

2.20 Hospice and End-of-Life Care

EMSAC July 2025

Indication:

- 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 treatment:

- Review and verify POLST/DN(A)R documentation (POLICY REFERENCE) 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 treatment

- For nausea, follow abdominal discomfort, protocol (2.01)
- For refractory pain, follow pain control procedure (2.09). Opioids are preferred.
- For seizure, follow adult seizure, protocol (2.13)

CONTACT base hospital

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

NOTES

- **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 **ing** 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.