



CARE OF THE DYING PATHWAY FOR THE INTERIM CARE OFFERED BY CRMC THROUGH THE PATIENT OUTREACH PROGRAM OF THE COMMUNITY REGISTERED NURSE (P.O.P. Co.R.N.)

For patients who are expected to die at home within the next 48 hours and for whatever reason may not access services from the Palliative Care Team, Cranston Ridge Medical Clinic offers home-based palliative care via its charitable P.O.P. Co.R.N. service.

Cranston Ridge Medical Clinic adopts the following documentation from Alberta Health Services (AHS) as the basis for the home-based care of the dying patient:

1. AHS Care of the Imminently Dying Pathway Instructions
2. AHS Care of the Imminently Dying Pathway Initial Care Needs Assessment
3. AHS Care of the Imminently Dying Pathway Nursing Symptom and Care Assessment and Documentation
4. AHS C2 Medication and Care, Adult (All Locations Order Set)

Documents number 1, 2, and 3 may be completed by an MD, NP, RN, or LPN. Document number 4 is to be completed by the CRMC Family Physician or Nurse Practitioner of the patient.

This interim service is to be immediately suspended once the AHS Palliative Care Team (PCT) service has been activated. At this point, care must be handed over to the AHS PCT.

Approved by CRMC on February 24, 2022

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Last Name	First Name
Personal Health Number	Date of Birth (yyyy-Mon-dd)
Site	

Care of the Imminently Dying Pathway Instructions

Care of the Imminently Dying Pathway:

- can only be implemented for a person with a **C2 Goals of Care Designation (GCD) Order**;
- provides guidance to members of the healthcare team, working within any care setting, who are caring for an imminently dying person (last hours to days of life) and their family;
- requires ongoing assessment and communication between the person/Alternate Decision Maker(ADM)/family and the healthcare team.

For additional supportive resources, please refer to the Provincial Clinical Knowledge Topic *Care of the Imminently Dying (Last Hours to Days of Life), Adult – All Locations*.

Complete the Initial Care Needs Assessment



C2 Medication and Care Orders

MD/NP to complete or refer to the **C2 Medication and Care Orders** with attention to the discontinuation of medications that are *not* related to symptom management

For Home and Supportive Living Clients:

- Triplicate prescriptions will be required for opioids
- Collaboration between Healthcare Professionals and the pharmacy provider is necessary for clients to receive medications in a timely manner



Nursing Symptom and Care Assessment and Documentation

RN/RPN/LPN to utilize the **Nursing Symptom and Care Assessment and Documentation**



On Day Three

- A review is required to ensure the medications, care plan, and Goals of Care Designation (GCD) Order remain consistent with the person's/ADM's/family's wishes and the person's prognosis
- This review requires a conversation between the MD/NP, appropriate members of the healthcare team, the person/ADM and family. Conversations related to this review are to be documented on the **Advance Care Planning/Goals Care Designation Tracking Record** located in the Green Sleeve
- A new Initial Care Needs Assessment or C2 Medication and Care Order Set is not required

Note: MD/NP may consider Palliative Care Consult Services for complex symptom management and support

Care of the Imminently Dying Pathway Initial Care Needs Assessment

Instructions

- Physician, NP, RN, RPN, or LPN can initiate the Initial Care Needs Assessment
- Initial when issue/need has been addressed, or indicate NA if not applicable to the person's care
- Document additional interventions and communication as per site policy and procedure

Last Name	First Name
Personal Health Number	Date of Birth (yyyy-Mon-dd)
Site	

Review	Date/Initial
Review all Relevant Legal Documents (<i>such as Personal Directive, Guardianship Orders</i>) <ul style="list-style-type: none"> • Primary contact/alternate decision maker (ADM) name and phone number noted • Documented wishes noted 	
<input type="checkbox"/> Gather, verify and document if registered as an Organ and/or Tissue Donor	
<input type="checkbox"/> Gather, verify and document funeral home contact information	
Review Goals of Care Designation (GCD) Order: <ul style="list-style-type: none"> • With Physician/NP to discuss option to implement the Care of the Imminently Dying Pathway with person/ADM/family • Review and update <i>Advance Care Planning/Goals Care Designation Tracking Record</i> form located in the Green Sleeve 	

Decision made to implement the Care of the Imminently Dying Pathway <input type="checkbox"/> Yes <input type="checkbox"/> No		Date/Initial
Date & Time	Discussed with (<i>name of Physician/Nursing Practitioner</i>)	

