End of Life Care

History
- Terminal illness
- Hospice care
- POLST or DNR

Signs and Symptoms
- AMS
- Congestion
- Change in breathing
- Change in pulse
- Fever

Differential
- Natural end of life
- Medication OD

E

If needed, provide immediate supportive care
- Oxygen
- Open and maintain the airway using non-invasive means ***only*** (e.g. chin lift or jaw thrust)
- Suction as necessary
- Position for comfort
- Control external hemorrhaging
- Immobilize obvious fractures using techniques to minimize pain

Review POLST or DNR form
Honor wishes listed on legal form

Honor and respect patient/family wishes for transport after discussion

Is the patient on hospice?

Yes

If family member with decision-making authority is not present, ask family for the phone number for ***their*** Hospice Nurse if not already on scene

Contact Hospice Nurse

Let Hospice Nurse discuss options with family, even if only over the phone

The family and Hospice Nurse should decide on an appropriate course of treatment or decision to transport

Transport to appropriate receiving center or requested facility of choice

No

P

Administration of Naloxone is not advised

Determine level of pain and treat if indicated

If an existing patent IV is available
Fentanyl 25 – 200mcg IV
titrated in 25 – 50mcg increments to pain relief. Consider 25mcg increments in elderly patients

If no IV access
Fentanyl 100mcg IN
May repeat once after 15 minutes

If no IV access and IN route not advisable
Fentanyl 50 – 100mcg IM
May repeat once after 15 minutes

Max of 200mcg total

Monitor and reassess 5 minutes following administration

If transport is declined, complete Refusal and thoroughly document encounter

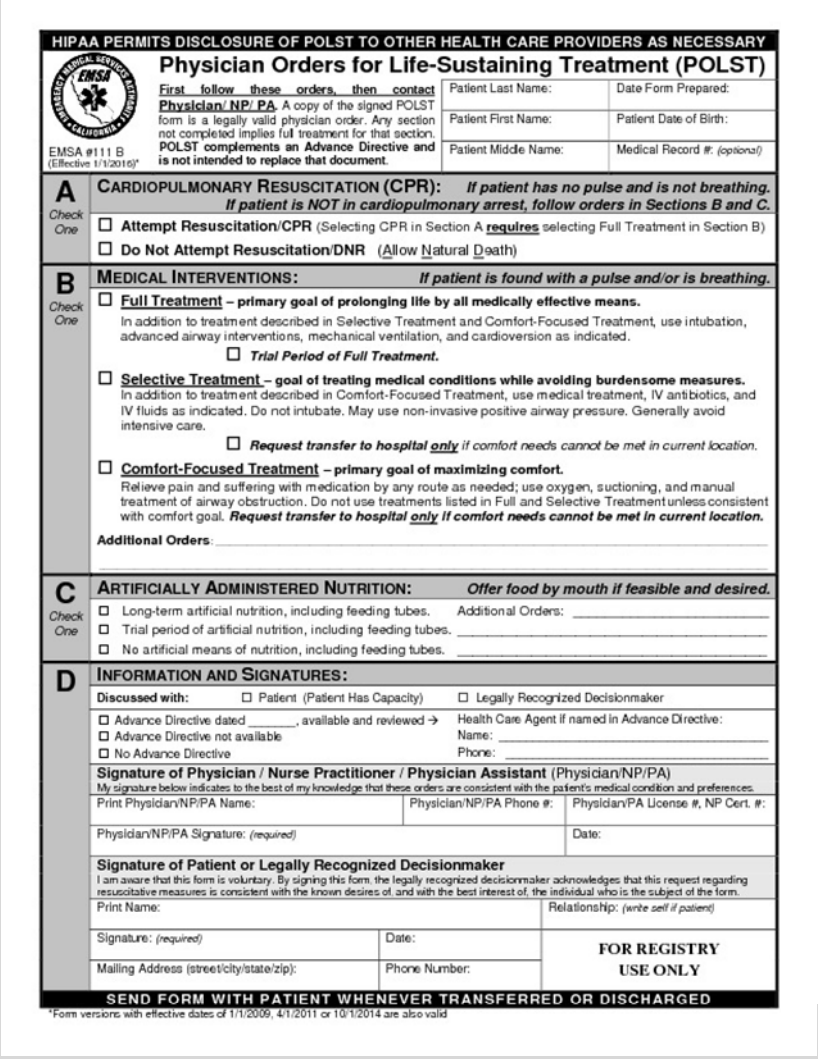
Notify receiving facility. Contact Base Hospital for medical direction, as needed.

