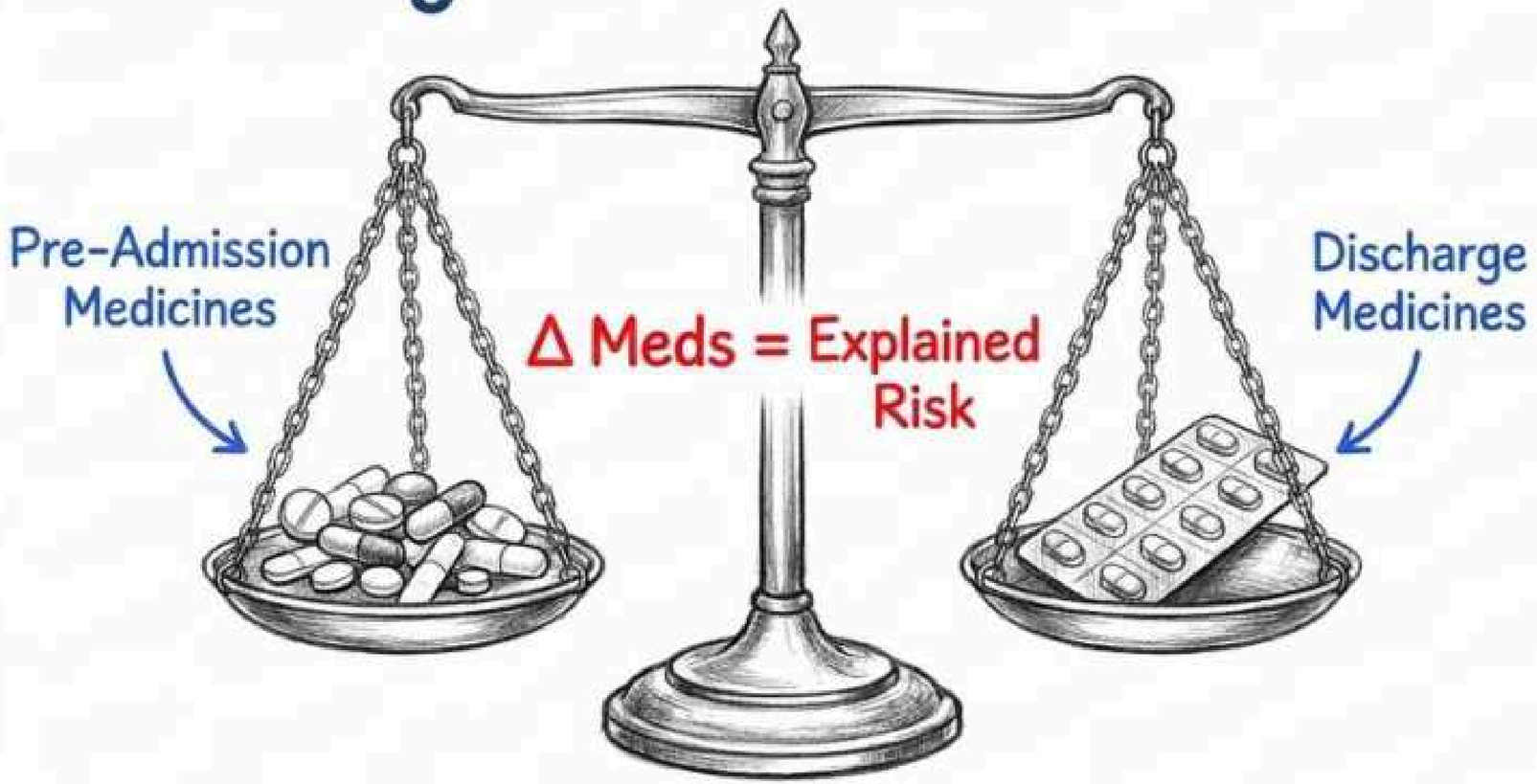
¶ 6.2



Solution:
Coordinated multi-disciplinary teams + Early therapy assessment + Strong links with community services.

Medicines Reconciliation: Balancing the Transition

¶ 6.3



The Discharge Summary MUST Include:

1. Diagnoses
2. Changes to medicines
3. Follow-up plans
4. Pending results

The Mandate: Compare pre-admission medicines with discharge medicines. Every single change must be explained. Errors at this transition are common and deeply harmful.