Communication	Date/Initial
Address questions and concerns from person/ADM/family Conversation prompt: <i>"Is there anything else you need to know or want to ask me, the physician/NP or anyone else on the health care team?"</i>	
Notify Interdisciplinary Team Members involved in person's care (<i>e.g. SW, OT, PT, Pharmacy, RRT, SLP, Spiritual Care, Registered Dietician</i>).	
Gather, verify and document: <ul style="list-style-type: none"> <input type="checkbox"/> Spiritual/Cultural wishes & practice (<i>before/after death</i>) 	

Psychosocial-Spiritual	Date/Initial
Offer Spiritual Care for support <input type="checkbox"/> Declined (<i>coping, grief and bereavement</i>)	Date referral submitted
Offer Social Work for support <input type="checkbox"/> Declined (<i>coping, financial concerns, legal concerns, funeral planning</i>)	Date referral submitted

Suggested Resources
<ul style="list-style-type: none"> • "White Rose Program" (Data Group Item # R-1361) • AHS "What to Expect as Death Approaches" pamphlet (Data Group Item # 404409) • AHS Provincial Bereavement Care Package (Data Group Item # 104858) • My Health Alberta Palliative and End of Life Care at https://myhealth.alberta.ca/palliative-care • Refer to site specific end of life care resources • For additional resources and references, refer to the Provincial Clinical Knowledge Topic <i>Care of the Imminently Dying (Last Hours to Days of Life), Adult - All Locations</i>

Care of the Imminently Dying Pathway Nursing Symptom and Care Assessment and Documentation

Last Name	First Name
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RN/RPN/LPN to assess, monitor and evaluate symptoms:

- for **Acute Care, Facility Living and Designated Supportive Living** at least every 4 hours;
- for **Private Supportive Living and Home Care** settings a minimum of once daily.

Date Pathway Initiated (yyyy-Mon-dd)		<input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Other: _____							
Date (yyyy-Mon-dd)	Time → (hh:mm)								
Legend		Y = Goal has been met		N = Goal has not been met		NA - symptom is not applicable to condition			
Pain	Goal: person's pain is controlled								
	<ul style="list-style-type: none"> • Verbalized by person, if able. • Observe for non-verbal cues (<i>facial grimacing, furrowed brow, guarding</i>); however, these may also be present with delirium. • If pain is identified, address any contributing factors such as urinary retention, constipation, need for repositioning. • Consider use of pain assessment tool. • Educate family if patient settles quickly after repositioning. Moaning may be related to person's awareness rather than discomfort. 								
Dyspnea (shortness of breath)	Goal: person's dyspnea is controlled								
	<ul style="list-style-type: none"> • Verbalized by person, if able. Only reliable measure of dyspnea is the person's self-report. • Observe for non-verbal cues of distress (<i>nasal flaring, use of accessory muscles</i>). • Consider upright positioning. Avoid crowded room. • Consider use of fan directed across the face and/or open window. • High flow oxygen may increase discomfort and restlessness. For history of known symptomatic hypoxia, try oxygen 2 to 5 L/min via nasal prongs for comfort as tolerated. • Educate family that Cheyne-Stokes breathing and apnea are normal changes in breathing during the dying process. • Utilize opioids for dyspnea. 								
Agitation	Goal: person is calm and settled								
	<p>If able, person verbalizes they do not feel restless or unsettled (<i>presence of these symptoms may indicate early signs of extrapyramidal side effects from medications such as metoclopramide, haloperidol and methotrimeprazine</i>).</p> <ul style="list-style-type: none"> • Observe for restlessness, picking at the air, twitching (<i>myoclonus</i>). • Rule out reversible contributing factors such as urinary retention, opioid neurotoxicity, and need for position change. • Promote quiet and calm environment. Limit noise and avoid crowded room. • Provide education and support to family/others. 								
Respiratory Secretions	Goal: person is at ease despite the presence of noisy respiratory secretions								
	<ul style="list-style-type: none"> • If person is receiving artificial hydration, request review by the MRHP to consider decreasing or discontinuing artificial hydration. • Reassure the family and others if person appears comfortable, noisy secretions are unlikely to be distressing to the person (<i>much like snoring</i>). • Consider positioning on side. • Utilize medications only for severe distressing respiratory secretions as medication may thicken secretions and aggravate restlessness. • If person has copious amounts of secretions limit to oral suctioning only. 								
		Initial							

