I. PURPOSE

To provide guidelines and guidance to patient care providers for assistance to the dying patient, including family members and significant others. The term dying is defined as an incurable and irreversible condition resulting in imminent death. Imminent, for the purposes of this policy, is defined as impending or about to happen. To provide information to patients about their rights, including their right to participate in healthcare decisions. To conform with guidelines stated in Federal laws, State statutes, JCAHO standards and other regulatory agencies.

II. POLICY

UCI HealthSystems staff demonstrate sensitivity to the needs of the dying patient while providing care through consideration of the following principles:

A. Each patient, unless s/he lacks capacity, shall provide verbal or written consent for the disclosure of her/his medical information to specified family/friends. The patient’s verbal consent shall be documented in the Progress/Interdisciplinary Notes in the medical record.

B. The patient shall be the decision maker wherever possible. Minors, patients with conservatorships, and patients with diminished capacity to participate in these decisions require special consideration. Questions regarding these patients should be directed to the Office of Risk Management, ext. 5676.

C. When the patient has executed an Advance Directive, the conditions specified in the directive should be followed or incorporated.

D. Resources/referrals, such as community resources, funeral arrangements, support groups and hospice, will be provided to the patient and family unit.

E. Education will be provided to the patient/family unit about the disease process, grieving process and signs/symptoms of dying based upon their readiness to learn and their development level while considering their individual, cultural and spiritual beliefs.

F. Assessment of need for intervention should represent an interdisciplinary and collaborative approach achieved through discussion, documentation and follow-up.

G. The dying patient’s secondary symptoms will be treated to meet their integrated physical and emotional needs based upon a plan of care that encompass medical, nursing and other disciplines, such as Clinical Social Work, Pharmacy, Nutrition.

H. Alleviation of pain and provision of comfort shall be aggressively managed through a collaborative, integrative and holistic approach incorporating the patient/family unit and their concomitant cultural, spiritual and ethical value set.

I. Dying patients (or if they lack decision-making capacity, their appropriate surrogate/s) have the right to participate in decisions about their own medical treatment, including the degree of pain relief desired in the final stage of life.
J. Patients shall be informed of the risks, benefits and alternatives of the administration of narcotics and/or sedation. This discussion shall be documented in the medical record. When it is necessary to involve the surrogate/s in this decision-making process, the patient should remain involved to the full extent that their medical condition permits.

K. Narcotics and/or sedation sufficient to eliminate pain and discomfort may be used, so long as the health care professional’s intention is to treat pain and the patient-specific dose is not increased beyond what is necessary to relieve pain or other symptoms. Medication shall not be used with the intent to cause or hasten the patient’s death.

III. PROCEDURE

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<th>RESPONSIBLE PERSON(S)/DEPT</th>
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| Clinical Social Worker, RN, MD, Chaplain | A. Assesses the patient / family unit for the following:  
1. Expression of feelings of grief;  
2. Expression of “life review” (significant life events such as birthdays, weddings, anniversaries, graduations, etc.) and unresolved relational issues;  
3. Coping mechanisms, such as stages of grief, crying or the ability to make decisions and arrangements;  
4. Availability of resources, such as family, friends, support groups, spiritual and cultural beliefs. |
| Clinical Social Worker, RN, LVN, HA, Chaplain | B. Reevaluates the preceding criteria during Interdisciplinary Rounds, as appropriate. |
| Clinical Social Worker, RN, LVN, Chaplain | C. Provides opportunities for the expression of feelings and needed spiritual, emotional or cultural support to the patient and family unit as appropriate, or refers to the appropriate team member. |
| Clinical Social Worker, RN, MD, Chaplain | D. Ensures privacy to the patient/family unit when possible and provides a comforting environment through music, solitude, visitors, decorations, prayer. |
| Clinical Social Worker, RN, MD, Chaplain | E. Assesses the level of pain or source of pain and refers to the appropriate interdisciplinary team for physical, spiritual or emotional intervention, as necessary. |
| RN, Chaplain | F. Provides resources or referrals to assist the patient/family unit with the bereavement process. |
| RN, LVN, MD, Chaplain, Admission Staff, Organ Procurement Agency | G. Offers assistance or referral for funeral arrangements, organ donation and Advanced Directives, including, but not limited to, the Durable Power of Attorney for Health Care. |
| Clinical Social Worker, RN, MD, Chaplain | H. Documents discussions of risk, benefits and alternatives of treatment offered to the patient / family unit and indicates the persons |
involved, including the attending physician.

IV. DOCUMENTATION
The responsible patient care provider must document the assessment and/or intervention, including the outcomes, on the Interdisciplinary/Progress Note, Nursing Flowsheet or in TDS.

V. RELATED STANDARDS
Patient Outcome Plan: Grieving
Patient Outcome Plan: Pain
Patient Outcome Plan: Coping
DNAR Policy
Care After Death Policy and Procedure
Perinatal Loss Policy and Procedure
Pastoral Care Policy and Procedure

VI. REFERENCES
California Code of Regulations, Title XXII
JCAHO Accreditation Manual, 2003
Kubler-Ross, Elizabeth: On Death and Dying
Orange County Resource Directory
US Department of Health and Human Services Agency for Health Care Policy and Research, Clinical Practice Guidelines: Acute Pain Management Operative or Medical Procedures and Trauma, 1992

VII. RESOURCES
Pain Management Services

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APPROVALS:
No Changes
Patient Care Providers Council 10/06/98
Critical Care Committee 10/13/98
Medical Ethics Committee 10/20/98
Pharmacy and Therapeutics 11/04/98
JQRM Committee 11/11/98
Med Executive Committee 11/16/98
Governing Body 11/23/98

APPROVALS:
No Changes
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