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## Policy & Procedure : End of Life Care

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### Policy:

It is the policy of Lewis County Hospital District No. 1 that health care professionals will address the unique biopsychosocial and spiritual needs of the dying patient. The goal of all therapeutic measures is to aid in providing patient comfort. The goal of therapy should be worked out in consultation with the patient. The patient has a right to have pain recognized as a problem. The patient should be kept as free of pain as possible so that he/she may die comfortably and with dignity. The goal for the dying patient is to help them live well until they die.

### Revision Requirements:

If any revisions are made to this policy and procedure, a copy of the revision shall be submitted to the Department of Health within thirty days after the changes are approved. This is in reference to subsection (5) of WAC 246-320-141(7).

### Patient Rights:

1. To have pain managed.
2. To have questions answered honestly, not to be deceived.
3. To have help from and for one's family during the dying process.
4. To expect that the sanctity of one's body will be respected after death.
5. To participate in decisions concerning care.
6. To not be judged for one's choices.
7. To be able to freely express emotions and thoughts about approaching death.
8. To discuss religious and/or spiritual experiences, regardless of what they may mean.
9. To receive continuous medical and nursing attention, regardless of prognosis.
10. To be cared for by caring sensitive people who understand the needs of dying people.

### Procedure:

1. "Supportive measures only" may be provided when:
  - a. A decision has been made in consultation with the patient or the patient's representative that the patient will no longer benefit from aggressive or extraordinary medical intervention.
  - b. The patient has a "Do Not Resuscitate" order and has a completed POLST form.
  - c. Aggressive or extraordinary medical resources are not desired by the patient and/or family.
2. Options for continued supportive care and pain management measures for the patient are explained to the patient and or patient's family/surrogate decision-maker.
  - a. The patient and family will be provided options for continued pain management measures.
  - b. Individualized patient care will be provided in the most appropriate environment:
    - i. Acute care facility, but no Critical Care or PCU.
    - ii. Hospice care
    - iii. Extended care facility
    - iv. Home health/hospice care
    - v. Other alternative care sites.

3. Health care professionals will respect the patient's values, religion and philosophy and assess the psychological, social, emotional, spiritual and cultural concerns of the patient and family.
4. The patient and, when appropriate, the family will be involved in the patient's plan of care.
5. Appropriate treatment will be provided for any primary and secondary symptoms according to the patient's wishes.
  - a. Any measures which would promote comfort and address any secondary symptoms may be provided to the dying patient.
  - b. The guiding principle of medication administration is to provide palliative measures in treating the patient's symptoms.
    - i. Pain medication will be provided and titrated as ordered to effectively manage the patient's level of pain.
    - ii. Nurses should not hesitate to use full and effective doses of pain medication within the parameters ordered.

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<b>(REFERENCED BY THIS DOCUMENT)</b>	<a href="#">End of Life Care</a>		
	<a href="#">Advance Directives</a>		
	<a href="#">Washington Death with Dignity Act</a>		
<b>Other Documents:</b>			
<b>(WHICH REFERENCE THIS DOCUMENT)</b>	<a href="#">Supportive Care and Pain Management Order Set</a>		

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