

FOI 3397

10<sup>th</sup> November 2025

## **FREEDOM OF INFORMATION ACT 2000 – INFORMATION REQUEST**

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

**Response:**

Daisy Hill Hospital (DHH)  
Craigavon Area Hospital (CAH)

**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?**

**Response:**

No

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

**Response:**

No

**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?**

**Response:**

In hours Palliative Referral to Palliative Care Team goes to Palliative Clinical Nurse Specialists. If appropriate for Palliative input, the team aims to prioritise ED referrals. Out of hours, telephone advice can be sought via switchboard. This is Medic to Medic telephone advice and the doctor phones through to the Palliative Medicine Consultant on call. This is for both CAH ED and DHH ED

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

**Response:**

There are “last days” resources available for all wards and ED on the Trust intranet.

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

**Response:**

Both emergency departments have identified cubicles for the purpose of looking after dying patients and their loved ones. These cubicles have more privacy and more space to accommodate relatives. However this is dependent on these cubicles being available as they are used for other clinical roles.

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

**Response:**

There is No specific “fast track” option to a side room in the hospital. Patients that are recognised as dying are escalated to patient flow to identify side room in the hospital.

**Are you able to fast track dying patients home from the ED?**

**Response:**

The Palliative Care team have No specific “Fastrack” services. The patient flow, medical and social work team would take a collaborative Multidisciplinary Team approach to prioritise the safe discharge of a dying patient whose wishes were to die at home, should it be clinically safe to do so.

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

**Response:**

If the Hospital Palliative Care Team are involved in the discharge home for Last Days Care then they will typically prescribe the anticipatory medications (both prescribing for dispensing from hospital Pharmacy and prescribing on the medicine administration sheet for District Nurses to administer).

**Response:**

ED would only be prescribing anticipatory medication after Palliative care input check

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

**Response:**

No.  
Epic/Encompass DNACPR form.

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

**Response:**

Yes, for End Of life Support there is 24/7 access available.



**Southern Health  
and Social Care Trust**

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

**Response:**

In the Southern Trust staff follow regional guidance and the choice of first line medication depends on the assessment of symptoms, patient's renal/liver function and previous medication history.

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

**Response:**

All medication is prescribed electronically.

**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?**

**Response:**

The trust has general Last Days care guidance which is available to ED staff. Please see attached.

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