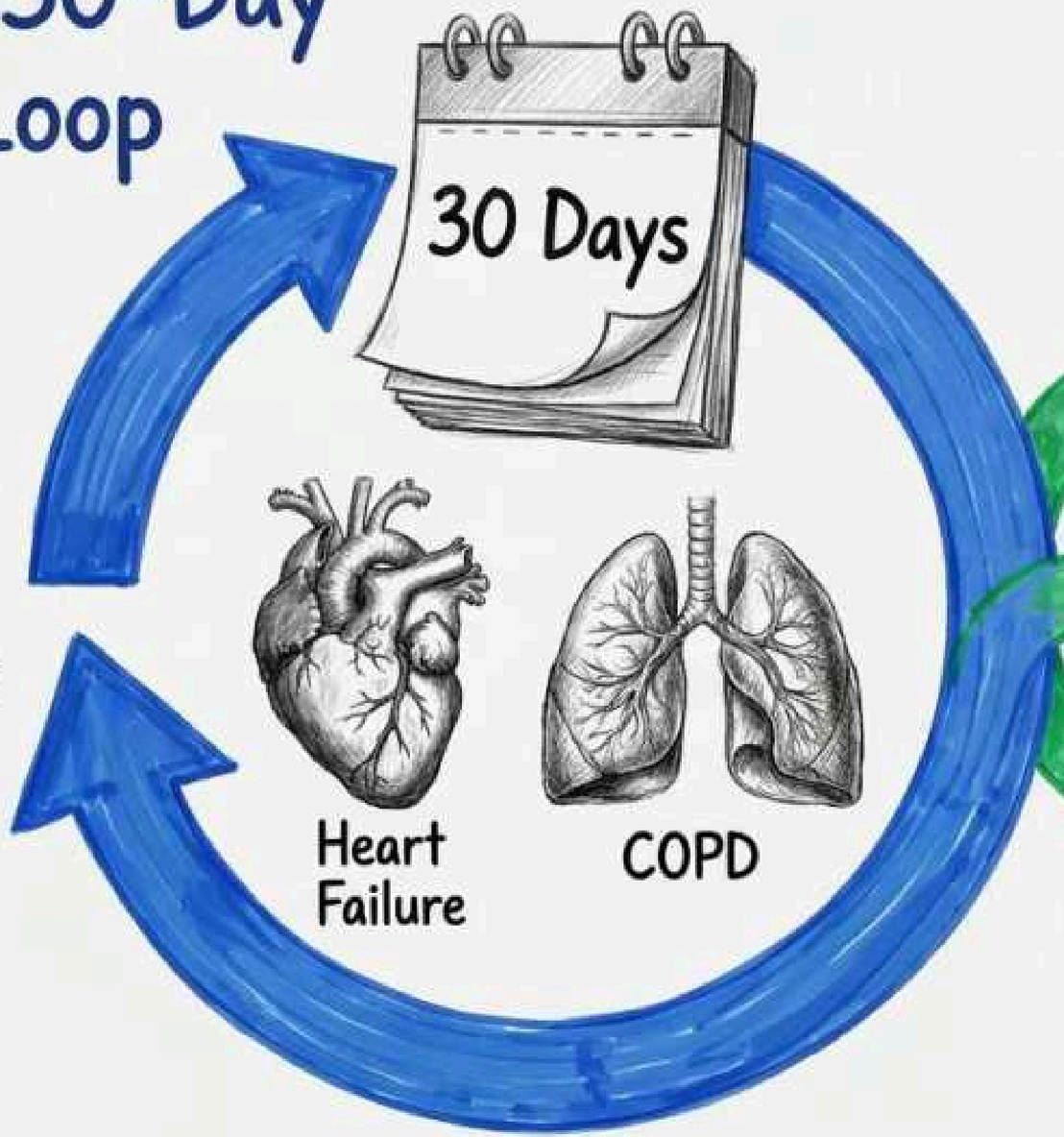
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Breaking the 30-Day Readmission Loop

¶ 6.4

The Problem:
Readmission within a month is both common and costly.

High-Risk Demographics:
Older people, those with Heart Failure or COPD, multiple comorbidities, or those discharged without clear plans.



