

## **CARE OF THE PATIENT AT END OF LIFE**

### **OBJECTIVES:**

1. To communicate with the patient and/or surrogate decision maker end of life care (EOLC) options and empower them to fully participate in the decision making process. This includes:
  - a. All types of end of life situations: sudden and unexpected, steady decline or slow decline marked by periodic crises.
  - b. When the patient and/or surrogate decision maker set goals for care: curative, restorative, palliative and mixed management models.
  - c. Patient centered decision making or advance care planning may include provisions for:
    - i. Advance Directives
      - Living Will
      - Durable Power of Attorney for Healthcare Decisions
      - "Five Wishes"
    - ii. Life Support
    - iii. Hospice
    - iv. Refusal of Treatment
    - v. DNR
    - vi. Withholding/Withdrawal of Life Sustaining Treatment
    - vii. Organ Donation
    - viii. Body Donation
  - d. All models, so that the patient or their advocate comprehends their right to alter the goal of care.
2. To provide opportunities for discussion and decision making between the patient, advocate and health care team related to the emotional and physical effects of EOLC.

### **PROCESS STANDARDS:**

1. There are key elements in EOLC:
  - a. EOLC attends to practical, physical, social, cultural, emotional, and spiritual needs to the extent possible
  - b. EOLC prevents and relieves pain and distressing symptoms
  - c. EOLC preserves the patient/advocate's dignity and preferences
  - d. EOLC continually assesses and reassesses the patient/surrogate decision makers' needs which are intended to help the patient live well though dying

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### OUTCOME STANDARDS

1. The patient/surrogate decision maker will understand the dying process.
2. The patient/surrogate decision maker will understand Advance Care Planning to the extent possible.
3. The patient/surrogate decision maker will collaborate with the health care team to meet the needs of EOLC to the extent possible.
4. The patient/surrogate decision maker will have the opportunity to communicate issues of loss, grief, and spiritual exploration in life threatening illness/injury, as appropriate.

### Reference:

1. Hospital Policies:
  - a. 5.19.0 Do Not Resuscitate (DNR)  
[http://www.sh.lsuhs.edu/policies/policy\\_manuals\\_via\\_ms\\_word/hospital\\_policy/h\\_5.19.0.pdf](http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/hospital_policy/h_5.19.0.pdf)
  - b. 5.21.0 Withholding or Withdrawal of Life-Sustaining Treatment  
[http://www.sh.lsuhs.edu/policies/policy\\_manuals\\_via\\_ms\\_word/hospital\\_policy/h\\_5.21.0.pdf](http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/hospital_policy/h_5.21.0.pdf)
  - c. 5.22.0 Advance Directives Policy  
[http://www.sh.lsuhs.edu/policies/policy\\_manuals\\_via\\_ms\\_word/hospital\\_policy/h\\_5.22.0.pdf](http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/hospital_policy/h_5.22.0.pdf)
  - d. 5.7.0 Louisiana Organ Procurement Agency (LOPA)  
[http://www.sh.lsuhs.edu/policies/policy\\_manuals\\_via\\_ms\\_word/hospital\\_policy/h\\_5.7.0.pdf](http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/hospital_policy/h_5.7.0.pdf)
  - e. 5.71.0 Organ Donation after Cardiac Death (DCD) Protocol  
[http://www.sh.lsuhs.edu/policies/policy\\_manuals\\_via\\_ms\\_word/hospital\\_policy/h\\_5.7.1.pdf](http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/hospital_policy/h_5.7.1.pdf)
  - f. 7.4.0 Body Donation  
[http://www.sh.lsuhs.edu/policies/policy\\_manuals\\_via\\_ms\\_word/hospital\\_policy/h\\_7.4.0.pdf](http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/hospital_policy/h_7.4.0.pdf)
2. National Consensus Project for Quality Palliative Care-2<sup>nd</sup> ed. Clinical Practice Guidelines for Quality Palliative Care. (2009). <http://www.nationalconsensusproject.org/guideline.pdf>
3. Nursing Policies:
  - a. O-9 Organ, Tissue, Eye/Cornea Donation Suitability  
[http://www.sh.lsuhs.edu/policies/policy\\_manuals\\_via\\_ms\\_word/Nursing/O-09.pdf](http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/Nursing/O-09.pdf)
  - b. P-60 Post Mortem Care  
[http://www.sh.lsuhs.edu/policies/policy\\_manuals\\_via\\_ms\\_word/Nursing/P-60.pdf](http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/Nursing/P-60.pdf)
4. Oncology Nursing Society:
  - a. Scope and Standards of Care, 2004
  - b. ONS and Association of Oncology Social Work Joint Position on End-of-Life Care, 7/07.  
[Oncology Nursing Society and Association of Oncology Social Work Joint Position on End-of-Life Care](http://www.oncologynursesociety.org/ONS_and_Association_of_Oncology_Social_Work_Joint_Position_on_End-of-Life_Care)