Care of the Imminently Dying Pathway Nursing Symptom and Care Assessment and Documentation

Last Name	First Name
Personal Health Number	Date of Birth (yyyy-Mon-dd)
Site	

Date (yyyy-Mon-dd)	Time → (hh:mm)									
Legend		Y = Goal has been met	N = Goal has not been met	NA - symptom is not applicable to condition						
Nausea &/or Vomiting	Goal: person is free of nausea and/or vomiting									
	<ul style="list-style-type: none"> If able, person verbalizes does not feel nauseated. No evidence of vomiting. Meticulous mouth care. Eliminate fragrances/scents and odors. Rule out constipation. 									
Hydration & Nutrition	Goal: fluids and food are provided according to person's preferences									
	<ul style="list-style-type: none"> Offer and support the person to drink and eat if they wish and are able to. Monitor for changes in swallowing ability and adapt to person's wishes. Provide meticulous mouth care. Monitor hydration status daily considering artificial hydration benefits (<i>prevention of opioid neurotoxicity</i>) and risks (<i>respiratory secretions, progressive edema</i>). Note: Evidence is conflicting whether artificial hydration hastens or prolongs dying. 									
Mouth Care	Goal: person's mouth is moist and clean									
	<ul style="list-style-type: none"> Mouth care every two hours and as needed for comfort. Recommend cleaning mouth at least 4 times daily with club soda. Inspect oral cavity and mucus membranes for dryness, sores and oral candida at least once daily. Ensure dentures are removed and cleaned once daily. Use mouth moistening products as needed. Educate and include family/others in mouth care if they wish to be involved. Refer to your organization's mouth care policy. 									
Skin Integrity	Goal: person's skin integrity is maintained									
	<ul style="list-style-type: none"> The frequency of assessment, repositioning and special aids (<i>e.g. pressure relieving mattress</i>) should be determined by a skin inspection and the person's individual needs. Monitor for edema as may require artificial hydration to be reviewed by MRHP. With each parenteral medication administration, and at least once daily, monitor site(s) for redness, edema and leakage on administration. Reposition every 2 hours for comfort and to minimize risk of pressure ulcers and wounds. Educate family if patient settles quickly after repositioning, moaning may be related to person's awareness of movement rather than discomfort. 									
Personal Care	Goal: person's personal hygiene needs are addressed									
	<ul style="list-style-type: none"> Provide skin care; bed bath; eye care at least once daily. Skin and mucus membranes are clean and free from odors. Involve family/other in caregiving if they wish to be involved. 									
Initial										

Care of the Imminently Dying Pathway Nursing Symptom and Care Assessment and Documentation

Last Name	First Name
Personal Health Number	Date of Birth (yyyy-Mon-dd)
Site	

Date (yyyy-Mon-dd)	Time → (hh:mm)									
Legend		Y = Goal has been met	N = Goal has not been met	NA - symptom is not applicable to condition						
Bowel Care	Goal: person's bowel elimination needs are addressed									
	<ul style="list-style-type: none"> If able, obtain person's bowel movement history to determine individual assessment and care needs. Monitor for signs of constipation or diarrhea. Ensure person has a bowel movement at least every 3 days. Document frequency, amount and consistency of bowel movement(s). 									
Urinary Care	Goal: person's urinary needs are addressed									
	<ul style="list-style-type: none"> Monitor and assess for signs of urinary retention (<i>distension, agitation/restlessness, pain, catheter bypassing</i>). Utilize incontinence products and catheter as needed. 									
Psycho-social & Spiritual Support for the Person	Goal: person's psychosocial and spiritual needs are addressed									
	<ul style="list-style-type: none"> If able to communicate ask the person about their mood (<i>feelings of anxiousness or sadness</i>). Identified questions and worries will urgently be addressed by the appropriate team members. Support the person's wishes and preferences regarding visitors. Inquire about wishes and foster opportunities to visit with those important to them (<i>including pet visitation</i>). Support spiritual, religious and cultural beliefs and practices. Offer Spiritual Care referral and/or contact person's faith organization. Identify individual communication needs (<i>i.e. visual and hearing aids and language preferences</i>). If person unresponsive, speak in a calm manner and use gentle touch when providing care. Continue to explore the understanding and wishes of the dying person and update the care plan as needed. <p>Conversation Prompt "We want to ensure we respectfully honor your wishes at all times. It is important for us to know if you have any questions or wishes about how you want us to care for you and your family; at this time, at the time you die and afterwards."</p>									
Psycho-social & Spiritual Support for Family/ Others	Goal: family's psychosocial and spiritual needs are addressed									
	<ul style="list-style-type: none"> Listen and respond to questions, worries and fears, referring to interdisciplinary team members for specific questions and needs (<i>e.g. coping and bereavement care</i>). Use clear and direct language. Provide the opportunity to reminisce. Offer information of what to expect when someone is dying. Provide information and caregiver resources. For those visiting the dying person, explore their wishes, comfort and opportunities to interact (<i>e.g. talking, touching</i>) and participate in care (<i>e.g. offering food and fluids, mouth care</i>). Encourage self-care (<i>nutrition, rest breaks, support from family & friends</i>). 									
		Initial								

