

Te Whatu Ora

Health New Zealand

Capital, Coast and Hutt Valley



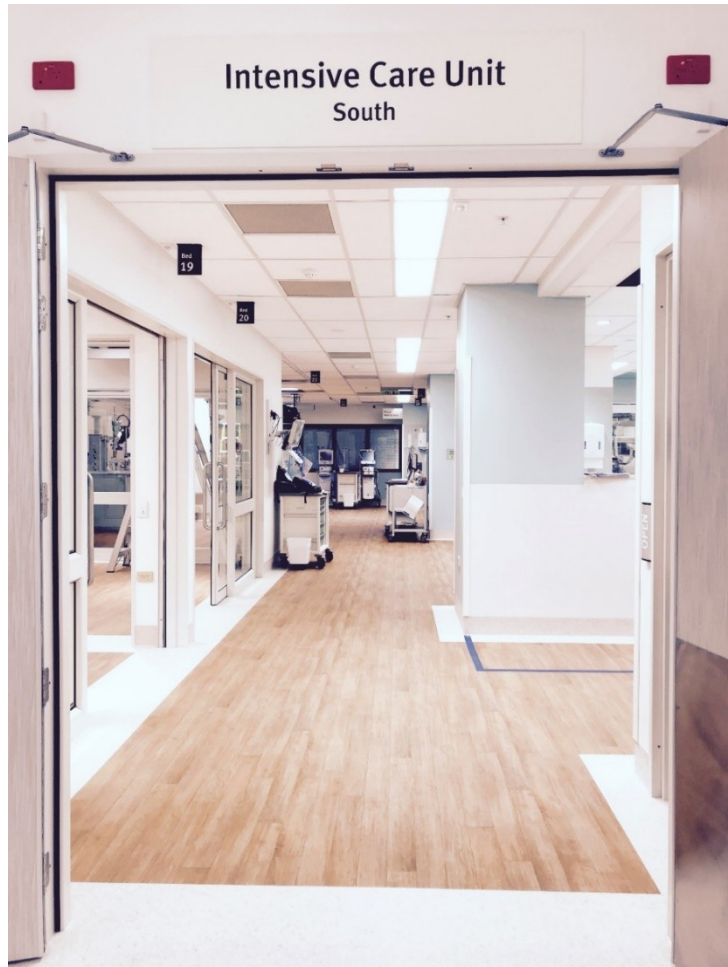
The Final Flight