- Proactive follow-up calls
- Early outpatient clinic reviews
- Clear, actionable advice on warning signs for the patient

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The Chronic Care Model (Primary Care Focus)

¶ 6.5

Q1. Supported Self-Management: Patients are actively taught to monitor and manage their own conditions.



Q2. Planned Reviews: Proactive, scheduled touchpoints rather than reactive emergency visits.





Q3. Clear Roles: Explicitly defined responsibilities for every member of the multidisciplinary team.



Q4. Information Systems: Technology that actively tracks patient care over time.



The vast majority of care for chronic diseases happens outside the hospital.

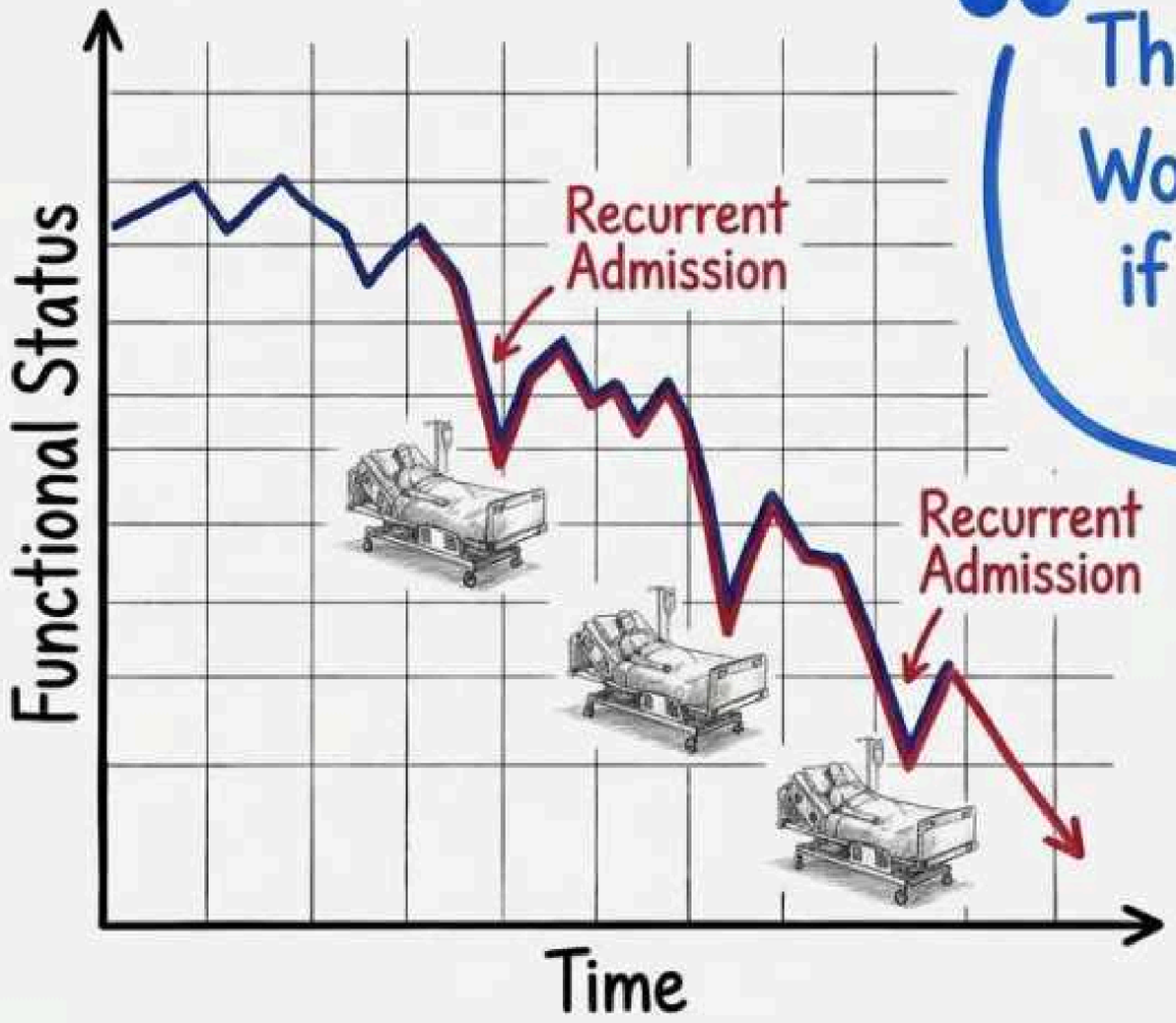
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Recognizing the End of Life

¶ 6.6

Clinical Signs:

- Progressive decline despite treatment,
- increasing frailty,
- ↓ oral intake (eating/drinking less),
- ↑ time spent in bed.

