

End-of-Life Care/Palliative Care

Aliases

None noted

Patient Care Goals

When providing care for a patient near end-of-life:

1. Provide relief from pain and other distressing symptoms.
2. Affirm dying as a normal process.
3. Integrate psychological and spiritual aspects of patient care.
4. Offer a support system to help the family cope during the patient's illness and in their own bereavement.

Patient Presentation

Inclusion Criteria

Patient enrolled in hospice or palliative care, or who has advance care directives, experiencing complaints related to the illness for which the patient is receiving those services

Exclusion Criteria

Complaints unrelated to the illness for which the patient is receiving those services

Patient Management

Assessment, Treatment, and Interventions

1. Perform general patient management.
2. Engage with the patient's hospice or end-of-life care team or their primary care physician if possible. If not a viable option, contact medical direction.
3. Determine if the patient is able to communicate and has the capacity to make decisions regarding treatment and transport,
 - a. If yes, consult directly with the patient before treatment and/or transport.
 - b. If no, identify any advanced care planning in place for information relating to advanced care planning and consent for treatment, such as:
 - i. Advanced care directives.
 - ii. MOLST/POLST or similar forms.
 - iii. Guardian, power of attorney, or other accepted health care proxy.
4. Assess pain level; if the patient requires pain relief [see [Pain Management guideline](#)].
 - a. Opioid medications are frequently the most appropriate choices for pain management.
 - b. Multimodal analgesia may be required for pain relief.
 - c. Do not withhold opioids for fear of respiratory depression as patient comfort is the primary goal for hospice and end-of-life care
5. If the patient is experiencing severe respiratory distress, consider:
 - a. Oxygen and bedside/handheld fan [EMR]
 - b. Noninvasive ventilation (BiPAP/CPAP) if aligned with patient care goals [EMT-O, AEMT-R].
 - c. Opioids are the drug of choice for dyspnea for hospice and end-of-life care: **Fentanyl [PARA] Adult 25-100mcg IV/IO/IM/IN; Pediatrics 0.5-2mcg/kg IV/IO/IN, 3mcg/kg IM**
 - d. Anxiolytic if needed for anxiety: **Midazolam [PARA] Adult 2.5-5mg IV/IO/IM/IN; Pediatrics 0.1mg/kg IV/IO/IM/IN**
OR
6. Assess for nausea; if the patient has nausea [see [Nausea and Vomiting guideline](#)].
7. Assess for secretions; if the patient has excessive secretions, provide suctioning.
8. If the patient is anxious or has delirium, in addition to nonpharmacologic interventions such as

- creating a quiet environment, frequent reassurance, touch and verbal orientation, consider:
- a. **Midazolam [PARA] Adult 2.5-5mg IV/IO/IM/IN; Pediatrics 0.1mg/kg IV/IO/IM/IN**
OR
 - b. **Haloperidol 2.5-5mg IM/IV/IO OR Ziprasidone 10-20mg IM [PARA]**
9. Assess hydration; if the patient appears dehydrated:
- a. Encourage PO fluid intake if patient is able to swallow.
 - b. Offer ice chips and swabs soaked in ice water, if available.
 - c. Consider administration of normal saline at 10 to 20 mL/kg IV [AEMT].
10. In collaboration with hospice or end-of-life care clinician, coordinate with guardian, power of attorney, or other accepted health care proxy if non-transport is considered.

Patient Safety Considerations

- Perform careful and thorough assessments to identify complaints not related to the illness for which the patient is receiving hospice or palliative care.
- Deliver care with the utmost patience and compassion.

Notes and Educational Pearls Key Considerations

- Social interactions with family may affect end-of-life care.
- Scene safety should be considered when deciding on management.

Pertinent Assessment Findings

1. Vital signs
2. Pain score
3. Neurologic exam
4. Lung sounds

Quality Improvement

Associated NEMSIS Protocol(s) (eProtocol.01)

- 9914169—Cardiac Arrest-Do Not Resuscitate
- 9914171—Cardiac Arrest-Special Resuscitation Orders
- 9914177—General-Exception Protocol

Key Documentation Elements

- Interaction with hospice or palliative care provider
- Confirmation of advanced directive or other advanced care documentation
- Pain score if applicable

Performance Measures

- If in patient in pain, pain score change
- If patient is nauseated, symptom relief
- If patient is dehydrated, symptom relief or vital sign change

References

1. Canadian Prehospital Evidence Based Practice. <https://emspep.cdha.nshealth.ca/TOC.aspx>. Accessed April 28, 2017.
2. Coyne PJ, Viswanathan R, Smith TJ. Nebulized fentanyl citrate improves patients' perception of breathing, respiratory rate, and oxygen saturation in dyspnea. *J Pain Symptom Manage*. 2002;23(2):157-60.
3. Farahmand S, Shiralizadeh S, Talebian MT, et al. Nebulized fentanyl vs intravenous morphine for ED patients with acute limb pain: a randomized clinical trial. *Am J Emerg Med*. 2014;32(9):1011-5.

4. Shirk MB, Donahue KR, Shirvai J. Unlabeled uses of nebulized medications. *Am J Health Syst Pharm.* 2006;63(18):1704-16.