# One Chance to Get it Right

## Simulation Scenario 2 – End of Life Care at Home

<table>
<thead>
<tr>
<th>Course lead</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Course / Curriculum</strong></td>
<td>One Chance to Get it Right: Equipping senior health professionals for the challenges of caring for patients approaching the end of life</td>
</tr>
<tr>
<td><strong>Target Delegates</strong></td>
<td>Consultants, ST5+, Band 6+ nurses and allied health professionals, GP’s and 3rd year GPVTS working in areas that frequently deal with end of life care.</td>
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<tr>
<th>Scenario name</th>
<th>Group Size</th>
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<tbody>
<tr>
<td>Scenario 2 End of Life Care at Home</td>
<td>12</td>
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<table>
<thead>
<tr>
<th>Patients Name:</th>
<th>Rose Jones</th>
</tr>
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<tbody>
<tr>
<td>Patients Age:</td>
<td>75 years old</td>
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<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Advanced Lung Cancer</th>
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<tr>
<th>Learning Goals</th>
<th>Suggested NTS / Technical Communication</th>
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<tr>
<td>1. Managing the dying patient at home</td>
<td>Decision Making</td>
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<tr>
<td>2. Priorities For Care</td>
<td>Care and Compassion</td>
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<tr>
<td>3. Managing a distressed relative</td>
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<table>
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<th>Narrative Description</th>
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<td>It’s 1300 on a weekday at the patients’ home. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. She is severely cachexic.</td>
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<td>The community palliative care team has had extensive conversations and assessments with both Rose and her husband over the past few weeks. Rose knows she is dying and she does not want to be admitted to hospital when her condition worsens. She was adamant with her wishes. This decision is clearly documented in her notes, there is a valid DNAR order and she is also on the electronic register co-ordinate my care (CMC).</td>
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<td>Past medical history: hypertension</td>
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<tr>
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<td>The GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. Over the past week her condition has been deteriorating. She has become more and more drowsy and less communicative, and her breathing has become more difficult.</td>
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<td>Today Rose is cold, clammy and unrousable. She has a lot of respiratory secretions. She has been visited by her care assistant who is concerned that her condition has significantly worsened. S/he has asked for the district nurse and/or GP to review.</td>
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Her husband is present. He says that he gave her a cup of tea in the morning and that she found it hard to swallow. He is concerned that Rose is ‘not her usual self’ and believes that she needs to be taken back to hospital to have some more antibiotics through a drip. But only after she has had her lunch ‘to build up her strength’, which is in the oven.

As the scenario progresses, her husband becomes more and more distressed and angry. He does not want to recognise that Rose is dying, and he does not want to accept her wishes. If his concerns are not listened to, and he is not appropriately calmed and reassured, he will insist on calling for an ambulance.

### Staffing

<table>
<thead>
<tr>
<th>Faculty Control Room:</th>
<th>Candidates</th>
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<tr>
<td>1 x technician</td>
<td>1 x Community Nurse / Community AHP</td>
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<td>1 x debriefer</td>
<td>1 x GP</td>
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<tr>
<th>Faculty Role Players:</th>
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<tr>
<td>1 x actor (husband)</td>
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<td>1 x care assistant (plant - optional)</td>
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### Case Briefing

**To All Candidates**

It’s 1300 on a weekday. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. You have been called to Rose’s house by her care assistant who is concerned that she has deteriorated. The community palliative care team has had extensive conversations with Rose and she does not want to be admitted to hospital when her condition worsens.

**To Role Players**

Care assistant – refer to role description.

### Manikin preparation


### Room set up

Homely environment. Provide chairs.

### Simulator operation

Patient is breathless with Cheyne-Stokes breathing. Crackles all over her chest. Cold and clammy. She is unrousable.

### Props needed

District nurse notes, CIS documentation.

### Notes to faculty

The aim of this scenario is to implement the ‘priorities for care at the end of life’ at home.

1. Delegates are expected to assess the patient and recognise that she is dying.
2. Manage the husband’s expectations that his wife’s life can be prolonged by going to hospital against her wishes.
3. Manage husband’s distress and offer appropriate support using appropriate communication skills acting in accordance with the patient’s expressed wishes.
Observations:

**Initial**

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**Total Par Score**

**As Patient tires**

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**Total Par Score**
Patient Role
Rose Jones, 75 years old

Scenario
It's 1300 on a weekday at the patients' home. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. She is severely cachexic.

The community palliative care team has had extensive conversations and assessments with both Rose and her husband over the past few weeks. Rose knows she is dying and she does not want to be admitted to hospital when his condition worsens. She was adamant with her wishes. This decision is clearly documented in her notes, there is a valid DNAR order and she is also on CMC.

The GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. Over the past week her condition has been deteriorating. She has become more and more drowsy and less communicative, and her breathing has become more difficult.

Today Rose is cold, clammy and unrousable. She has a lot of respiratory secretions. She has been visited by her care assistant who is concerned that her condition has significantly worsened. S/he has asked for the district nurse and/or GP to review. Her husband is present.