**Care of the Imminently Dying Pathway
Nursing Symptom and Care Assessment
and Documentation**

Last Name	First Name
Personal Health Number	Date of Birth (yyyy-Mon-dd)
Site	

Date (yyyy-Mon-dd)	Time → (hh:mm)									
Legend		Y = Goal has been met	N = Goal has not been met	NA - symptom is not applicable to condition						
Other	Goal:									
Other	Goal:									
Other	Goal:									

* See Progress Notes for additional documentation

Initial									
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On DAY 3, and every subsequent third day, i.e. DAY 6, DAY 9 and so forth, a review is required to ensure the medications, care plan, and the Goals of Care Designation (GCD) Order remain consistent with the person's/ ADM's/family's wishes and the person's prognosis.

This review requires a conversation between the MRHP, appropriate members of the health care team, and the person/ ADM/family. This conversational review is to be documented on the Advance Care Planning/Goals of Care Designation Tracking Record form located in the person's Green Sleeve.

Decision made to continue with the Care of the Imminently Dying Pathway

Yes No **Date** (yyyy-Mon-dd) _____ **Time** (hh:mm) _____ **Initial** _____

Form Title **C2 Medication and Care, Adult - All Locations Order Set**

Form Number **21097Bond**

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Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

C2 Medication and Care, Adult All Locations Order Set

Select orders by placing a (✓) in the associated box

Note: This order set is to be used in conjunction with the Care of the Imminently Dying Pathway Instructions, Initial Care Needs Assessment, and Nursing Symptom and Care Assessment and Documentation.

Admit		
<input checked="" type="checkbox"/> Admit to: Most Responsible Health Practitioner (MRHP) <i>(in non-acute care settings, identify MRHP)</i>		
Diagnosis _____		
Patient Care		
<input checked="" type="checkbox"/> Clinical Communication: Patient has a C2 Goals of Care Designation Order <i>(see completed Green Sleeve)</i> .		
<input checked="" type="checkbox"/> Discontinue: previously scheduled laboratory and diagnostic investigations.		
<input checked="" type="checkbox"/> Clinical Communication: cancel any scheduled appointments.		
<input type="checkbox"/> Clinical Communication: Deactivate ICD (Implantable Cardioverter Defibrillator) as discussed with Patient/ Alternate Decision Maker (ADM).		
<input checked="" type="checkbox"/> Foley Catheter: Insert PRN, only as needed for urinary retention or patient comfort,		
<input checked="" type="checkbox"/> lidocaine 2% gel, apply intra-urethral once PRN, for foley catheter insertion.		
<input checked="" type="checkbox"/> Notify: MRHP if symptoms are not well managed with current care and medication.		
Activity		
<input checked="" type="checkbox"/> Activity as tolerated		
Monitoring		
<input checked="" type="checkbox"/> Discontinue: vital signs including oximetry		
Diet		
<i>As tolerated for comfort, as discussed with Patient/ADM for potential aspiration risk.</i>		
<input type="checkbox"/> Regular Diet		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Clinical Communication: May have oral fluids and ice chips for comfort.		
Hydration/Fluids		
<input type="checkbox"/> 0.9% NaCl infusion Hypodermoclysis (HDC) SUBCUTANEOUSLY at _____ mL/hour .		
Respiratory Care		
<input type="checkbox"/> Clinical Communication: Oxygen not required.		
OR		
<input type="checkbox"/> Oxygen Therapy - Current oxygen needs for patient comfort are _____ L/min via _____		
<input type="checkbox"/> Clinical Communication - Provide fan for dyspnea following organization's infection control practice guidelines.		
Medications		
<i>Review ALL previous medication orders including diabetic management AND discontinue medications that are NOT related to symptom management</i>		
<input checked="" type="checkbox"/> Subcutaneous Cannula – Insert only as needed for administration of subcutaneous medications.		
Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>

