

Beaumont®

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Content Expert(s) Nursing	Prior Issue Date 2/11/13	Issue Date 7/27/16	

PURPOSE:

To ensure that the physical, emotional, psychological, social, cultural, and spiritual needs of the dying patient and their families are met and that concern for the patient's comfort and dignity guide all aspects of care during the final stages in life.

GENERAL INFORMATION:

End of life care for patients must be respectful and responsive to the patient's personal needs and requests. All hospital staff should be sensitive to the needs of the patient and family at the end of life and should provide measures to ensure that the physical, emotional, psychological, social, cultural, and spiritual needs of the dying patient and family are met while respecting the patient's values, spiritual beliefs, and culture. The patient and, when appropriate, the family should be involved in every aspect of care. The patient's wishes, including advance directives should direct end of life decision making.

GUIDELINES:

When members of the healthcare team believe that a patient requires specialized care specific to end of life concerns, the physician may order a palliative care or hospice consultation. The palliative care team, along with other members of the healthcare team, will assess the physical, emotional, psychological, social, cultural, and spiritual needs of the patient and establish and maintain a plan of care for the patient's individual needs. The patient and where appropriate, the family will participate in the plan. The plan of care will be reviewed by the health care team on an ongoing basis to ensure that the patient's needs are being met. An effort should be made to facilitate transfer to home care/hospice/extended care facility if that is the patient's desire.

The healthcare team will assess the patient on an ongoing basis to ensure that the physical, emotional, psychological, social, cultural and spiritual needs are being met. The physical assessment will be completed by the nursing staff and will be documented and updated every 24 hours or more frequently if needed. The emotional, psychological, social, cultural, and spiritual assessments, as appropriate, will be completed by the appropriate healthcare team member and may be documented in the progress notes or electronic medical record.

Provide appropriate treatment for symptoms, according to the wishes of the patient or, when appropriate, family.

Patients near death may experience pain, psychological stress, spiritual crisis and social isolation. The goal is a patient-centered collaborative effort by the health care team to manage and to control the patient's symptoms. This will be achieved by utilizing evidence-based practice for managing pain, anxiety, insomnia, fever, nausea/vomiting, and respiratory distress, with attention to the social, cultural, and spiritual needs of the patient.

Interventions are designed to respond to the physical, emotional, psychological, social, cultural and spiritual needs of the patient. The patient and, when appropriate, the family or surrogate will be involved in all aspects of care, so that treatment for symptom management will be directed according to the wishes of the patient or surrogate.

PATIENT CARE – CORPORATE POLICIES

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Manage pain and other symptoms aggressively and effectively.

Patients have a right to appropriate pain control and optimal symptom management at the end of life.

The most reliable indicator of the existence and intensity of pain is the patient's self report. In patients where the subjective nature of pain is impossible to articulate or in those patients who are cognitively impaired or otherwise unable to communicate, pain must be inferred through observation of physiologic and behavioral indicators.

The nurse is to work collaboratively with the physician to meet the patient's goal for care and need for comfort.

Refer to Patient Care Corporate Policy 630 "Pain Management" for additional information regarding pain scales, assessment tools, interventions available and considerations in special patient populations.

Respect for the patient's values, spiritual beliefs, and culture.

Every effort will be made to honor and respect the diverse values, spiritual beliefs, and philosophies held by the patient and the patient's family as long as these do not interfere with the care of other patients or violate hospital policies.

Resources to assist the medical and nursing staff in meeting these needs include Palliative Care and Spiritual Care Services, Social Work, the Cultural Diversity Handbook and the Clinical Ethics Consultation Service.

Involve the patient and, when appropriate, the family in every aspect of care.

Beaumont Health supports Patient and Family Centered Care. The healthcare team should work closely with the patient to identify who is considered family and involve those individuals in the treatment plan and course of therapy.

Support will be provided to foster comfort and dignity by managing pain, and addressing the spiritual, cultural, psychosocial and continuing care needs of both the patient and family through Hospice, Palliative Care, Spiritual Care, Social Work, Child Life Services, Integrative Medicine Service and, if necessary, a representative of the patient's ethnic culture.

Recognizing the importance of family support at the end of life, a family friendly environment will be encouraged through the involvement of family members in direct patient care as appropriate and relaxation of visiting restrictions to the extent possible. Resources are available for the patient and/or family (i.e. Clinical Ethics, printed materials, Hospice, Advance Directives).

Responding to psychological, social, emotional, spiritual, and cultural concerns of the patient.

The psychological, social, emotional, cultural, and spiritual concerns of the patient and family are as essential in formulating a care plan. The Palliative Care team, which may include Social Work and Spiritual Care Services, is available to help the patient and family prepare for death, make difficult decisions, and assist in the care of the dying patient. Expressions of grief and mourning, coping with loss and suffering, and rituals associated with approaching and actual death are also a focus of this care. Educational materials, referrals, and linkages to resources and networks of support are provided as needed.

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Associated Policies:

Patient Rights and Responsibilities: Patient Care - Corporate
 Clinical Ethics: Patient Care – Corporate
 Advance Directives: Patient Care - Corporate
 Patient Rights II.F.1.01 - Grosse Pointe
 End of Life Care Nursing Protocol II.B.P.46 - Grosse Pointe
 Visitation Policy: Patient Care – Corporate
 Hospice Patient I.C.15 - Grosse Pointe
 Hospice Guidelines - Inpatients: Patient Care – Royal Oak
 Hospice Patient, Care of – Patient Care - Troy

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