N

Fentanyl
Contact Base Hospital for additional order

General Treatment Guidelines

End of Life Care



HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Physician Orders for Life-Sustaining Treatment (POLST)

EMSA #111 B (Effective 1/1/2016)*

First follow these orders, then contact Physician/ NP/ PA. A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. POLST complements an Advance Directive and is not intended to replace that document.

Patient Last Name: | Date Form Prepared:
Patient First Name: | Patient Date of Birth:
Patient Middle Name: | Medical Record #: (optional)

A Check One — CARDIOPULMONARY RESUSCITATION (CPR): *If patient has no pulse and is not breathing. If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.*

☐ Attempt Resuscitation/CPR (Selecting CPR in Section A requires selecting Full Treatment in Section B)
☐ Do Not Attempt Resuscitation/DNR (Allow Natural Death)

B Check One — MEDICAL INTERVENTIONS: *If patient is found with a pulse and/or is breathing.*

☐ Full Treatment – primary goal of prolonging life by all medically effective means.
In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.
☐ *Trial Period of Full Treatment.*

☐ Selective Treatment – goal of treating medical conditions while avoiding burdensome measures.
In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
☐ *Request transfer to hospital only if comfort needs cannot be met in current location.*

☐ Comfort-Focused Treatment – primary goal of maximizing comfort.
Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. *Request transfer to hospital only if comfort needs cannot be met in current location.*

Additional Orders: _____

C Check One — ARTIFICIALLY ADMINISTERED NUTRITION: *Offer food by mouth if feasible and desired.*

☐ Long-term artificial nutrition, including feeding tubes. Additional Orders: _____
☐ Trial period of artificial nutrition, including feeding tubes. _____
☐ No artificial means of nutrition, including feeding tubes. _____

D INFORMATION AND SIGNATURES:

Discussed with: ☐ Patient (Patient Has Capacity) ☐ Legally Recognized Decisionmaker

☐ Advance Directive dated _____, available and reviewed → Health Care Agent if named in Advance Directive:
☐ Advance Directive not available Name: _____
☐ No Advance Directive Phone: _____

Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA)
My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition and preferences.

Print Physician/NP/PA Name: | Physician/NP/PA Phone #: | Physician/PA License #, NP Cert. #:
Physician/NP/PA Signature: *(required)* | Date:

Signature of Patient or Legally Recognized Decisionmaker
I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Print Name: | Relationship: *(write self if patient)*
Signature: *(required)* | Date: | FOR REGISTRY USE ONLY
Mailing Address (street/city/state/zip): | Phone Number:

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

*Form versions with effective dates of 1/1/2009, 4/1/2011 or 10/1/2014 are also valid

POLST forms are generally copied on pink paper to help ensure that the document stands out and is followed. However, POLST on any paper color is valid.

Unlike POLST, there is no standardized DNR order form. If you have doubt of a DNR order authenticity, initiate BLS care and contact the Base Hospital for guidance.

Pearls

- **Hospice patients and those on palliative end of life care are often heavily medicated with pain medications. Administration of Naxolone, even in small amounts, can result in unnecessary suffering.**
- **Follow the wishes outlined in a signed POLST or DNR order. A competent patient or designated decision maker acting on behalf of the patient can override POLST.**
- **If a POLST or DNR order is not immediately available, immediately initiate BLS supportive care. Do not delay care while waiting for the form.**
- **If transport is initiated at the request of the family and the patient subsequently goes into cardiac or respiratory arrest during transport, continue to the closest approved receiving facility.**
- Always involve the patient's assigned Hospice Nurse, even if it is by phone. It is important to recognize that families may be educated on what to expect with a dying family member, but no amount of preparation can eliminate the stress and grief of watching a loved one die.
- Contact the Base Hospital for direction or assistance with family in the absence of a Hospice Nurse if necessary.