C2 Medication and Care, Adult All Locations Order Set

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

Medication continued

For comfort

- artificial saliva gel TOPICALLY to oral mucous membrane QID for dry mouth.
- artificial saliva gel TOPICALLY to oral mucous membrane every 1 hour as needed (PRN) for dry mouth.
- hydroxypropylmethylcellulose 0.5% eye drops, 1 drop to each eye every 1 hour PRN while awake for dry eyes.
- macrogol – propylene glycol (SECARIS®) gel INTRANASALLY to both nostrils every 4 hours PRN for dry nares.
- acetaminophen suppository 650 mg RECTALLY every 4 hours PRN for symptomatic fever or mild discomfort.

For pain and/or dyspnea

Review patient's current opioid history

- opioid *(complete medication name, dose, route, frequency):*

-
- opioid *(complete medication name, dose, route, frequency):*
-

IF no history of regular opioid use in the past four weeks:

- morphine 2.5 mg SUBCUTANEOUSLY every 1 hour PRN for pain and/or dyspnea.
Notify MRHP if patient receives more than 3 morphine doses in 8 hours.
- morphine 2.5 mg SUBCUTANEOUSLY every 6 hours for pain and/or dyspnea.

OR

- HYDROMorphone 0.5 mg SUBCUTANEOUSLY every 1 hour PRN for pain and/or dyspnea.
Notify MRHP if patient requires more than 3 HYDROMorphone doses in 8 hours.
- HYDROMorphone 0.5 mg SUBCUTANEOUSLY every 6 hours for pain and/or dyspnea.

For nausea and/or vomiting

- metoclopramide 10 mg SUBCUTANEOUSLY every 1 hour PRN for nausea and/or vomiting.
Notify MRHP if patient requires more than 3 metoclopramide doses in 8 hours.

AND/OR

- metoclopramide 10 mg SUBCUTANEOUSLY every 6 hours for nausea and/or vomiting.

OR

- haloperidol 1 mg SUBCUTANEOUSLY every 1 hour PRN for nausea and/or vomiting.
Notify MRHP if patient requires more than 3 haloperidol doses for nausea/vomiting and/or agitation in 8 hours.

For agitation

- haloperidol 1 mg SUBCUTANEOUSLY every 1 hour PRN for agitation. Notify MRHP if haloperidol is ineffective after 3 consecutive doses, or if patient receives more than 3 doses for nausea/vomiting and/or agitation in 8 hours.

IF extreme agitation:

- methotrimeprazine (NOZINAN®) 12.5 mg SUBCUTANEOUSLY every 1 hour PRN for extreme agitation.
Notify MRHP if methotrimeprazine is ineffective after 3 consecutive doses.

Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>
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Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

C2 Medication and Care, Adult All Locations Order Set

Medications continued		
For distressing respiratory secretions		
<input checked="" type="checkbox"/> Clinical Communication: Review parenteral hydration with patient/ADM and MRHP		
Choose one →	}	<input type="checkbox"/> glycopyrrolate 0.4 mg SUBCUTANEOUSLY every 1 hour PRN for distressing respiratory secretions (less sedating effects).
		<input type="checkbox"/> scopolamine hydrobromide 0.4 mg SUBCUTANEOUSLY every 1 hour PRN for distressing respiratory secretions.
		<input type="checkbox"/> atropine 1% ophthalmic drops, apply 2 drops BUCCALLY every 1 hour PRN for distressing respiratory secretions.
For urgent symptoms		
<input type="checkbox"/> midazolam 5 mg SUBCUTANEOUSLY 1 dose PRN and then midazolam 5 mg SUBCUTANEOUSLY every 5 minutes PRN for refractory active seizure greater than 2 minutes and/or massive distressing hemorrhage. Notify MRHP if midazolam is ineffective after 3 consecutive doses.		
Consults and Referrals		
<input type="checkbox"/> Consult Palliative Care for complex symptom management and support.		
Other Orders <i>(For medication orders include: complete medication name, dose, route, frequency):</i>		
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
Discontinue the following:		
<i>Review ALL previous medication orders including diabetic management AND discontinue medications that are NOT related to symptom management</i>		
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
Prescriber Signature		Time <i>(hh:mm)</i>
Date <i>(dd-Mon-yyyy)</i>		