Andy Gibbs & Sarah Rodgers

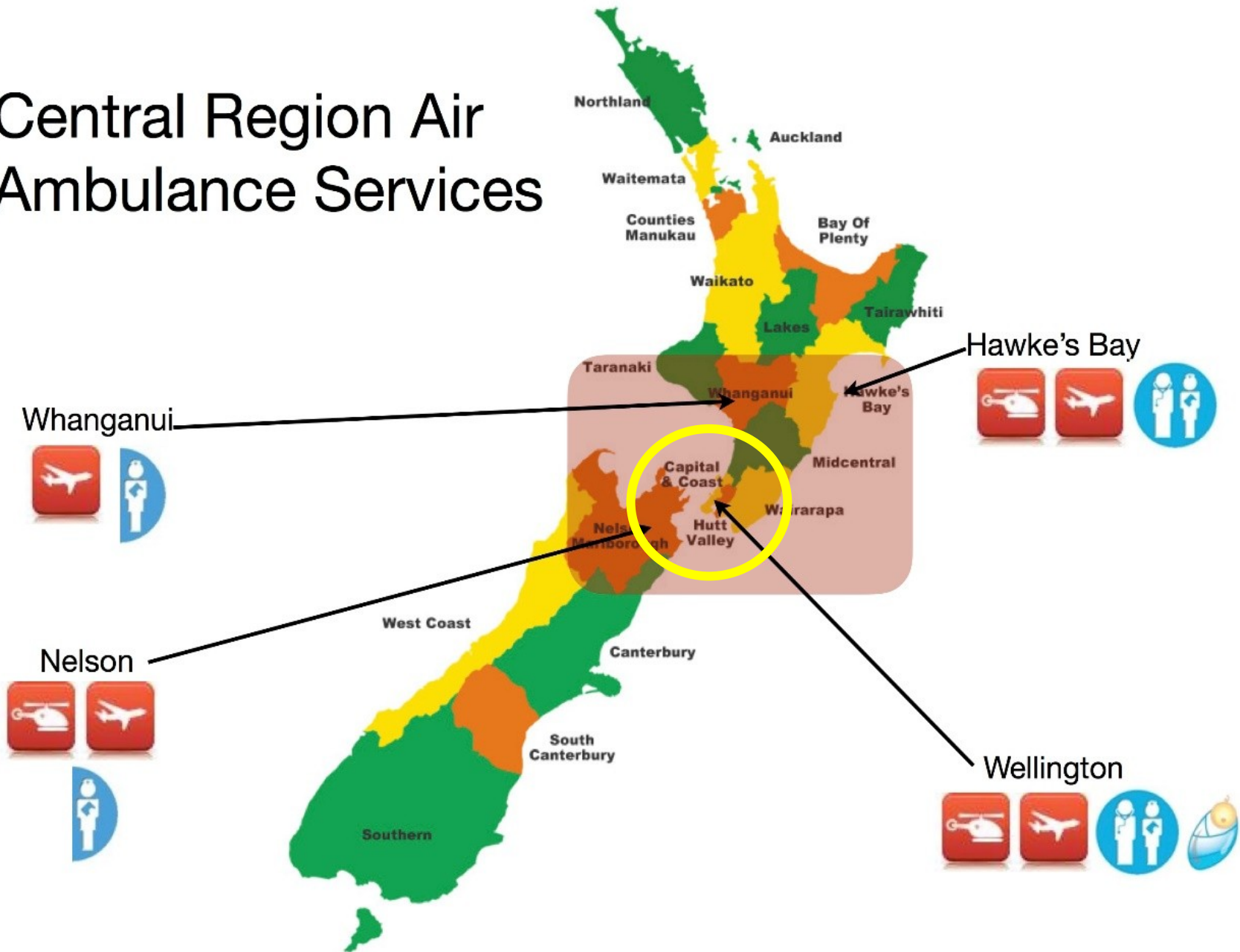
Wellington Flight Team, NZ 2024

Hospital or Home?



