



Rancho Los Amigos National Rehabilitation Center
ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: CARE OF THE DYING PATIENT

Policy No.: B805.1
Supersedes: April 9, 2019
Reviewed: June 27, 2021
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PURPOSE:

To outline basic principles related to the care of the dying patient and to ensure that the patient's physical, social and spiritual needs are met, as well as the family or significant others.

POLICY:

Providers, nurses, clinical and non-clinical staff should use the following principles in identifying concepts of care for the dying patient and his/her family or significant others. This policy defines the options of care available to patients with life-limiting or progressive illness.

DEFINITIONS:

End-of-Life: "End-of-Life care" is not bounded by a specific prognosis; rather it involves the recognition of the irreversibility of a life-limiting medical condition(s) that will likely result in death.

Optimal Care: Meeting patient and family needs is the central focus of care when cure or maintaining the continuum of health is no longer possible. Optimal care requires exceptional communication among clinical staff and recognition that a team approach, inclusive of many health care disciplines is necessary. Patients are treated with respect to their individual wishes for care, cultural beliefs and treatment with consideration of their values, religion, spirituality and philosophy. A request to discontinue treatment will be honored with the same support and respect as the decision to continue treatment.

EFFECTIVE DATE: July 1, 2016

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

Healthcare Team: The core healthcare team will consist of a Physician, Registered Nurse, Social Worker, Case Manager and Chaplain. Ancillary team members; Respiratory, Physical, Occupational, Speech and Recreational Therapies, Dietary, Psychology, Palliative Care and Pain Management.

Patient self-determination: Includes making treatment decisions, designation of a health care proxy, establishing advance directives, deciding to request or refuse to continue or discontinue care and/or choosing whether or not to accept resuscitation efforts.

Disease-modifying therapy: Treatment directed at the underlying disease or condition that is intended to alter its natural history or progression, irrespective of whether or not cure is a possibility.

Comfort Care: The goal of comfort care is to provide the patient with physical, psychosocial, emotional and spiritual comfort as well as to help alleviate distress for the family. Comfort care is intended to neither hasten nor prolong the dying process.

Palliative Care: Refers to patient and family centered care that optimizes quality of life by anticipating, preventing and treating suffering. Palliative care throughout the continuum illness involves addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice. Can be provided in conjunction with disease-modifying treatment.

Hospice Care: Is a service delivery system that provides palliative care for patients who have a limited life expectancy (6 months or less) and require comprehensive biomedical, psychosocial, and spiritual support as they enter the terminal stage of an illness or condition. It also supports family members coping with the complex consequences of illness, disability, and aging a death nears. Hospice care further addresses the bereavement needs of the family following the death of the patient.

Imminent Death: ‘Imminently dying’ (aka actively dying or close to death) specifies the period of a patient’s illness when death can be reasonably expected to occur within 14 days. Common signs and symptoms of imminent death include but are not limited to mental status changes, altered breathing patterns & sounds, skin color changes, refusal or inability to intake hydration/nutrition.

California End-of-Life Option Act ABX2-15 (AB-15): Existing law, the End-of-Life Option Act, until January 1, 2026, authorizes an adult who meets certain qualifications and who has been determined by his or her attending physician to be suffering from a terminal disease to request a prescription for an aid-in-dying drug.

PROCEDURE:

Provider must complete Resuscitation Status in Electronic Health Record (EHR)

PRINCIPLES:

- 1) Provide an environment for the patient/significant others that supports successful adjustment/coping, grieving in the dying process.
- 2) Recognize, respect and support the importance of diverse spiritual beliefs of patients by providing for the rituals and sacraments of their religion, and customs or traditions of the person's faith.
- 3) Provide honest and compassionate answers to questions and encourage patients to express how they are thinking and feeling.
- 4) Make designated qualified staff available to ensure that the psycho social needs of the patient and family/significant others are met.
- 5) Assure that the bereavement process and support for survivors of the dying patient is an equally important aspect of care beginning before death and continuing after death.

Manage the patient's pain to the fullest extent possible, consult Palliative Care Specialist if needed. Painless death is achievable and desirable.

- 6) The goal of comfort care for the dying patient is to alleviate suffering at all possible levels, including relief of emotional distress, restlessness, and attention to personal hygiene and grooming.
- 7) The patient, and when appropriate the family or significant others, should be involved in every aspect of care.

OTHER RANCHO POLICIES RELATED TO CARE OF THE DYING PATIENT:

- B509 Patient Rights and Responsibilities
- B504 Consent for Medical Treatment
- B505 Religious Matters

- B515 Organ/Tissue Donor Protocol
- B803 Advance Health Care Directives
- B804 Guidelines for Do Not Resuscitate Orders
- B805 Principles and Guidelines Concerning the Foregoing of Life-Sustaining Treatment
For Patients and POLST.
- B816.1 Patient Controlled Analgesia

Reviewed: MM, BM
2021: JS