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Emergency Departments

What are the names of each hospital where there is an emergency department (ED)(A&E)in your trust?

For each ED (A&E) in your trust could you answer the following:

Is there a Medical End of life (EOL)/Palliative Care Lead in the ED?

Is there a Nursing End of life (EOL)/Palliative Care Lead in the ED?

Does the ED have access to palliative care advice/guidance/input? If so, what hours is this for? What type of service is this; is it an in person, phone advice, is it nursing or medical lead?

Does your ED have specific resources for patients who are dying/ EOL in the ED? - What are these resources?

Is there a specific space in your ED for patients who are dying to be looked after by the ED team?

Is there a fast track option to a sideroom in the hospital for patients who are recognised as dying in the ED?

Are you able to fastrack dying patients home from the ED?

Does your ED prescribe anticipatory meds for the patient to go home with? If not, who does this?

Does your department use RESPECT forms? If not, what do you use for your DNACPR options?

Is your department able to access religious support 24 hours a day?

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What are your first line medications recommended for each of the following Agitation, Analgesia (Pain), Respiratory Secretions and Nausea and Vomiting

Do you have a specific ED prescription with electronic or paper for these medications?

Are you able to share any of your specific ED documentation or guidelines that you use for EOL care and the dying patient both nursing and medical?

Adult Emergency Departments

		BHSCT RVH ED	BHSCT MIH ED
1.	What are the names of each hospital where there is an emergency department (ED)(A&E)in your trust?	Royal Victoria Hospital Emergency Department (RVH ED)	Mater Infirmorum Hospital Emergency Department (MIH ED)
2.	Is there a Medical End of life (EOL)/Palliative Care Lead in the ED?	The department does not have a Medical End of Life/Palliative Care lead. There is however, an appointed interface lead who acts as liaison with palliative care services.	The department does not have a Medical End of Life/Palliative Care lead. There is however, an appointed interface lead who acts as liaison with palliative care services.
3.	Is there a Nursing End of life (EOL)/Palliative Care Lead in the ED?	Yes, there is palliative care nursing lead for the department.	There currently no palliative champion for this department.
4.	Does the ED have access to palliative care advice/guidance/input? If so, what hours is this for? What type of service is this; is it an in person, phone advice, is it nursing or medical lead?	A service is provided by the Belfast Palliative Care Community Hub. This service is provided 9-5, Mon – Fri. It is a telephone service and has both medical and nursing leads.	A service is provided by the Belfast Palliative Care Community Hub. This service is provided 9-5, Mon – Fri. It is a telephone service and has both medical and nursing leads.

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5.	Does your ED have specific resources for patients who are dying/ EOL in the ED? - What are these resources?	There are a range of EOL anticipatory sub-cut medications kept in stock within the department. There are prescription charts in place for sub-cut infusions to facilitate discharge back to community.	There are a range of EOL anticipatory sub-cut medications kept in stock within the department. There are prescription charts in place for sub-cut infusions to facilitate discharge back to community.
6.	Is there a specific space in your ED for patients who are dying to be looked after by the ED team?	There is no specifically identified area within the department.	There is no specifically identified area within the department.
7.	Is there a fast track option to a sideroom in the hospital for patients who are recognised as dying in the ED?	There is a fast-track process to request a sideroom however, system pressure mean a sideroom is often unavailable within an appropriate timeframe.	There is a fast-track process to request a sideroom however, system pressure mean a sideroom is often unavailable within an appropriate timeframe.
8.	Are you able to fastrack dying patients home from the ED?	There is no established fastrack pathway for discharge of dying patients back to their home from ED.	There is no established fastrack pathway for discharge of dying patients back to their home from ED.
9.	Does your ED prescribe anticipatory meds for the patient to go home with? If not, who does this?	Where the patient is discharged from ED, anticipatory medications are prescribed and dispensed in preparation for leaving the department. Typically, sufficient medication is dispensed for 7 days.	Where the patient is discharged from ED, anticipatory medications are prescribed and dispensed in preparation for leaving the department. Typically, sufficient medication is dispensed for 7 days.
10.	Does your department use RESPECT forms? If not, what do you use for your DNACPR options?	RESPECT is not used in Northern Ireland. The department uses an established DNAR (Do Not Attempt Resuscitation) form.	RESPECT is not used in Northern Ireland. The department uses an established DNAR (Do Not Attempt Resuscitation) form.
11.	Is your department able to access religious support 24 hours a day?	Yes	Yes
12.	What are you first line medications recommended for each of the following Agitation, Analgesia (Pain), Respiratory Secretions and Nausea and Vomiting	The department follows "micro guides" in relation to end of life medication for: Agitation: Midazolam Pain: Morphine Respiratory Secretions: Glycopyrronium Nausea/Vomiting: Metoclopramide	The department follows "micro guides" in relation to end of life medication for: Agitation: Midazolam Pain: Morphine Respiratory Secretions: Glycopyrronium Nausea/Vomiting: Metoclopramide