93%

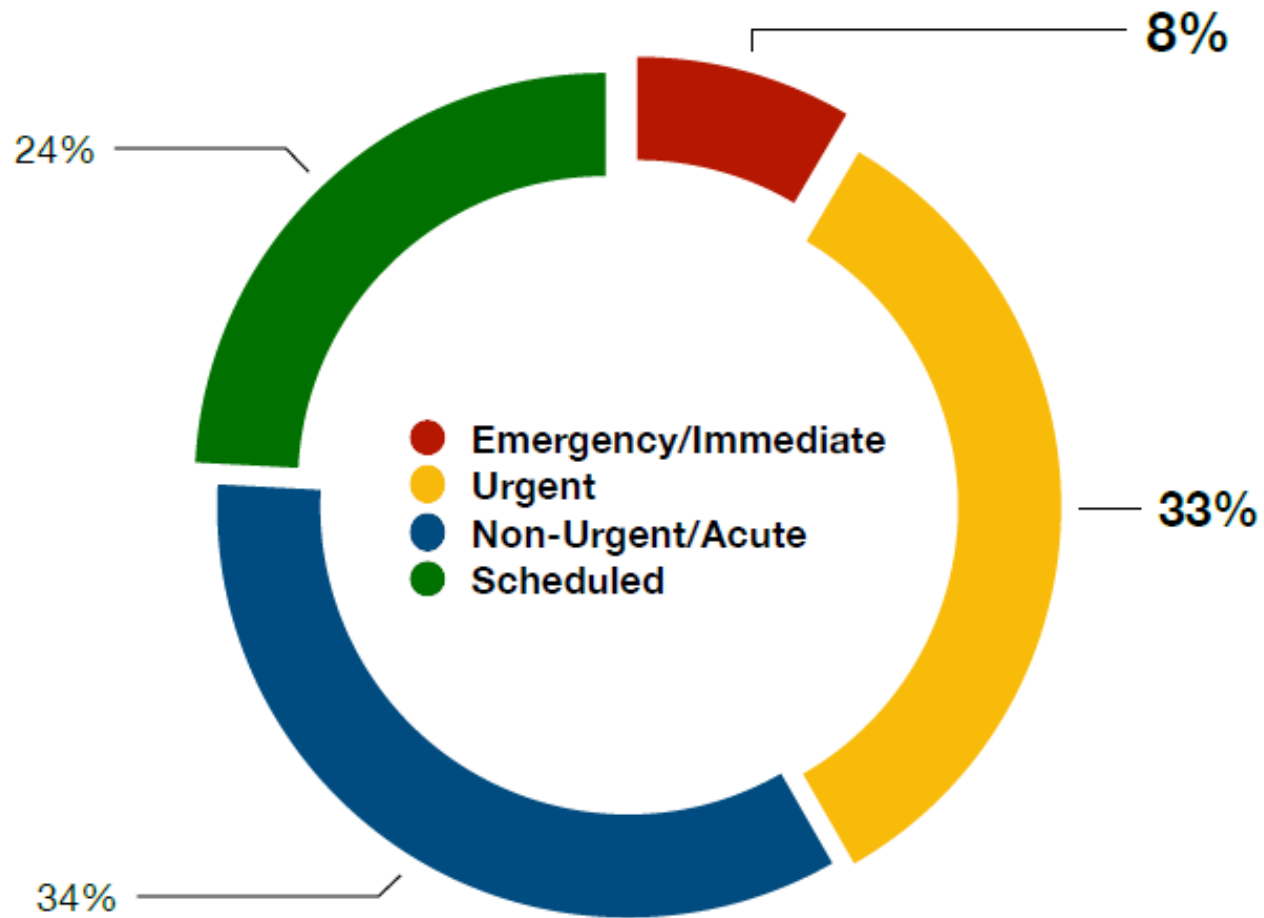
Central Region Air Ambulance Services



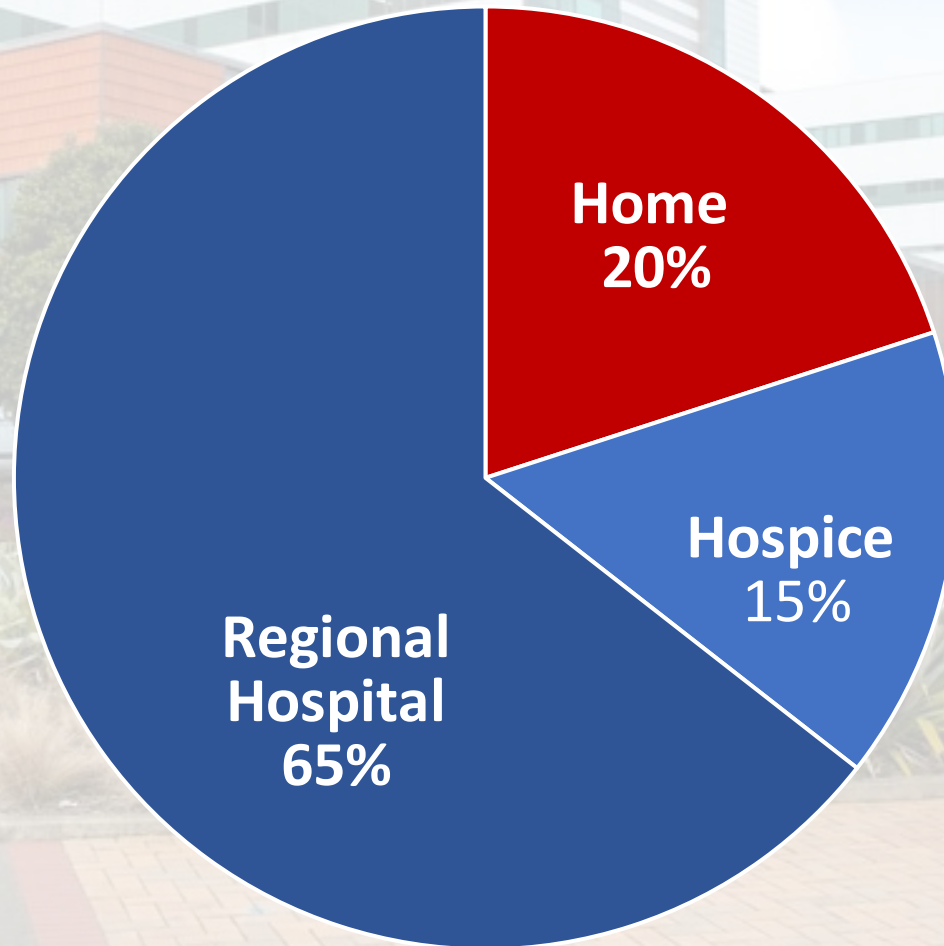
Wellington ICU Flight Team



Transfer requests 1483 referrals in 2023



45 End of Life transfers from Wellington ICU 2018-2024



Going home from ICU to die: a celebration of life*

Michelle Ryder-Lewis

ABSTRACT

There is much literature regarding going home to die in terminally ill cancer patients however, little is written about withdrawing treatment at home in critical care. One intensive care unit's experience in New Zealand demonstrates how this can be done safely. The preparation of families and patients must be done with great care. There are challenges to be overcome including supportive resources in the community, staffing and safety of the patient and family. It is possible to withdraw/withhold treatment in a patient's home and this is highly valued by the families.

Key words: End-of-life care • Home • Intensive care • Palliative care • Withdrawal of treatment

EOL Patient Criteria

- There are none!
- Often in ICU for a prolonged period >1 week
- Treatment futile, no hope of recovery, no longer in the patient's best interest
- Patient / Whānau wishes & expectations of death
- Care needs can be met at home

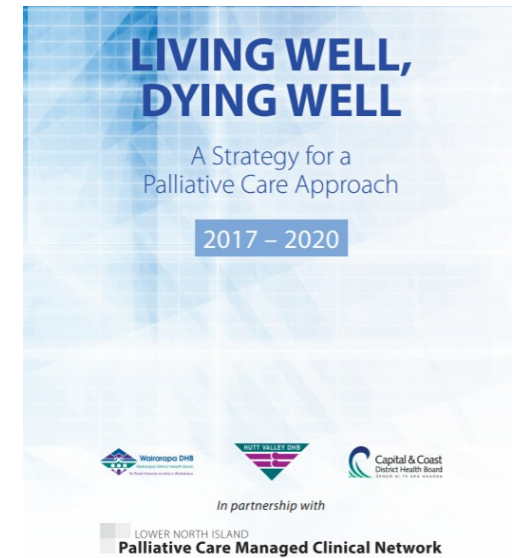


ANALYSIS

Is home always the best and preferred place of death?