Underlying diagnosis
Advanced Metastatic Lung Cancer
End of Life Care

Past medical history: hypertension
Drug history: Paracetamol 1g QDS, MST 40mg BD, Oromorph 10mg PRN, Fentanyl lozenge PRN, Movicol, Senna
Allergies: nil known

Instructions
You are generally unrousable. You are cold and clammy.
You may occasionally moan and groan and you only respond to pain.
Your breathing is difficult. You have a lot of respiratory secretions.
You have an abnormal pattern of respiration (Cheyne-Stokes breathing).
Care Assistant Role (Plant)

Scenario
It’s 1300 on a weekday at the patients’ home. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. She is severely cachexic.

The community palliative care team has had extensive conversations and assessments with both Rose and her husband over the past few weeks. Rose knows she is dying and she does not want to be admitted to hospital when his condition worsens. She was adamant with her wishes. This decision is clearly documented in her notes, there is a valid DNAR order and she is also on CMC.

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Allergies: nil known

Instructions
You are an experienced care assistant. You have been providing care at home to Rose for several months now. You assist mostly with her personal care. You have grown fond of both Rose and her husband. Rose has often confided in you regarding her wishes at the end of her life. In recent weeks you were aware that Rose knew she was dying. She talked about it often and told you that she had put all her affairs in order. You know Rose was adamant in her wishes that she did not want to be admitted to hospital when her condition worsens. She very much wants to die at home.

You know that her GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. This week you have noticed a significant deterioration in her condition, so you asked the district nurse and/or GP to review.

You are saddened to hear she is dying.
Community Palliative Care Nurse Role on Phone (Faculty)

Scenario
It's 1300 on a weekday at the patients' home. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. She is severely cachexic.

The community palliative care team has had extensive conversations and assessments with both Rose and her husband over the past few weeks. Rose knows she is dying and she does not want to be admitted to hospital when his condition worsens. She was adamant with her wishes. This decision is clearly documented in her notes, there is a valid DNAR order and she is also on CMC.

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Allergies: nil known

Instructions
You are an experienced Community Palliative Care Nurse. You know Rose’s case very well. You were involved in the advanced care planning discussions with Rose and her husband in recent weeks.

If called, you confirm that you have had extensive conversations with Rose when she was still able to express wishes and she was adamant that she did not want to be admitted to hospital when her condition deteriorates. You state there should be a completed DNACPR form in her home, but if not you have a photocopy of the form in her records.
Faculty / Actor Role
Rose Jones’ Wife, Peter Jones

Rose’s husband is present. He is concerned that Rose is ‘not her usual self’ and believes that she needs to be taken back to hospital to have some more antibiotics through a drip. He is pleasant until he hears that Rose will not be taken to hospital. This upsets him and he gets angry. He needs to be dealt with appropriately.

Scenario
It’s 1300 on a weekday at the patients’ home. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. She is severely cachexic.

The community palliative care team has had extensive conversations and assessments with both Rose and her husband over the past few weeks. Rose knows she is dying and she does not want to be admitted to hospital when his condition worsens. She was adamant with her wishes. This decision is clearly documented in her notes, there is a valid DNAR order and she is also on CMC.

The GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. Over the past week her condition has been deteriorating. She has become more and more drowsy and less communicative, and her breathing has become more difficult.

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End of Life Care

Past medical history: hypertension
Drug history: Paracetamol 1g QDS, MST 40mg BD, Oromorph 10mg PRN, Fentanyl lozenge PRN, Movicol, Senna
Allergies: nil known

Instructions
You are a man in your 70s. You and your wife have been married for 25 years. You both met after the deaths of your first partners. You have 1 child each from both your previous marriages, who both live some distance away with their families. You both discussed that you didn’t want to upset them so you have not been entirely open with her diagnosis and how unwell she really is.
Although you are fully aware that Rose has advanced lung cancer, and you have been involved in conversations between Rose and the palliative care team about her wishes, you have never truly believed that she would die before you. This scares you, and you now don’t believe that Rose made the right decision. You know how much Rose hated hospitals and in the past you have always had to convince her to go into hospital. She wasn’t always happy about this.

The GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. Over the past week her condition has been deteriorating. She has become more and more drowsy and less communicative, and her breathing has become more difficult.

Today Rose is cold, clammy and unrousable. She has a lot of respiratory secretions. You are very concerned that Rose is ‘not her usual self’. She normally really loves her food but she hasn’t eaten properly for quite a while, and you have noticed she has lost a lot of weight. You tried to give her a cup of tea this morning, but she found that hard to swallow, causing her to splutter and cough. If asked, you confirm that she has not been able to take her oral antibiotic pills. You believe that she needs to be taken back to hospital to have some more antibiotics through a drip, but only after she has had her lunch ‘to build up her strength’, which is in the oven.

If the healthcare team suggest that she shouldn’t go into hospital, you question them as the last time Rose went into hospital with a chest infection she did have antibiotics and they got her well enough to go home again. You will be appropriately upset and distressed when the discussion around dying takes place.