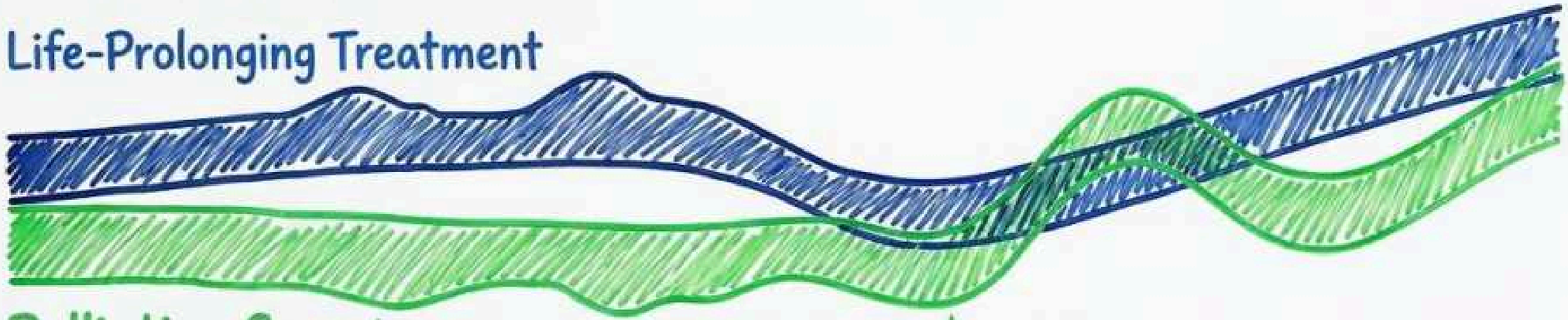


> The Surprise Question: Would you be surprised if the patient died in the next year?

If no → initiate planning.

The Dual Track of Palliative Care

¶ 6.7

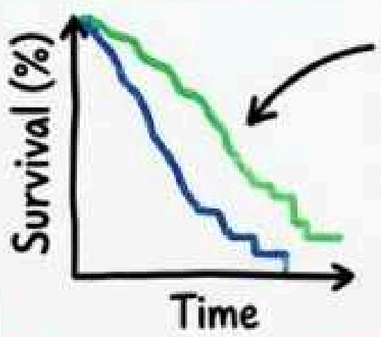


Goal:

- Improve Quality of Life for patients and families (pain, psychological, social, spiritual needs).

Key Insight:

- Administered alongside curative treatments, not just at the very end.



Evidence (Temel et al., 2010): Early palliative care in advanced lung cancer → ↑ Quality of Life, ↑ Mood, and ↑ Survival length.

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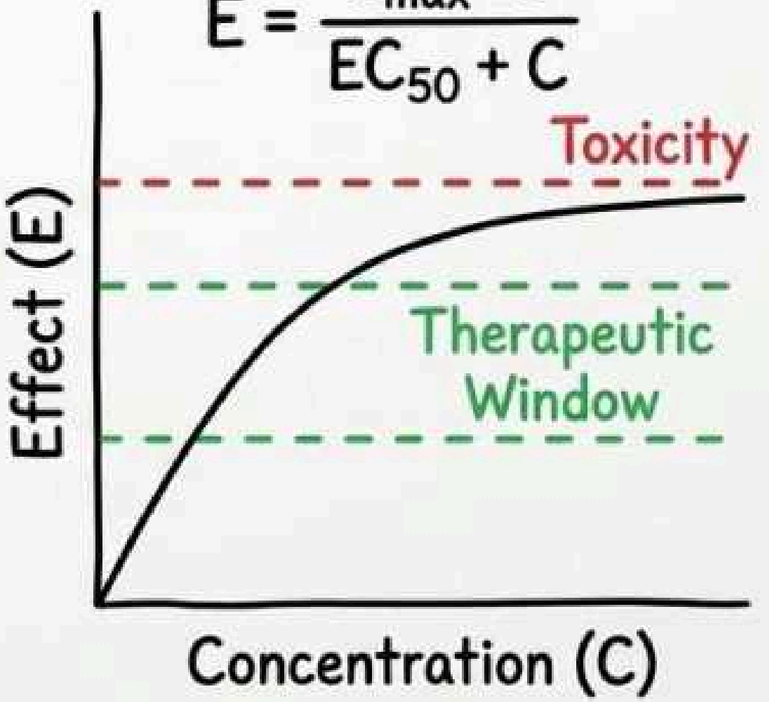
Anticipating & Treating End-of-Life Symptoms ¶ 6.8