The current orthodoxy is that home is the best and preferred place of death for most people. **Kristian Pollock** questions these assumptions and calls for greater attention to improving the experience of dying in hospital and elsewhere

Kristian Pollock *principal research fellow*



Clinical Examples

- Cardiac baby on high flow 80% oxygen
- Young Māori man with tracheostomy after ICH, Covid level
- Ventilated woman with a SAH to a small rural hospital
“You will not bring this patient. We cannot take ventilated patients”.
- Oncology patient on noradrenaline with no hospice beds

Clinical Case: Roger

- 65year old male
- COVID pneumonitis
- Previous renal transplant
- Immunocompromised



ICU Progress

- Remains critical
- Paralysed and proned
- Fluid removal
- Ongoing family meetings



Complex planning

- Patient Prep
- Medications
- Equipment
- Community teams

PATIENT

Transition to syringe driver
• s/c PRN's
Remove excess lines/devices
• Vas cath
• NG

EQUIPMENT

Sliding sheets
Inco pads
Gloves
Wipes
Linen
Mouth swabs
Stitch cutter & dressing
• CVC removal
10ml syringe x 2
Biohazard bag
Suction

MEDS

Noradrenaline
syringe driver
• New syringe
• PRN's
Pharmacy
• Community
• Hospital

TEAM

Flight nurse
Acute cover
Kahukura
GP/ NP
• Death cert

TRANSPORT

Aircraft
Weather
• grass runway
Ambo & driver
Backup plan
House access

Team



Transport



Access