As the scenario progresses, you become more and more distressed and angry. You do not want to recognise or accept that Rose is dying, and will get angry when an ambulance is not called. If your concerns are not listened to, and if you are not appropriately calmed and reassured, you will insist on calling for an ambulance yourself.

If the healthcare professional is able to calm you, you start to begin to accept Rose’s decision. You will have questions around her being fed, about her not being in pain, changing and washing her. You will be concerned about her struggling for breath, you will need time & space to express these concerns or you will become angry. You will not want a cup of tea. You and Rose have never really been that religious. Her parents were catholics. You wonder whether now she might want a visit from a chaplain, but you do not offer this information unless asked.
Results of Investigations

**Bloods**
Not applicable

**Gases**
Not applicable

**Imaging**
Not applicable

**Other**
Not applicable
### Course lead

**Course / Curriculum**

One Chance to Get it Right: Equipping senior health professionals for the challenges of caring for patients approaching the end of life

**Target Delegates**

Consultants, ST5+, Band 6+ nurses and allied health professionals, GP’s and 3rd year GPVTS working in areas that frequently deal with end of life care.

### Scenario name

Scenario 2
End of Life Care at Home

### Group Size

12

### Patients Name:

Rose Jones

### Patients Age:

75 years old

### Major Problem

Advanced Lung Cancer

### Learning Goals

1. Managing the dying patient at home
2. Priorities For Care
3. Managing a distressed relative

### Suggested NTS / Technical Communication

Decision Making
Care and Compassion

### Narrative Description

It’s 1300 on a weekday at the patients’ home. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. She is severely cachexic.

The community palliative care team has had extensive conversations and assessments with both Rose and her husband over the past few weeks. Rose knows she is dying and she does not want to be admitted to hospital when her condition worsens. She was adamant with her wishes. This decision is clearly documented in her notes, there is a valid DNAR order and she is also on the electronic register co-ordinate my care (CMC).

**Past medical history:** hypertension  
**Drug history:** Paracetamol 1g QDS, MST 40mg BD, Oromorph 10mg PRN, Fentanyl lozenge PRN, Movicol, Senna  
**Allergies:** nil known  
**Social history:** Lives with husband. Ex-smoker.

The GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. Over the past week her condition has been deteriorating. She has become more and more drowsy and less communicative, and her breathing has become more difficult.

Today Rose is cold, clammy and unrousable. She has a lot of respiratory secretions. She has been visited by her care assistant who is concerned that her condition has significantly worsened. She has asked for the district nurse and/or GP to review.
Her husband is present. He says that he gave her a cup of tea in the morning and that she found it hard to swallow. He is concerned that Rose is ‘not her usual self’ and believes that she needs to be taken back to hospital to have some more antibiotics through a drip. But only after she has had her lunch ‘to build up her strength’, which is in the oven.

As the scenario progresses, her husband becomes more and more distressed and angry. He does not want to recognise that Rose is dying, and he does not want to accept her wishes. If his concerns are not listened to, and he is not appropriately calmed and reassured, he will insist on calling for an ambulance.

### Staffing

**Faculty Control Room:**
- 1 x technician
- 1 x debriefer

**Faculty Role Players:**
- 1 x actor (husband)
- 1 x care assistant (plant - optional)

### Candidates

- 1 x Community Nurse / Community AHP
- 1 x GP

### Case Briefing

**To All Candidates**

It’s 1300 on a weekday. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. You have been called to Rose’s house by her care assistant who is concerned that she has deteriorated. The community palliative care team has had extensive conversations with Rose and she does not want to be admitted to hospital when her condition worsens.

**To Role Players**

Care assistant – refer to role description.

### Manikin preparation

Noelle manikin lying comfortably in bed or on sofa. Manikin dressed in sleepwear and covered with a blanket. Eyes closed. Not attached to monitoring. No cannula.

No other special preparation.

### Room set up

Homely environment. Provide chairs.

### Simulator operation

Patient is breathless with cheyne-stockes breathing. Crackles all over her chest. Cold and clammy. She is unrousable.

### Props needed

District nurse notes, CIS documentation.

### Notes to faculty

The aim of this scenario is to implement the ‘priorities for care at the end of life’ at home.

1. Delegates are expected to assess the patient and recognise that she is dying.
2. Manage the husband’s expectations that his wife’s life can be prolonged by going to hospital against her wishes.
3. Manage husband’s distress and offer appropriate support using appropriate communication skills acting in accordance with the patient’s expressed wishes.
### Observations:

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**Total Par Score**

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**Total Par Score**
Patient Role
Rose Jones, 75 years old

Scenario
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The community palliative care team has had extensive conversations and assessments with both Rose and her husband over the past few weeks. Rose knows she is dying and she does not want to be admitted to hospital when his condition worsens. She was adamant with her wishes. This decision is clearly documented in her notes, there is a valid DNAR order and she is also on CMC.

The GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. Over the past week her condition has been deteriorating. She has become more and more drowsy and less communicative, and her breathing has become more difficult.

