

End-of-Life Care/Hospice Care

Aliases

None noted

Patient Care Goals

1. When providing care for a patient near end-of-life:
 - a. Provide relief from pain and other distressing symptoms
 - b. Affirm dying as a normal process
 - c. Integrate psychological and spiritual aspects of patient care
 - d. Offer a support system to help the family cope during the patient's illness and in their own bereavement

Patient Presentation

Inclusion Criteria

Patients enrolled in hospice or end-of-life care, or who have advance care directives, experiencing complaints related to the illness for which the patient is receiving those services

Exclusion Criteria

Complaints unrelated to the illness for which the patient is receiving those services

Patient Management

Assessment, Treatment, and Interventions

1. Perform general patient management
2. Engage with the patient's hospice or end-of-life care team or their primary care physician if possible. If not a viable option, contact medical direction
3. If the patient can communicate and has the capacity to make decisions regarding treatment and transport, consult directly with the patient before treatment and/or transport
4. If the patient lacks the capacity to make decisions regarding treatment and/or transport, identify any advanced care planning in place for information relating to advanced care planning and consent for treatment
 - a. Advance directives
 - b. Medical/Physician Order for Life-Sustaining Treatment (MOLST/POLST) or similar directing forms
 - c. Guardian, power of attorney, or other accepted healthcare proxy
5. If the patient requires pain relief [See [Pain Management Guideline](#)]
 - a. Opioid medications are frequently the most appropriate choices for pain management
 - b. Multimodal analgesia may be required for pain relief
 - c. Do not withhold opioids for fear of respiratory depression as patient comfort is the primary goal for hospice and end-of-life care
6. If the patient is experiencing severe respiratory distress, consider:
 - a. Oxygen and bedside/handheld fan
 - b. Noninvasive ventilation (BiPAP/CPAP) if aligned with patient care goals
 - c. Opioids are the drug of choice for dyspnea for hospice and end-of-life care. Morphine 1–5