2.20 HOSPICE AND END-OF-LIFE-CARE

General Assessment

• Patient has a life-limiting or terminal illness, prefers **comfort-focused treatment**, and has:
  ○ POLST form specifying DN(A)R and **comfort-focused treatment and/or**
  ○ Is enrolled in hospice care

BLS General Management

• Review and verify POLST/DN(A)R documentation (see **policy 4051 DNR & POLST**) and hospice enrollment.
  ○ Prioritize patient comfort and symptom management; this may include:
  ○ Repositioning, including raising head of bed, if possible and indicated
  ○ Using gentle suction and oxygen
  ○ Creating a quiet environment, offering frequent reassurance, touch and verbal orientation, if patient is delirious or anxious
  ○ If a hospice emergency kit is available, encouraging family and patient to administer medication as prescribed, if indicated (e.g., oral liquid morphine and/or lorazepam for pain or dyspnea)
• Request transport, only if comfort needs cannot be met in current location.
• If possible, attempt to contact hospice service and discuss care plan along with the patient/family prior to transport.

ALS General Management
• For nausea, follow abdominal discomfort (see **protocol 2.01 Abdominal Discomfort**) • For refractory pain, follow pain control procedure (see **protocol 2.09 Pain Control**). Opioids are preferred. • For seizure, follow adult seizure (see **protocol 2.13 Adult Seizure**)

Base Hospital Criteria
• Unclear or unresolvable issues regarding care plan • Following administration of narcotics and patient preference for non-transport

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Comments

• **Definitions**
  ○ **Hospice:** is a specific type of palliative care program that provides comprehensive, holistic care and support for patients and their families facing a terminal illness with a prognosis of six months or less. Hospice programs have a 24/7 nurse-on call. Patients on hospice have elected to forgo curative or life-prolonging medical interventions and usually have DNR orders or a POLST specifying DN(A)R/Comfort-Focused Treatment. Of note, it is not *required* for hospice patients to have DNR orders.
  ○ **Palliative Care:** is compassionate, team-based care that provides relief from the symptoms and physical and mental stress of a serious or life-limiting illness. Palliative care can be provided at diagnosis, during curative treatment and follow-up, and through the end of life.
• When communicating with patients near the end of life and their family, affirm dying as a normal process and offer a support system to help the family cope during the patient's illness and bereavement process.
• Generally, avoid naloxone for patients near the end of life. They are often on high doses of opioids and naloxone may precipitate a pain crisis.

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