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13.	Do you have a specific ED prescription with electronic or paper for these medications?	When in department each medication is prescribed individually electronically (there is no end of life medications list) For discharge, there is a paper prescription for these medications.	When in department each medication is prescribed individually electronically (there is no end of life medications list) For discharge, there is a paper prescription for these medications.
14.	Are you able to share any of your specific ED documentation or guidelines that you use for EOL care and the dying patient both nursing and medical?	ED use a range of general local and national guidelines for medical and nursing EOL care. Specific ED guidance has not been developed by the department.	ED use a range of general local and national guidelines for medical and nursing EOL care. Specific ED guidance has not been developed by the department.

Children’s Emergency Department

		BHSCT RBHSC	
1.	What are the names of each hospital where there is an emergency department (ED)(A&E)in your trust?	Royal Belfast Hospital for Sick Children Emergency Department (RBHSC ED)	
2.	Is there a Medical End of life (EOL)/Palliative Care Lead in the ED?	Not specifically for ED, there is a Palliative Care Consultant Paediatrician lead role for the wider Children’s Hospital	
3.	Is there a Nursing End of life (EOL)/Palliative Care Lead in the ED?	No, there is Lead Nurse cover for the wider Children’s Hospital provided by the Hospice	
4.	Does the ED have access to palliative care advice/guidance/input? If so, what hours is this for? What type of service is this; is it an in person,	Yes, during Mon-Fri 0900-1700 from Consultant and Lead Nurse as above	

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	phone advice, is it nursing or medical lead?		
5.	Does your ED have specific resources for patients who are dying/ EOL in the ED? - What are these resources?	This is not deemed to be applicable for children in RBHSC	
6.	Is there a specific space in your ED for patients who are dying to be looked after by the ED team?	This is not deemed to be applicable for children in RBHSC - space is made available and bereavement care offered in the event of a sudden death	
7.	Is there a fast track option to a sideroom in the hospital for patients who are recognised as dying in the ED?	A side room and private area for families is provided in the event of a sudden death. There is no designated space within the ED.	
8.	Are you able to fastrack dying patients home from the ED?	This is not deemed to be applicable for children in RBHSC	
9.	Does your ED prescribe anticipatory meds for the patient to go home with? If not, who does this?	This is not deemed to be applicable for children in RBHSC	
10.	Does your department use RESPECT forms? If not, what do you use for your DNACPR options?	This is not deemed to be applicable for children in RBHSC	
11.	Is your department able to access religious support 24 hours a day?	Yes	
12.	What are you first line medications recommended for each of the following Agitation, Analgesia (Pain), Respiratory Secretions and Nausea and Vomiting	This would be child specific rather than protocolised	
13.	Do you have a specific ED prescription with electronic or paper for these medications?	This would be child specific - all medication is prescribed electronically on EPIC	

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14.	Are you able to share any of your specific ED documentation or guidelines that you use for EOL care and the dying patient both nursing and medical?	No, this would be patient and child specific	