

**PC.24**
**The hospital meets the unique needs of terminally ill patients in a culturally and age-appropriate manner.**

- PC.24.1 The hospital assesses and responds to the unique needs of end of life patients, including psychological, spiritual, social, and cultural assessment.
- PC.24.2 The hospital provides an effective palliative care for terminally ill patients (e.g., management of pain and management of other distressing symptoms).
- PC.24.3 Family members are involved in care decisions.
- PC.24.4 Family members are educated on how to care for their patient.
- PC.24.5 When required, the hospital provides referral and transfer services to other facility that can provide palliative care (e.g., bed or resources availability).
- PC.24.6 When applicable, the hospital provides or arrange for a nursing home care (e.g., inability to refer, or patient/family wish).

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

- 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 obtain 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.

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

- 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.