Today Rose is cold, clammy and unrousable. She has a lot of respiratory secretions. She has been visited by her care assistant who is concerned that her condition has significantly worsened. S/he has asked for the district nurse and/or GP to review. Her husband is present.

Underlying diagnosis
Advanced Metastatic Lung Cancer
End of Life Care

Past medical history: hypertension
Drug history: Paracetamol 1g QDS, MST 40mg BD, Oromorph 10mg PRN, Fentanyl lozenge PRN, Movicol, Senna
Allergies: nil known

Instructions
You are generally unrousable. You are cold and clammy.
You may occasionally moan and groan and you only respond to pain.
Your breathing is difficult. You have a lot of respiratory secretions.
You have an abnormal pattern of respiration (Cheyne-Stokes breathing).
**Scenario**

It's 1300 on a weekday at the patients' home. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. She is severely cachexic.

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Advanced Metastatic Lung Cancer  
End of Life Care  

**Past medical history:** hypertension  
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**Instructions**

You are an experienced care assistant. You have been providing care at home to Rose for several months now. You assist mostly with her personal care. You have grown fond of both Rose and her husband. Rose has often confided in you regarding her wishes at the end of her life. In recent weeks you were aware that Rose knew she was dying. She talked about it often and told you that she had put all her affairs in order. You know Rose was adamant in her wishes that she did not want to be admitted to hospital when her condition worsens. She very much wants to die at home.

You know that her GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. This week you have noticed a significant deterioration in her condition, so you asked the district nurse and/or GP to review.

You are saddened to hear she is dying.
Community Palliative Care Nurse Role on Phone (Faculty)

Scenario
It’s 1300 on a weekday at the patients’ home. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. She is severely cachexic.

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Underlying diagnosis
Advanced Metastatic Lung Cancer
End of Life Care

Past medical history: hypertension
Drug history: Paracetamol 1g QDS, MST 40mg BD, Oromorph 10mg PRN, Fentanyl lozenge PRN, Movicol, Senna
Allergies: nil known

Instructions
You are an experienced Community Palliative Care Nurse. You know Rose’s case very well. You were involved in the advanced care planning discussions with Rose and her husband in recent weeks.

If called, you confirm that you have had extensive conversations with Rose when she was still able to express wishes and she was adamant that she did not want to be admitted to hospital when her condition deteriorates. You state there should be a completed DNACPR form in her home, but if not you have a photocopy of the form in her records.
Faculty / Actor Role
Rose Jones’ Wife, Peter Jones

Rose’s husband is present. He is concerned that Rose is ‘not her usual self’ and believes that she needs to be taken back to hospital to have some more antibiotics through a drip. He is pleasant until he hears that Rose will not be taken to hospital. This upsets him and he gets angry. He needs to be dealt with appropriately.

Scenario
It’s 1300 on a weekday at the patients’ home. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. She is severely cachexic.

The community palliative care team has had extensive conversations and assessments with both Rose and her husband over the past few weeks. Rose knows she is dying and she does not want to be admitted to hospital when his condition worsens. She was adamant with her wishes. This decision is clearly documented in her notes, there is a valid DNAR order and she is also on CMC.

The GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. Over the past week her condition has been deteriorating. She has become more and more drowsy and less communicative, and her breathing has become more difficult.

Today Rose is cold, clammy and unrousable. She has a lot of respiratory secretions. She has been visited by her care assistant who is concerned that her condition has significantly worsened. S/he has asked for the district nurse and/or GP to review. Her husband is present.

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Advanced Metastatic Lung Cancer
End of Life Care

Past medical history: hypertension
 Drug history: Paracetamol 1g QDS, MST 40mg BD, Oromorph 10mg PRN, Fentanyl lozenge PRN, Movicol, Senna
 Allergies: nil known

Instructions
You are a man in your 70s. You and your wife have been married for 25 years. You both met after the deaths of your first partners. You have 1 child each from both your previous marriages, who both live some distance away with their families. You both discussed that you didn’t want to upset them so you have not been entirely open with her diagnosis and how unwell she really is.
Although you are fully aware that Rose has advanced lung cancer, and you have been involved in conversations between Rose and the palliative care team about her wishes, you have never truly believed that she would die before you. This scares you, and you now don’t believe that Rose made the right decision. You know how much Rose hated hospitals and in the past you have always had to convince her to go into hospital. She wasn’t always happy about this.

The GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. Over the past week her condition has been deteriorating. She has become more and more drowsy and less communicative, and her breathing has become more difficult.

Today Rose is cold, clammy and unrousable. She has a lot of respiratory secretions. You are very concerned that Rose is ‘not her usual self’. She normally really loves her food but she hasn’t eaten properly for quite a while, and you have noticed she has lost a lot of weight. You tried to give her a cup of tea this morning, but she found that hard to swallow, causing her to splutter and cough. If asked, you confirm that she has not been able to take her oral antibiotic pills. You believe that she needs to be taken back to hospital to have some more antibiotics through a drip, but only after she has had her lunch ‘to build up her strength’, which is in the oven.

