LAKE CHELAN COMMUNITY HOSPITAL
HEALTHCARE CLOSE TO HOME

Policy & Procedures

Title: End of Life Care

Affected Departments: Emergency Department , PCS

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PHILOSOPHY:

In healthcare, a "cure" is not always possible, however it is the philosophy of Lake Chelan Community Hospital (LCCH) Patient Care Services that, as a patient and family centered organization, some form of healing is possible in every caregiver's encounter with patients, their family members and friends, and each other. This philosophy is to be applied in end of life care, as are Lake Chelan Community Hospital's values of relationships, integrity, compassion and respect.

End of life care is not intended to be a lack of care, but rather providing optimum patient and family-centered care and caring to support the patient and family through the life-death transition.

POLICY:

End of life care will focus on symptom management and emotional and spiritual support to provide comfort to the patient and family. Therapeutic presence is an essential intervention to provide appropriate, supportive, end of life care.

Lake Chelan Community Hospital has chosen not to participate under the Death with Dignity Act. This means that in the performance of their duties, LCCH physicians, employees, independent contractors and volunteers shall not assist a patient in ending the patient's life. Refer to Policy, Death with Dignity Act Initiative 1000 Policy (CAH)

In the spirit of transparency, this policy shall be made available to patients and families upon request, and it will be posted on the LCCH website.

PROCEDURE:

Upon admission, or upon identification that a patient is nearing end of life, the Registered Nurse will discuss with the patient and family any advance directives, as well as additional details related to their desires and priorities for symptom management and comfort care. The nurse will collaborate with applicable members of the interdisciplinary care team to assure appropriate

orders are provided, coordination of care, and document these goals and desired outcomes in the plan of care. The nurse is expected to practice to the full extent of his/her license to identify relevant nursing diagnoses and implement appropriate nursing interventions.

Symptom management may include the following:

- Pain management – note that doses of opioids may be higher than the typical, acute care patient, and adjunctive medications may be added as indicated
- Constipation – can result from opioids and decreased mobility and may require aggressive management until end of life is imminent
- Infections – if causing discomfort, antibiotics may be used to decrease associated symptoms, while in later stages may only prolong natural life-death transition or cause significant side effects
- Anorexia – small amounts of easily digested food and/or liquids frequently may be more palatable to patient; near end of life, a "recreational diet," where patient chooses what and how much to eat or drink, without regard to issues of hydration, aspiration, or disease control may be most appropriate
- Oral care – frequent oral care can increase comfort by removing secretions and moistening oral mucosa; avoid alcoholic mouth wash, lemon-glycerin swabs, or petroleum-based lubricants
- Nausea/vomiting – may be related to opioids or constipation; dietary measures include use of ginger, ginger ale, or ginger teas and bland, low-fat foods served cold or at room temperature
- Skin care – important to prevent skin breakdown and associated discomfort; use pressure relieving mattresses or surfaces, turn patient frequently, massage, especially bony prominences, and apply lotion to dry skin; if incontinence is an issue discuss appropriateness of an indwelling catheter with provider, and obtain order if indicated; if pain is exacerbated by movement, administer appropriate pain medications proactively
- Adjunctive therapies – based on discussion with patient and the family, facilitate or provide the following as appropriate:
    - Music
    - Massage
    - Humor
    - Cosmetology
    - Spiritual support
    - Social services support or counseling
    - Grief support for family/friends
    - Relaxation techniques, such as intentional breathing, guided imagery
    - Meditation
    - Aromatherapy
- Family participation – include the family in providing care and comfort measures to the extent they are comfortable; support their presence and comfort as well

As the patient enters the final stage of life-death transition, consider the following, and consult with provider as necessary:

- Eliminate unnecessary medications
- Consider alternative routes for end-of -life medications, such as sublingual, rectal, or topical; consult with Pharmacist regarding options
- Manage secretions with atropine drops of scopolamine patch
- Continue providing oral and skin care to maximize comfort
- Constipation management is no longer a priority at end-of-life
- Continue complementary/adjunctive therapies as indicated
- Continue to provide support to family/friends

REFERENCES:

WAC 246-320-141
Death with Dignity Act Initiative 1000 Policy (CAH)
Advance Directives - PCS
Physician Orders for Life-Sustaining Treatment (POLST) Policy