POLICY STATEMENT

It is the policy of Island Hospital to provide patient care with consistent goals for patients in the process of dying.

PURPOSE

When a decision is made by the patient, family, and physician that cure or remission is no longer possible then the goals of care are:

- Assessment and management of pain, nutrition, bowel function and skin integrity.
- Psychosocial support which focuses on role change, family structure and economic issues.
- Spiritual support which focuses on loss and grief issues.

The patient has the right to make the decision about where they will die.

SCOPE

Hospital staff providing care to dying patients.

DEFINITIONS

None

EQUIPMENT

None

QUALITY CONTROL

This policy will be reviewed annually. If this policy is revised, the revised policy must be submitted to the Washington State Department of Health within 30 days after revisions approved. This policy must also be posted to Island Hospital’s website where it is readily accessible to the public.

PROCEDURE

DYING PATIENT, GUIDELINES FOR CARE

These guidelines should be discussed frequently with the patient and family.

Pain

Pain is the 5th vital sign. Pain management will be frequently discussed with the patient and family. Pain control will be reassessed and documented on a regular basis. Pain medication will be administered to maintain comfort at a level that is satisfactory to the patient and/or family, as appropriate.

Loss of Appetite (Anorexia)

Loss of appetite along with a decreased need for food is normal at this time. Nutrition should be aimed at providing pleasure and comfort. Offer whatever the patient may want, but do not force food.

Sore Mouth/Dry Mouth

Mouth problems may occur due to mouth breathing or other factors. Avoid the use of mouthwashes containing alcohol, lemon glycerin swabs, very hot/very cold food and poorly fitting dentures. Give oral care as needed. Stimulate saliva with sour candies, sugarless gum and popsicles.
Difficulty Swallowing

This is commonly caused by increasing weakness, but may have other causes. For feeding, position sitting up with head slightly forward. Change diet to soft or liquid foods, if necessary. Sometimes swallowing semi-solids or thick liquids are easier than thin liquids. Moisten all foods to facilitate swallowing.

Insomnia

Anxiety is a common cause. Methods to help this condition include: relaxation techniques, daytime activity, warm milk at bedtime and avoidance of food and beverages containing caffeine (coffee, tea, cola drinks, and chocolate). Sedatives may be prescribed, if necessary.

Pressure Sores

Decubiti may develop over bony prominences. Prevention is the best treatment. Pressure-relieving mattresses may be implemented. Patients should change position frequently. Unresponsive patients should be turned every 2-3 hours. Incontinent patients should be kept clean and dry. Refer to pressure ulcer prevention policy.

Involvement of Family

The family may wish to be actively involved in the patient's care. If the patient is comfortable with this, the family should be supported in their efforts. Visiting hours are waived in this situation.

Pastoral or Spiritual Care

This is available around the clock if the patient wishes.

RELATED DOCUMENTS

None

REFERENCES

WAC 246-320-141