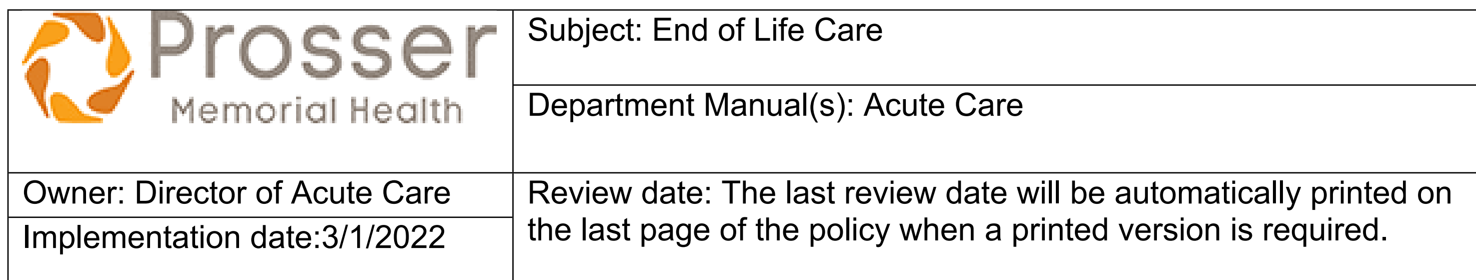

Prosser Memorial Health	Subject: End of Life Care
	Department Manual(s): Acute Care
Owner: Director of Acute Care Implementation date:3/1/2022	Review date: The last review date will be automatically printed on the last page of the policy when a printed version is required.

PURPOSE:

- Care of the dying patient aims to provide physical, emotional, and spiritual comfort. Such a patient needs intensive physical support as he/she develops the signs of impending death:
  - Reduced respiratory rate and depth
  - Decreased or absent blood pressure
  - Weak or erratic pulse rate
  - Lowered skin temperature
  - Decreased level of consciousness
  - Diminished senses and neuromuscular control
  - Diaphoresis
  - Pallor
- The dying patient also needs emotional and spiritual support, but at this final stage such support most often means simple reassurance, someone's physical presence to ease any fear and loneliness, or familiar prayers if desired, to help give him/her support and strength as he/she prepares for the end of life. More intense emotional support is important at earlier stages, especially in the patient with long term progressive illness who can work through the stages of dying.
  - Calm any fears and make the patient feel safe and secure.
  - Keep family informed about the patient's condition and imminent death so that family can be with the patient.
  - Reassure the patient and family that care to promote the patient's comfort will continue.
  - Clarify and communicate with the patient and family goals of treatment and obtain the patient's current advance directive.

EQUIPMENT NEEDED:

- Clean bed linens
- Clean gown
- Water-filled basin
- Soap
- Washcloth
- Suction and resuscitation equipment, as necessary
- Towels
- Lotion
- Lip moisturizer
- Chux or disposable diaper
- Indwelling catheter (optional)
- Lemon glycerin swabs

POLICY:

- This healthcare organization shall care for the dying patient with respect, dignity, and consideration by providing physical, emotional, and spiritual comfort for the patient and his/her family. The patient's comfort and dignity at the end of life are provided for by:
    - Providing appropriate treatment for any primary and secondary symptoms, according to the wishes of the patient or the surrogate decision maker
    - Discontinuing nonessential medications
    - Assessing all treatments in light of the patient's goals
    - Changing opioids, antiemetics, etc., to subcutaneous or continuous infusion, if possible
    - Assessing patient's perspective of impending death and appropriate support provided
    - Ensuring that all formal religious traditions are respected and observed
    - Managing pain aggressively and effectively
    - Sensitively addressing issues, such as autopsy and organ donation
    - Respecting the patient's values, religion, cultural beliefs, and philosophy
    - Involving the patient and, where appropriate, the family in every aspect of care
    - Responding to the psychological, social, emotional, spiritual, and cultural concerns of the patient and the family

PROCEDURE:

- To Meet the Dying Patient's Physical Needs:
    - Develop and implement a multidisciplinary end-of-life plan of care
    - Take vital signs as indicated and observe for pallor, diaphoresis, and decreased level of consciousness.
    - Provide frequent symptom management (nausea, constipation, diarrhea, anxiety, and agitation) and pain relief.
    - Reposition the patient in bed at least every two (2) hours, because sensation, reflexes and mobility diminish first in the legs and gradually in the arms. Ensure the bed sheets cover the patient loosely to reduce discomfort caused by pressure on arms and legs.
    - When the patient's vision and hearing start to fail, speak to the patient from near the head of the bed. Avoid whispering or speaking inappropriately about the patient in his/her presence, because hearing may remain intact despite loss of consciousness.
    - Change the bed linens and the patient's gowns as necessary because the body temperature may rise, causing diaphoresis. Provide skin care during gown changes, and adjust the room temperature for patient comfort, if necessary.
    - Observe for incontinence or anuria, the result of diminished neuromuscular control or decreased renal function. If necessary, obtain an order to catheterize the patient

or place a Chux beneath the patient's buttocks. Provide perineal care to prevent irritation or discomfort.

- Suction the patient's mouth and upper airway to remove secretions. Elevate the head of the bed to decrease respiratory resistance. As the patient's condition deteriorates, he/she may breathe mostly through the mouth.

- Offer fluids frequently, but do not force fluids. Lubricate the patient's lips and mouth with lip moisturizer and/or lemon glycerin swabs to counteract dryness.

- If the comatose patient's eyes are open, provide appropriate eye care to prevent corneal ulceration. Such ulcerations can cause blindness and prevent the use of these tissues for transplant should the patient not recover.

- Perform frequent pain assessments, and provide ordered pain medications, as needed.

- To Meet the Dying Patient's Emotional and Spiritual Needs:

  - Fully explain all care and treatments to the patient (even if the patient is unconscious because he/she still may be able to hear). Answer the patient's questions as candidly as possible, without extinguishing hope.

  - Allow cultural and religious customs to be fulfilled as requested by immediate family.

  - Allow the patient to express his/her feelings, which may range from anger to loneliness. Take time to talk with the patient. When doing so, sit near the head of the bed. Avoid looking rushed or unconcerned.

  - Notify family members, if not present, when the patient wishes to see them. Let the patient and the family discuss death at their own pace. Give them opportunities to express their feelings, but avoid encouraging them if they seem unwilling.

  - Offer to contact a priest, a member of the clergy or pastor, if appropriate.

DOCUMENTATION:

- The following shall be documented in the patient's medical record:

  - Date and time of all care provided

- Patient assessments and reassessments
- Vital signs
- Pain assessment and reassessments
- All interventions and care provided
- Medications administered and patient’s response
- Patient’s tolerance to all care provided
- Patient/family education and teaching provided
- Date and time of patient death and disposition of body

REFERENCE:

Lippincott's Nursing Procedures (8th ed.). (2019). Philadelphia, PA: Wolters Kluwer Health.