If the healthcare team suggest that she shouldn’t go into hospital, you question them as the last time Rose went into hospital with a chest infection she did have antibiotics and they got her well enough to go home again. You will be appropriately upset and distressed when the discussion around dying takes place.

As the scenario progresses, you become more and more distressed and angry. You do not want to recognise or accept that Rose is dying, and will get angry when an ambulance is not called. If your concerns are not listened to, and if you are not appropriately calmed and reassured, you will insist on calling for an ambulance yourself.

If the healthcare professional is able to calm you, you start to begin to accept Rose’s decision. You will have questions around her being fed, about her not being in pain, changing and washing her. You will be concerned about her struggling for breath, you will need time & space to express these concerns or you will become angry. You will not want a cup of tea. You and Rose have never really been that religious. Her parents were catholics. You wonder whether now she might want a visit from a chaplain, but you do not offer this information unless asked.
Results of Investigations

Bloods
Not applicable

Gases
Not applicable

Imaging
Not applicable

Other
Not applicable
## One Chance to Get it Right
### Simulation Scenario 2 – End of Life Care at Home

<table>
<thead>
<tr>
<th>Course lead</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Course / Curriculum</strong></td>
<td>One Chance to Get it Right: Equipping senior health professionals for the challenges of caring for patients approaching the end of life</td>
</tr>
<tr>
<td><strong>Target Delegates</strong></td>
<td>Consultants, ST5+, Band 6+ nurses and allied health professionals, GP’s and 3rd year GPVTS working in areas that frequently deal with end of life care.</td>
</tr>
</tbody>
</table>

### Patients Name: Rose Jones
### Patients Age: 75 years old
### Major Problem Advanced Lung Cancer
### Learning Goals
1. Managing the dying patient at home
2. Priorities For Care
3. Managing a distressed relative

### Suggested NTS / Technical Decision Making

### Care and Compassion

### Narrative Description

It's 1300 on a weekday at the patients' home. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. She is severely cachexic.

The community palliative care team has had extensive conversations and assessments with both Rose and her husband over the past few weeks. Rose knows she is dying and she does not want to be admitted to hospital when her condition worsens. She was adamant with her wishes. This decision is clearly documented in her notes, there is a valid DNAR order and she is also on the electronic register co-ordinate my care (CMC).

**Past medical history:** hypertension  
**Drug history:** Paracetamol 1g QDS, MST 40mg BD, Oromorph 10mg PRN, Fentanyl lozenge PRN, Movicol, Senna  
**Allergies:** nil known  
**Social history:** Lives with husband. Ex-smoker.

The GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. Over the past week her condition has been deteriorating. She has become more and more drowsy and less communicative, and her breathing has become more difficult.

Today Rose is cold, clammy and unrousable. She has a lot of respiratory secretions. She has been visited by her care assistant who is concerned that her condition has significantly worsened. She has asked for the district nurse and/or GP to review.
Her husband is present. He says that he gave her a cup of tea in the morning and that she found it hard to swallow. He is concerned that Rose is ‘not her usual self’ and believes that she needs to be taken back to hospital to have some more antibiotics through a drip. But only after she has had her lunch ‘to build up her strength’, which is in the oven.

As the scenario progresses, her husband becomes more and more distressed and angry. He does not want to recognise that Rose is dying, and he does not want to accept her wishes. If his concerns are not listened to, and he is not appropriately calmed and reassured, he will insist on calling for an ambulance.

<table>
<thead>
<tr>
<th>Staffing</th>
<th>Faculty Control Room:</th>
</tr>
</thead>
</table>
|          | 1 x technician
|          | 1 x debriefer
| Faculty Role Players: |
|          | 1 x actor (husband)
|          | 1 x care assistant (plant - optional)

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<tr>
<th>Candidates</th>
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</table>
| 1 x Community Nurse / Community AHP
| 1 x GP

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<th>Case Briefing</th>
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<tr>
<td></td>
<td>It’s 1300 on a weekday. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. You have been called to Rose’s house by her care assistant who is concerned that she has deteriorated. The community palliative care team has had extensive conversations with Rose and she does not want to be admitted to hospital when her condition worsens.</td>
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<tr>
<th>To Role Players</th>
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<td>Care assistant – refer to role description.</td>
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<tr>
<th>Manikin preparation</th>
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<tr>
<th>Room set up</th>
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<td>Homely environment. Provide chairs.</td>
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<table>
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<th>Simulator operation</th>
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<td>Patient is breathless with cheyne-stockes breathing. Crackles all over her chest. Cold and clammy. She is unrousable.</td>
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<td>District nurse notes, CIS documentation.</td>
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<th>Notes to faculty</th>
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<td>The aim of this scenario is to implement the ‘priorities for care at the end of life’ at home.</td>
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1. Delegates are expected to assess the patient and recognise that she is dying.
2. Manage the husband’s expectations that his wife’s life can be prolonged by going to hospital against her wishes.
3. Manage husband’s distress and offer appropriate support using appropriate communication skills acting in accordance with the patient’s expressed wishes.
### Observations:

**Initial**

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**Total Par Score**

**As Patient Tires**

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**Total Par Score**
Patient Role
Rose Jones, 75 years old

Scenario
It’s 1300 on a weekday at the patients’ home. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. She is severely cachexic.

