

## **End of Life Care**

“Note: Printed copies are for reference only. Please refer to SharePoint for the latest version.”

### **PHILOSOPHY**

Dying patients have unique needs for respectful, responsive care. It is important to properly evaluate and treat pain and suffering, and be sensitive to emotional issues of the patient, family and friends, care givers, and other staff. Emotional support for the dying patient and his or her family is a key element of end of life care. Sensitively addressing issues such as autopsy and organ donation can assist families in making these difficult decisions.

It is the intent of Olympic Medical Center to deliver patient care that safeguards patient dignity and respects the patient’s values, religion, identified cultural needs, and philosophy. The relief of pain and suffering, whether physical or emotional, is a fundamental component of the care we deliver.

### **POLICY**

Patients and families will be involved in decisions regarding their care. A patient care conference involving the patient and family is recommended so that the goals of care are understood by all care team members and clearly documented. The patient’s spiritual, cultural, and philosophical values are an important part of the decision-making process and will be respected to the greatest degree possible.

Effective pain management is a goal for all patients. Hospital staff will work closely with physicians to facilitate achieving this goal. Interventions such as positioning, comfort measures, emotional support, and education about pain and its management may be indicated.

Should the patient be enrolled in a hospice program, hospital staff and providers will work closely with the hospice staff to ensure that the patient’s stated goals are met.

### **PROCEDURE**

#### **A. Physical Needs**

1. Assess pain and comfort level frequently. Treat pain as needed and evaluate patient response. Intravenous pain medication is often indicated.
2. Assess hydration status. If patient can swallow, offer fluids as tolerated. Keeping the patient’s lips and mouth well lubricated will help to avoid skin breakdown.
3. If a comatose patient’s eyes are open, appropriate eye care (i.e., liquid tears) is needed to keep corneas moist.
4. Position the patient for comfort. If the patient is flat on his or her back, keep the head of the bed elevated slightly to assist in breathing and avoid aspiration. Reposition the patient at least every 2 hours, taking care to avoid pressure spots

- or linen traction on the skin, both of which may lead to skin breakdown.
5. Keep the patient's skin clean and dry. Include the patient and/or family in discussions about how to best manage this, if possible.
  6. Be aware of the patient's sensory status. Continue to talk to the patient, explaining procedures each time. Touching the patient may provide support and human warmth as vision and hearing fail.
  7. A multidisciplinary patient care conference may be convened to ensure that patient and family needs are coordinated.

**B. Emotional Needs**

1. Explain activities and care to the patient, even if he or she is unconscious--the patient may be able to hear you.
2. Answer patient/family questions as candidly as possible, being sensitive to the patient's emotional needs.
3. Encourage patients and families to express their feelings. Provide a supportive, listening environment. If there are questions or conflicts regarding care, provide patients and families with information/options for having those conflicts explored (examples: facilitating communication between families and physicians, requesting assistance from Administration, convening a patient care conference with team members, accessing members of the Ethics Committee).
4. When family members are present, include them in explanations of patient care and treatment. If appropriate, offer to teach them how to assist with patient comfort measures. Let them know their efforts are important. Work with the family, allowing them to stay with the patient as much as possible, if that is important to them.
5. Determine whether the patient or family wishes spiritual support (i.e., contacting their clergyman). Identify any particular religious or cultural needs the patient or family might have, and facilitate meeting those needs when possible. This might include administration of last rites, for example.
6. As the patient's death approaches, determine patient and family wishes regarding notification of death. If the family wishes to be present, attempt to notify them as quickly as possible so they can be with their loved one.

**APPROVED:**

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**Eric Lewis**  
**Administrator**

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**Harry Lyndes, MD**  
**Chief of Staff**

*Revised and Reviewed 6/98, 02/01, L. Minor, Reviewed 7/03 by: J. Cardinal, CON; 06/05 P. Miller, 02/08 L. Wall, 5/11 L. Wall, 3/14 L. Wall, 3/16 L. Wall Replaces: GEN D-11, Dying Patient – Nursing Care*