

- Facility: Walla Walla General Hospital
- System-wide Corporate Policy
 - Standard Policy

Policy No. PC-054
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Department: Patient Care
Category/Section:
Manual:

POLICY: END OF LIFE: COMFORT CARE

POLICY SUMMARY/INTENT:

The purpose of this policy is to outline a process for providing care and support for patients and their families at the end of life.

DEFINITIONS:

1. **DNR:** Do Not Resuscitate
2. **End of Life:** The time period for patients in which there is little likelihood of cure, further aggressive therapy is judged to be futile, and comfort is the primary goal of health care.
3. **End of Life Packet:** Family education on the dying process handout "Preparing for the Loss of a Loved One". Family education on grieving handout "After the loss of a Loved One"
4. **End of Life Program:** Interdisciplinary approach to the care of terminally ill inpatients and their families **when death is anticipated within 24-48 hours.**
5. **Skilled Nursing Care:** IV fluids or Medication given for comfort

AFFECTED DEPARTMENTS/SERVICES:

Case Management, Emergency Center, Intensive Care, Medical Staff, Medical/Surgical, Nursing Supervisors, OB/Nursery, Spiritual Care, Surgical Services

POLICY: COMPLIANCE – KEY ELEMENTS:**A. General Considerations**

1. Physical care, pain management and support of emotional, cultural, spiritual, and religious needs are addressed with families and patients at the end of their life.
 - a. Pharmacy will provide evaluation, pain consultation, and/or pain management with a physician's order.
2. Patient/family is given information regarding organ donation process at an appropriate time. (See "Organ-Tissue Donation" policy)
3. Hospice can provide care if discharged home or to another facility:
 - a. Evaluation (with physician order)
 - b. Collaboration and education for staff and physicians

B. End of Life Process

1. Physician identifies patient as a dying patient or patients facing the problems associated with life-threatening illness.
2. Physician initiates, Palliative/Comfort Care, End of Life, Terminal, Days to Hours to Live orders, which address treatment of pain, dyspnea, agitation, congestion, and pruritus.
2. A checklist is placed on patient's chart. "Refer to Attachment A: Comfort Care Checklist (MS-04)".
3. Patient/family is informed regarding End of Life Program.
 - a. Family/patient assessment:

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- (1) Preferences regarding nutritional needs, pain management, and/or alternative therapies.
 - (2) Preferences regarding spiritual and/or cultural needs.
 - b. Family/patient education regarding available services (These services are accessed by contacting the Case Manager, Chaplain or Nursing Supervisor, unless otherwise indicated):
 - (1) End of Life Packet for family
 - (2) Food Basket
 - (3) Music TV channel
 - (4) Chaplaincy Care / Spiritual Care Services
 - (5) Memory Box for fetal demise-OB Staff
 - (6) Memory Box from Case Management for Med/Surg, ICU or Emergency Center.
 - (7) The house supervisor will place a card on the unit for staff to write a note to the family.
 - a. Unit Director takes the card to the Spiritual Care Department who writes a final note and mails the condolence card.

C. Support Services Referral

Case Manager is to collaborate with family for possible referral(s).

1. Counseling Services
2. Hospice
3. Grief Counseling

D. Chaplain

1. The Chaplain receives a referral.
 - a. Chaplain assesses patient and family spiritual care needs.
 - b. Plan of care is developed to meet the assessed needs.

E. Staff Education Support

1. Staff in affected departments is provided with annual "End of Life" education
2. The department leader evaluates the staff for support needs and implements an appropriate plan.

REFERENCES: Sepulveda, C., Marlin, A., Yoshida, T. & Ullrich, A. (2009). Palliative care: The World Health Organization's global perspective. *Journal of Pain and Symptom Management*, 24 (2), 91-96.

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DISTRIBUTION: WWGH Intranet, Nursing Supervisors Manual

REVIEWED THREE EVERY YEARS:

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POLICY HISTORY:

ATTACHMENTS: [A – Comfort Care Checklist \(MS-04\)](#)