



LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL

OPERATING POLICY

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| CATEGORY: | CLINICAL MANAGEMENT | CODE: | CH-M-132 |
| SUBJECT: | PALLIATIVE SEDATION | EFFECTIVE: | 06/2021 |
| | | REPLACES: | 06/2018 |
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Background and Philosophy:

The mission of LLUCH is to make persons whole by addressing the physical, psychological, social and spiritual needs of patients and their families. This interdisciplinary goal continues even when a disease process is incurable. Palliative care is that branch of medicine that focuses specifically on these broad issues in patients who are seriously or terminally ill. Occasionally there are situations at the very end of life when a patient's symptoms cannot be adequately controlled using maximal standard therapeutic measures. In those situations, palliative sedation may be considered.

Definitions:

Palliative sedation is the administration of medication to a patient who is terminally ill, imminently dying, and suffering from symptoms that have proven to be refractory to intensive palliative measures, with the intention of relief of suffering by reducing the patient's level of consciousness. Palliative sedation is an important, though rarely needed, component of palliative medicine that is clinically and ethically different from assisted suicide or euthanasia. It is also excluded from sedation requirements in CH-M-86.

"Imminently dying" means that it is anticipated that the patient will die within hours or a few days

"Symptoms" may include pain, dyspnea, agitation, delirium, and other pulmonary, neurologic, gastrointestinal or genitourinary symptoms

"Refractory" means that standard palliative measures have been adequately tried and found to provide inadequate relief; i.e., palliative sedation is a treatment of last resort.

1. Several aspects of palliative sedation deserve special attention:
 - 1.1 *Intention* - The intention in using palliative sedation shall be to relieve suffering, not to hasten death. Empiric studies have shown that the lives of imminently dying patients are only rarely, and unintentionally, shortened by the use of palliative sedation.
 - 1.2 *Fluids and Nutrition* - In almost all instances, it is clinically and ethically appropriate to not artificially administer fluids and nutrition for a patient who is imminently dying, even when unconsciousness is intentionally induced.

1.3 *Conscience* - Some patients, families and healthcare professionals object to the use of palliative sedation on moral grounds, and such objections shall be respected.

2. Criteria for the use of palliative sedation:

2.1 The patient must be imminently dying and suffering from symptoms that have been refractory to standard palliative measures.

2.2 A do-not-attempt-resuscitation order shall be in place in the patient's medical record.

2.3 Consultation from the Palliative Care Service and the Clinical Ethics Service supporting the use of palliative sedation shall be documented in the patient's medical record. This includes an interdisciplinary evaluation.

2.4 Valid informed consent shall be obtained from the patient or the patient's surrogate (reference Policy [Patient Consent \(CH-P-2\)](#)).

3. Implementation of palliative sedation:

3.1 There shall be documentation in the patient's medical record of the measures that have been used and found to be inadequate, the consent discussion, and the plan that is to be carried out, including plans about the use or non-use of fluids and nutrition.

3.2 There shall be documented discussion with the nurses and others caring for the patient leading to understanding of the reasons and intent of using palliative sedation.

3.3 Any members of the clinical team who have moral reservations about participation in palliative sedation may be excused from the procedure as a matter of conscience (reference Policy [Ethical Conflicts Regarding Patient Care Issues: Staff Rights \(CH-I-65\)](#)).

3.4 If applicable, the patient should be given the opportunity to be with family or friends immediately prior to initiation of palliative sedation.

3.5 If available and appropriate, a Comfort Care Suite or other private room should be used for the patient undergoing palliative sedation.

3.6 Treatments for symptom control and hygiene should be continued during the palliative sedation procedure, including analgesics, mouth care, etc.

3.7 It is recommended that the patient undergoing palliative sedation have two functioning IV sites.

3.8 Doses of medication should be gradually increased or decreased to a level at which suffering is relieved with the fewest undesirable side effects. This requires close

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monitoring and physician oversight; these changes in dosing shall be carefully documented in the patient's medical record, including the reasons for the changes.

- 3.9 Since care at the end of life is almost always an emotionally difficult and exhausting time for the patient's loved ones, the interdisciplinary staff providing palliative measures should continue to offer support for these individuals, addressing issues of closure and dignity, encouraging and arranging actions such as saying goodbyes, arranging for appropriate rituals, etc.
- 3.10 Providing such palliative measures may also be difficult for the professional team. Psychological and emotional support should be offered through a supportive working group with open communication and regular debriefings. Such efforts may be facilitated by chaplains, social workers and the palliative care team.
- 3.11 Data should be kept and reviewed at regular intervals.

APPROVERS: LLUCH Chief Executive Officer, LLUCH Chief Nursing Officer, LLUCH Hospital Executive Leadership, LLUCH Medical Staff President and Chair of MSEC