

Title: End of Life Care

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DEFINITION

End of life care is most often defined as the care rendered to terminally ill patients when all treatment options have been exhausted. It is the final stage or task in our lives. End of life turns our focus from cure to care that brings comfort and dignity to the end of life, not abandonment. With this change, we are able to offer patients, families and others support and dignity in their pursuit of the end of life goals. These end of life goals help refocus the caregivers attention to pain management, physical comfort, emotional and spiritual support and assisting with the transition toward death, including the role of advanced directives and organ donation.

POLICY

This end of life policy supports compassionate care offered with sensitivity and competence:

- To help patients and their families cope with terminal illness
- To offer physical, spiritual and psychological comfort
- To ensure the patient’s dignity is maintained
- To allow the patient and family to retain their decision making authority

PROCEDURE

Assessment

All patients admitted for medical necessity are assessed within 2 hours of admission. The following data is collected:

- Spiritual, religious or cultural beliefs which may influence care
- Physical care/comfort needs

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- Presence of pain and current pain management
- Patient's desired level of pain management
- Status of advanced directives
- If needed, a decision maker is identified.

Decision Making

- Patient or decision maker may discuss with the physician any desire to withhold or continue treatment.
- If there is a conflict with care or treatment decisions, the Ethics Committee may be consulted for a recommendation.
- LifeCenter Northwest will be notified of all deaths, imminent deaths or situations where requests for information regarding organ donation are made.

Plan of Care

- A plan of care will be developed to address end of life issues as needed.
- The patient, family, and surrogate decision makers will be involved in each aspect of care through the assessment of needs, development of interventions and the establishment of mutual goal setting.

Spiritual Needs

- Spiritual needs will be assessed during the admission process.
- Spiritual preferences can be identified.
- Assess patient/family desire to have a chaplain contacted.
- Clergy of the patient's choice may be contacted. If on hospice, hospice services can provide chaplaincy services
- The hospital chapel is available as needed.

Pain Management

- Pain level will be assessed on admission and as needed during each shift. The patient's desired level of management will be established.
- Pre-admission pain management plan will be reviewed.
- The pain scale will be taught to the patient, family or others.
- Effectiveness of the pain management plan will be assessed according to policy.

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Discharge Planning

- The interdisciplinary team, together with the patient, family or significant other, will develop a mutually agreed upon discharge plan.
- Interdisciplinary referrals will be made based on the assessment and the patient's needs and desires.

Physical Needs and Comfort

- Physical needs and desires will be identified through the admission and shift assessments, and a plan of care to address these will be mutually agreed upon.

Grief/Anxiety/Coping

- Grief, anxiety and coping will be assessed on admission and in shift assessments.
- A plan will be developed to assist in meeting the needs identified.
- Resources are available through the interdisciplinary team.
- Chaplaincy Services and/or Social Services are available for bereavement support and limited planning of funeral or related services.

Family/Caregiver Needs

- Assessment of caregiver role strain/coping may be done.
- Information regarding support groups and community services and resources will be made available upon request.
- Family waiting areas will be made available where possible.
- Identify caregiver support(s).