The community palliative care team has had extensive conversations and assessments with both Rose and her husband over the past few weeks. Rose knows she is dying and she does not want to be admitted to hospital when his condition worsens. She was adamant with her wishes. This decision is clearly documented in her notes, there is a valid DNAR order and she is also on CMC.

The GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. Over the past week her condition has been deteriorating. She has become more and more drowsy and less communicative, and her breathing has become more difficult.

Today Rose is cold, clammy and unrousable. She has a lot of respiratory secretions. She has been visited by her care assistant who is concerned that her condition has significantly worsened. S/he has asked for the district nurse and/or GP to review. Her husband is present.

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Allergies: nil known

Instructions
You are generally unrousable. You are cold and clammy.
You may occasionally moan and groan and you only respond to pain.
Your breathing is difficult. You have a lot of respiratory secretions.
You have an abnormal pattern of respiration (Cheyne-Stokes breathing).
Care Assistant Role (Plant)

Scenario
It’s 1300 on a weekday at the patients’ home. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. She is severely cachexic.

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Allergies: nil known

Instructions
You are an experienced care assistant. You have been providing care at home to Rose for several months now. You assist mostly with her personal care. You have grown fond of both Rose and her husband. Rose has often confided in you regarding her wishes at the end of her life. In recent weeks you were aware that Rose knew she was dying. She talked about it often and told you that she had put all her affairs in order. You know Rose was adamant in her wishes that she did not want to be admitted to hospital when her condition worsens. She very much wants to die at home.

You know that her GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. This week you have noticed a significant deterioration in her condition, so you asked the district nurse and/or GP to review.

You are saddened to hear she is dying.
Scenario
It’s 1300 on a weekday at the patients’ home. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. She is severely cachexic.

The community palliative care team has had extensive conversations and assessments with both Rose and her husband over the past few weeks. Rose knows she is dying and she does not want to be admitted to hospital when her condition worsens. She was adamant with her wishes. This decision is clearly documented in her notes, there is a valid DNAR order and she is also on CMC.

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Allergies: nil known

Instructions
You are an experienced Community Palliative Care Nurse. You know Rose’s case very well. You were involved in the advanced care planning discussions with Rose and her husband in recent weeks.

If called, you confirm that you have had extensive conversations with Rose when she was still able to express wishes and she was adamant that she did not want to be admitted to hospital when her condition deteriorates. You state there should be a completed DNACPR form in her home, but if not you have a photocopy of the form in her records.
Faculty / Actor Role
Rose Jones’ Wife, Peter Jones

Rose’s husband is present. He is concerned that Rose is ‘not her usual self’ and believes that she needs to be taken back to hospital to have some more antibiotics through a drip. He is pleasant until he hears that Rose will not be taken to hospital. This upsets him and he gets angry. He needs to be dealt with appropriately.

Scenario
It’s 1300 on a weekday at the patients’ home. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. She is severely cachexic.

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The GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. Over the past week her condition has been deteriorating. She has become more and more drowsy and less communicative, and her breathing has become more difficult.

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Past medical history: hypertension
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Allergies: nil known

Instructions
You are a man in your 70s. You and your wife have been married for 25 years. You both met after the deaths of your first partners. You have 1 child each from both your previous marriages, who both live some distance away with their families. You both discussed that you didn’t want to upset them so you have not been entirely open with her diagnosis and how unwell she really is.
Although you are fully aware that Rose has advanced lung cancer, and you have been involved in conversations between Rose and the palliative care team about her wishes, you have never truly believed that she would die before you. This scares you, and you now don’t believe that Rose made the right decision. You know how much Rose hated hospitals and in the past you have always had to convince her to go into hospital. She wasn’t always happy about this.

The GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. Over the past week her condition has been deteriorating. She has become more and more drowsy and less communicative, and her breathing has become more difficult.

Today Rose is cold, clammy and unrousable. She has a lot of respiratory secretions. You are very concerned that Rose is ‘not her usual self’. She normally really loves her food but she hasn’t eaten properly for quite a while, and you have noticed she has lost a lot of weight. You tried to give her a cup of tea this morning, but she found that hard to swallow, causing her to splutter and cough. If asked, you confirm that she has not been able to take her oral antibiotic pills. You believe that she needs to be taken back to hospital to have some more antibiotics through a drip, but only after she has had her lunch ‘to build up her strength’, which is in the oven.

If the healthcare team suggest that she shouldn’t go into hospital, you question them as the last time Rose went into hospital with a chest infection she did have antibiotics and they got her well enough to go home again. You will be appropriately upset and distressed when the discussion around dying takes place.

As the scenario progresses, you become more and more distressed and angry. You do not want to recognise or accept that Rose is dying, and will get angry when an ambulance is not called. If your concerns are not listened to, and if you are not appropriately calmed and reassured, you will insist on calling for an ambulance yourself.

