- Educate patients and staff about managing symptoms.

Pain is a common part of the patient experience, and unrelieved pain has adverse physical and psychological effects. A patient's response to pain is frequently within the context of societal norms and cultural and religious traditions. Thus, patients are encouraged and supported in their reporting of pain. Dying patients have unique needs that may also be influenced by cultural and religious traditions. Concern for the patient's comfort and dignity guides all aspects of care during the final stages of life. To accomplish this, all staff members are made aware of patients' unique needs at the end of life. These needs include treatment of primary and secondary symptoms; pain management; response to the patient's and family's psychological, social, emotional, religious, and cultural concerns; and involvement in care decisions.
The hospital's care processes recognize and reflect the right of all patients to assessment and management of pain and the assessment and management of a patient's unique needs at the end of life.

PC.25 Policies and procedures guide the handling, use, and administration of blood and blood products.

PC.25.1 There are policies and procedures that are developed collaboratively by the blood utilization committee, guiding the handling, use, and administration of blood and blood products.

PC.25.2 Only physicians order blood and in accordance with a policy clarifying when blood and blood products may be ordered.

PC.25.3 The physician obtains informed consent for transfusion of blood and blood products. Elements of patient consent include:

PC.25.3.1 Description of the transfusion process.

PC.25.3.2 Identification of the risks and benefits of the transfusion.

PC.25.3.3 Identification of alternatives including the consequences of refusing the treatment.

PC.25.3.4 Giving the opportunity to ask questions.

PC.25.3.5 Giving the right to accept or refuse the transfusion.

PC.25.4 Two staff members verify the patient's identity prior to blood drawing for cross match and prior to the administration of blood.

PC.25.5 In dire emergencies, patient/family signs consent for "transfusion without NAT testing".

PC.25.6 Blood is transfused according to accepted transfusion practices from recognized professional organizations.

PC.25.7 Policies and procedures guide the administration of blood transfusions.

PC.25.8 Patients receiving blood are closely monitored.

PC.25.9 Transfusion reactions are reported and analyzed for preventive and corrective actions.

PC.25.10 Side effects or complications are immediately reported to the medical staff and blood bank and the transfused unit is sent to the blood bank for further investigations.

Standard Intent:

The use of blood in the organization is supervised and closely monitored by the blood utilization committee. Blood must be handled and used in accordance with standards of practice and in a consistent manner in order to ensure the safety of the recipient.
Policies and procedures are developed and approved by the blood utilization committee covering the administration of blood (including patient's identification, accepted practices, monitoring during and after the transfusion and reporting of transfusion errors) and when to administer blood without a consent. Only physicians can order blood for transfusion. Patients are informed for the reason for transfusion and sign an informed consent for blood transfusion that must include the elements in the substandard PC.25.3.1 through PC.25.3.5.
All transfusion reactions are immediately reported to the blood bank and investigated by the appropriate blood bank staff in order to avoid its recurrence. A report is given to the blood utilization committee to ensure the implementation of corrective actions.

PC.26 Patients at risk for developing venous thromboembolism are identified and managed.

PC.26.1 Patients are screened for the risk of developing venous thromboembolism.

PC.26.2 Patients at risk receive prophylaxis according to current evidence-based practice.

Standard Intent:

The hospital must develop a risk assessment tool to identify patients for risk of venous thromboembolism and to start appropriate prophylaxis either mechanical, pharmacological or both according to risk severity and to reassess whenever patient's condition changed. The hospital must adopt an international guideline and policy of venous thromboembolism prophylaxis.

PC.27 The hospital provides safe psychiatric care services in accordance with professional standards and applicable laws and regulations.

PC.27.1 Psychiatric care is provided by qualified physicians.

PC.27.2 There are admission and discharge criteria for psychiatric patients.

PC.27.3 The need for psychiatric care and choice of modality are based on sound clinical principles and a thorough clinical evaluation of medical condition and co-morbidities.

PC.27.4 The physical layout of the psychiatry service area allows for:

PC.27.4.1 Quiet and separate counseling of patients and families.

PC.27.4.2 Access only by authorized staff.

PC.27.4.3 Quick assistance from security.

PC.27.4.4 A means to separate adults from pediatrics.