Common Symptom	Strategy
Pain & Breathlessness →	
Nausea →	
Agitation →	
Secretions (noisy breathing) →	

Core Strategy: Prescribe medicines in advance so they can be administered promptly at the onset of distress.



$$E = \frac{E_{max} \cdot C}{EC_{50} + C}$$



Opioids, when titrated carefully at appropriate doses, relieve pain and breathlessness safely without shortening life.

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The Last Days of Life: Shifting Focus to Comfort

¶6.9





✓ START: Gentle mouth care,

✓ comfortable positioning, and

✓ facilitating the presence of loved ones.

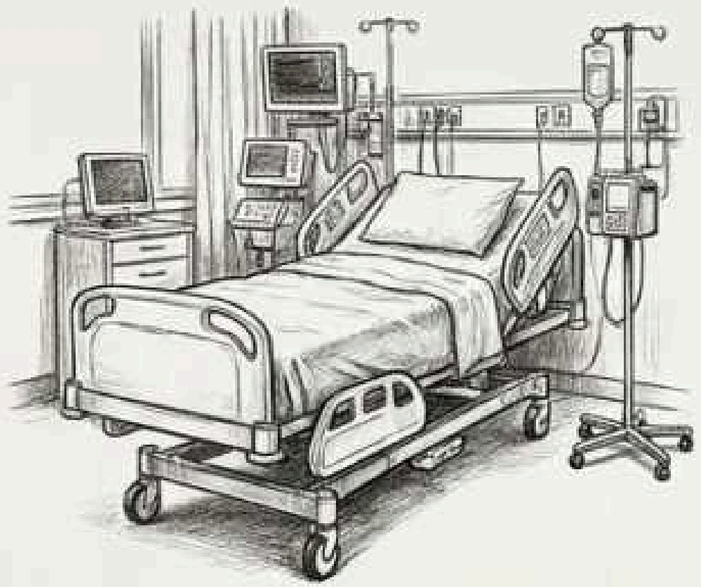
STOP: Unnecessary tests, routine observations, and non-essential medicines.

Clear, compassionate communication with families helps them understand what is happening and allows them time to prepare.

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Honoring the Final Choice: Place of Death

¶ 6.10

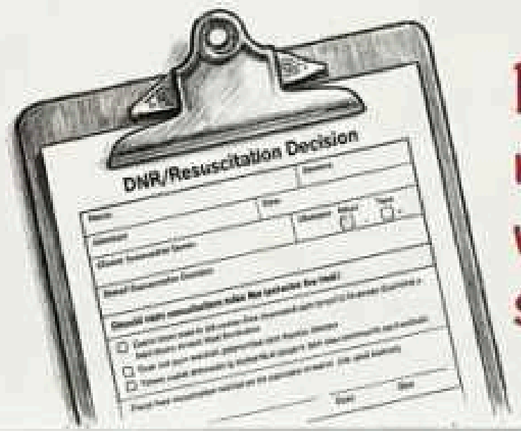


The Reality: Many die in hospital.

Advance Care Planning
(Med 535 B) & Coordination with Community/Hospice Services



The Wish: Many wish to die at home.



Decisions about resuscitation must be discussed with patients and families sensitively and honestly.

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After a Death: The Doctor's Duty

¶ 6.11







1. Complete necessary documentation accurately.
2. Provide support and presence for the family.
3. Reflect on the care given.

"Caring well for people at the end of life is one of the most important things medicine does."

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Course Summary & Closing

¶ 6.12

- [x] Begin with ABCDE.
- [x] Organise care around a clear Problem List.
- [x] Recognise Deterioration & Sepsis early.
- [x] Prescribe Fluids & Drugs carefully.
- [x] Anticipate Delirium & Falls (older patients).
- [x] Plan Discharge from day one.
- [x] Care well at the End of Life.

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