If the healthcare professional is able to calm you, you start to begin to accept Rose’s decision. You will have questions around her being fed, about her not being in pain, changing and washing her. You will be concerned about her struggling for breath, you will need time & space to express these concerns or you will become angry. You will not want a cup of tea. You and Rose have never really been that religious. Her parents were catholics. You wonder whether now she might want a visit from a chaplain, but you do not offer this information unless asked.
Results of Investigations

**Bloods**
Not applicable

**Gases**
Not applicable

**Imaging**
Not applicable

**Other**
Not applicable
### Course lead

**Course / Curriculum**

One Chance to Get it Right: Equipping senior health professionals for the challenges of caring for patients approaching the end of life

**Faculty**

Consultants, ST5+, Band 6+ nurses and allied health professionals, GP’s and 3rd year GPVTS working in areas that frequently deal with end of life care.

### Target Delegates

Consultants, ST5+, Band 6+ nurses and allied health professionals, GP’s and 3rd year GPVTS working in areas that frequently deal with end of life care.

### Scenario name

Scenario 2

End of Life Care at Home

### Group Size

12

### Patients Name:

Rose Jones

### Patients Age:

75 years old

### Major Problem

Advanced Lung Cancer

### Learning Goals

1. Managing the dying patient at home
2. Priorities For Care
3. Managing a distressed relative

### Suggested NTS / Technical Communication

Decision Making

Care and Compassion

### Narrative Description

It’s 1300 on a weekday at the patients’ home. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. She is severely cachexic.

The community palliative care team has had extensive conversations and assessments with both Rose and her husband over the past few weeks. Rose knows she is dying and she does not want to be admitted to hospital when her condition worsens. She was adamant with her wishes. This decision is clearly documented in her notes, there is a valid DNAR order and she is also on the electronic register co-ordinate my care (CMC).

**Past medical history:** hypertension

**Drug history:** Paracetamol 1g QDS, MST 40mg BD, Oromorph 10mg PRN, Fentanyl lozenge PRN, Movicol, Senna

**Allergies:** nil known

**Social history:** Lives with husband. Ex-smoker.

The GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. Over the past week her condition has been deteriorating. She has become more and more drowsy and less communicative, and her breathing has become more difficult.

Today Rose is cold, clammy and unrousable. She has a lot of respiratory secretions. She has been visited by her care assistant who is concerned that her condition has significantly worsened. S/he has asked for the district nurse and/or GP to review.
Her husband is present. He says that he gave her a cup of tea in the morning and that she found it hard to swallow. He is concerned that Rose is ‘not her usual self’ and believes that she needs to be taken back to hospital to have some more antibiotics through a drip. But only after she has had her lunch ‘to build up her strength’, which is in the oven.

As the scenario progresses, her husband becomes more and more distressed and angry. He does not want to recognise that Rose is dying, and he does not want to accept her wishes. If his concerns are not listened to, and he is not appropriately calmed and reassured, he will insist on calling for an ambulance.

### Staffing

<table>
<thead>
<tr>
<th>Faculty Control Room:</th>
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<tbody>
<tr>
<td>1 x technician</td>
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</table>

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</thead>
<tbody>
<tr>
<td>1 x actor (husband)</td>
<td></td>
</tr>
<tr>
<td>1 x care assistant (plant - optional)</td>
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### Case Briefing

#### To All Candidates

It’s 1300 on a weekday. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. You have been called to Rose’s house by her care assistant who is concerned that she has deteriorated. The community palliative care team has had extensive conversations with Rose and she does not want to be admitted to hospital when her condition worsens.

#### To Role Players

Care assistant – refer to role description.

### Manikin preparation

- Noelle manikin lying comfortably in bed or on sofa.
- Manikin dressed in sleepwear and covered with a blanket.
- Eyes closed. Not attached to monitoring. No cannula.
- No other special preparation.

### Room set up

- Homely environment. Provide chairs.

### Simulator operation

- Patient is breathless with cheyne-stokes breathing.
- Crackles all over her chest. Cold and clammy. She is unrousable.

### Props needed

- District nurse notes, CIS documentation.

### Notes to faculty

The aim of this scenario is to implement the ‘priorities for care at the end of life’ at home.

1. Delegates are expected to assess the patient and recognise that she is dying.
2. Manage the husband’s expectations that his wife’s life can be prolonged by going to hospital against her wishes.
3. Manage husband’s distress and offer appropriate support using appropriate communication skills acting in accordance with the patient’s expressed wishes.
Observations:

### Initial

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Patient Role
Rose Jones, 75 years old

Scenario
It’s 1300 on a weekday at the patients’ home. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. She is severely cachexic.

The community palliative care team has had extensive conversations and assessments with both Rose and her husband over the past few weeks. Rose knows she is dying and she does not want to be admitted to hospital when his condition worsens. She was adamant with her wishes. This decision is clearly documented in her notes, there is a valid DNAR order and she is also on CMC.

The GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. Over the past week her condition has been deteriorating. She has become more and more drowsy and less communicative, and her breathing has become more difficult.

Today Rose is cold, clammy and unrousable. She has a lot of respiratory secretions. She has been visited by her care assistant who is concerned that her condition has significantly worsened. S/he has asked for the district nurse and/or GP to review. Her husband is present.

Underlying diagnosis
Advanced Metastatic Lung Cancer
End of Life Care

Past medical history: hypertension
Drug history: Paracetamol 1g QDS, MST 40mg BD, Oromorph 10mg PRN, Fentanyl lozenge PRN, Movicol, Senna
Allergies: nil known

Instructions
You are generally unrousable. You are cold and clammy.
You may occasionally moan and groan and you only respond to pain.
Your breathing is difficult. You have a lot of respiratory secretions.
You have an abnormal pattern of respiration (Cheyne-Stokes breathing).
Care Assistant Role (Plant)

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Instructions
You are an experienced care assistant. You have been providing care at home to Rose for several months now. You assist mostly with her personal care. You have grown fond of both Rose and her husband. Rose has often confided in you regarding her wishes at the end of her life. In recent weeks you were aware that Rose knew she was dying. She talked about it often and told you that she had put all her affairs in order. You know Rose was adamant in her wishes that she did not want to be admitted to hospital when her condition worsens. She very much wants to die at home.

You know that her GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. This week you have noticed a significant deterioration in her condition, so you asked the district nurse and/or GP to review.

You are saddened to hear she is dying.
Community Palliative Care Nurse Role on Phone (Faculty)

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It’s 1300 on a weekday at the patients’ home. Rose Jones is a 75 year old female who has advanced metastatic lung cancer, which has progressed through chemotherapy, and there are no further treatment options available. She is severely cachexic.

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The GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. Over the past week her condition has been deteriorating. She has become more and more drowsy and less communicative, and her breathing has become more difficult.

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Instructions
You are an experienced Community Palliative Care Nurse. You know Rose’s case very well. You were involved in the advanced care planning discussions with Rose and her husband in recent weeks.

If called, you confirm that you have had extensive conversations with Rose when she was still able to express wishes and she was adamant that she did not want to be admitted to hospital when her condition deteriorates. You state there should be a completed DNACPR form in her home, but if not you have a photocopy of the form in her records.
Faculty / Actor Role
Rose Jones’ Wife, Peter Jones

Rose’s husband is present. He is concerned that Rose is ‘not her usual self’ and believes that she needs to be taken back to hospital to have some more antibiotics through a drip. He is pleasant until he hears that Rose will not be taken to hospital. This upsets him and he gets angry. He needs to be dealt with appropriately.

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Instructions
You are a man in your 70s. You and your wife have been married for 25 years. You both met after the deaths of your first partners. You have 1 child each from both your previous marriages, who both live some distance away with their families. You both discussed that you didn’t want to upset them so you have not been entirely open with her diagnosis and how unwell she really is.
Although you are fully aware that Rose has advanced lung cancer, and you have been involved in conversations between Rose and the palliative care team about her wishes, you have never truly believed that she would die before you. This scares you, and you now don’t believe that Rose made the right decision. You know how much Rose hated hospitals and in the past you have always had to convince her to go into hospital. She wasn’t always happy about this.

The GP visited Rose last week and prescribed her a course of oral antibiotics for a chest infection. Over the past week her condition has been deteriorating. She has become more and more drowsy and less communicative, and her breathing has become more difficult.

Today Rose is cold, clammy and unrousable. She has a lot of respiratory secretions. You are very concerned that Rose is ‘not her usual self’. She normally really loves her food but she hasn’t eaten properly for quite a while, and you have noticed she has lost a lot of weight. You tried to give her a cup of tea this morning, but she found that hard to swallow, causing her to splutter and cough. If asked, you confirm that she has not been able to take her oral antibiotic pills. You believe that she needs to be taken back to hospital to have some more antibiotics through a drip, but only after she has had her lunch ‘to build up her strength’, which is in the oven.

If the healthcare team suggest that she shouldn’t go into hospital, you question them as the last time Rose went into hospital with a chest infection she did have antibiotics and they got her well enough to go home again. You will be appropriately upset and distressed when the discussion around dying takes place.

As the scenario progresses, you become more and more distressed and angry. You do not want to recognise or accept that Rose is dying, and will get angry when an ambulance is not called. If your concerns are not listened to, and if you are not appropriately calmed and reassured, you will insist on calling for an ambulance yourself.

If the healthcare professional is able to calm you, you start to begin to accept Rose’s decision. You will have questions around her being fed, about her not being in pain, changing and washing her. You will be concerned about her struggling for breath, you will need time & space to express these concerns or you will become angry. You will not want a cup of tea. You and Rose have never really been that religious. Her parents were catholics. You wonder whether now she might want a visit from a chaplain, but you do not offer this information unless asked.
Results of Investigations

**Bloods**
Not applicable

**Gases**
Not applicable

**Imaging**
Not applicable

**Other**
Not applicable