

<b>Title:</b>	<b>Death and Dying: Patient Care Guidelines</b>		
<b>Document Owner:</b>	Administration		
<b>Version Effective Date:</b>	01/08/2018	<b>Version:</b>	3
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## POLICY STATEMENT

It is the policy of Island Hospital to provide patient care with consistent goals for patients in the process of dying.

## PURPOSE

The purpose of this policy is to provide nursing guidelines in caring for the dying patient and their families. End-of-life care encompasses management of distressing physical symptoms, including pain and dyspnea, as well as psychosocial and spiritual support. This care also extends to the postmortem period in respectfully offering families and loved ones participation in the Bathing and Honoring Ritual.

## SCOPE

Hospital staff providing care to dying patients.

## DEFINITIONS

None

## EQUIPMENT

None

## QUALITY CONTROL

This policy will be reviewed every three years. **If this policy is revised, the revised policy must be submitted to the Washington State Department of Health within 30 days after revisions approved. This policy must also be posted to Island Hospital's website where it is readily accessible to the public.**

## GUIDELINES

Prior to implementation of Palliative Care orders, a patient and family discussion must take place with documentation of goals of treatment. The chart must reflect the patient's Advance Directives and whether they have a Do Not Resuscitate (DNR) status. If discharge is planned with transfer to another setting, Physician Orders for Life Sustaining Treatment (POLST) form should be filled out for smooth transition of care.

In the event of questions or differences of opinion among the patient, family, or healthcare team members about the treatment goals, consultation is available from the Hospital Ethics Committee.

In addition to effective symptom management, the patient and family should be prepared for what to expect during the normal dying process. Refer to the handout titled "The Dying Experience: Signs and Symptoms of Approaching Death". Goals of care should be discussed frequently with the dying patient and their family.

Should the question arise pertaining to the Death with Dignity Act, queries should be answered with openness and compassion. Staff should reference the Hospital policy on Death with Dignity.

### Pain

Pain is the 5<sup>th</sup> vital sign. Pain management will be frequently discussed with the patient and family. Pain control will be reassessed and documented on a regular basis. Pain medication will be administered to maintain comfort at a level that is satisfactory to the patient and/or family, as appropriate.

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### **Dyspnea (Shortness of Breath)**

One of the most common experiences is a feeling of shortness of breath over the course of the dying experience. Although oxygen may be offered, beneficial non-pharmacologic methods may also be employed to help reduce dyspnea including positioning, and cool air flowing from a fan directed at the face. In addition to the above, medications can be given to ease the work of breathing. Gentle suction for removal of secretions may also be considered.

### **Restlessness, Agitation, Anxiety or Confusion**

Restlessness, agitation, anxiety or confusion can also be common symptoms. Non-pharmacologic methods of treatment may include: relaxation techniques such as controlled breathing or medication, aromatherapy, gentle massage, music therapy and interaction with pet therapy volunteers, if appropriate. Medication can also be administered to ease symptoms.

### **Nausea/Vomiting**

After ensuring optimal pain management, avoid strong food smells and perfumes. Keep meals small and remove leftover food quickly. A variety of medications may be used to effectively treat nausea and or vomiting.

### **Nutrition**

Loss of appetite along with a decreased need for food is normal at this time. Nutrition should be aimed at providing pleasure and comfort. Offer whatever the patient may want, but do not force food. Difficulty swallowing may be caused by increased weakness, but may have other causes. For feeding, position sitting up with head slightly forward. Change diet to soft or liquid foods, if necessary. Sometimes swallowing semi-solid or thick liquids are easier than thin liquids. Moisten all foods to facilitate swallowing.

### **Oral Care**

Mouth problems may occur due to mouth breathing or other factors. Avoid the use of mouthwashes containing alcohol, lemon glycerin swabs, very hot/very cold food and poorly fitting dentures. Give oral care as needed. Stimulate saliva with sour candies, sugarless gum, ice chips and popsicles as the patient is able.

### **Pressure Sores**

The patient is at risk for the development of decubiti (pressure sores). Pressure-relieving mattresses may be implemented. Ideally, patients should change position approximately every 2 hours. However, the patient or family may request that the patient is moved only occasionally or that repositioning be suspended. Incontinent patients should be kept clean and dry.

### **Psychological, Social, Emotional, Spiritual and Cultural Concerns of the Patient and Family**

Addressing the psychosocial and spiritual needs of patient and families is a core component in care of the dying. Referral to a Medical Social Worker, Care Management, and/or Hospital Chaplain should be made upon admission to the Hospital.

Bedside respite is offered through Island Hospital's program "No One Dies Alone". Trained volunteers may sit with the dying patient when family members need a break or cannot be at the bedside.

### **Involvement of Family**

The family may wish to be actively involved in the patient's bedside care. If the patient is comfortable with this, the family should be supported in their efforts. Visiting hours are waived in this situation.

A hospitality cart with beverages for families and visitors to the patient is available for order through the Dietary Department.

The Island Hospital Chapel can be a place of refuge for those who need a sanctuary and retreat from the bedside of the patient. It is always open for quiet, for prayer and meditation, and for reflection.



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## RELATED DOCUMENTS

Ethics Committee

Death with Dignity

## REFERENCES

[WAC 246-320-141](#)