End-of-Life Care

History
- Terminal illness
- Hospice care
- POLST or DNR

Signs and Symptoms
- AMS
- Congestion
- Change in breathing
- Change in pulse
- Fever

Differential
- Natural end of life
- Medication OD

If needed, provide immediate supportive care
- Oxygen
- Open and maintain the airway using non-invasive means only (e.g., chin lift or jaw thrust)
- Suction as necessary
- Position for comfort
- Control external hemorrhaging
- Immobilize obvious fractures using techniques to minimize pain

Review POLST, DNR, or Final Attestation form (if present).
Honor wishes listed on legal form

Honor and respect patient/family wishes for transport after discussion

Is the patient on hospice?

Yes

No

Administration of Naloxone is not advised
Determine level of pain and treat if indicated
For pain consider, Fentanyl
Monitor and reassess 5 minutes following administration
If transport is declined, complete Refusal and thoroughly document encounter

Notify receiving facility. Consider Base Hospital for medical direction

EMS may be summoned by family for a patient who has taken a lethal dose of medication under the California End of Life Option Act.
Respect the patient’s wishes, but if family objects and requests intervention or transport, initiate comfort care.

If family member with decision-making authority is not present, ask for the phone number for their Hospice Nurse if not already on scene
Contact Hospice Nurse
Let Hospice Nurse discuss options with family, even if only over the phone
The family and Hospice Nurse should decide on an appropriate course of treatment or decision to transport
Transport to appropriate receiving center or requested facility of choice

Effective November 2018
Treatment Protocol G02
Page 1 of 2
Effective April 2023
• Contact the Base Hospital for direction or assistance with family in the absence of a Hospice Nurse if necessary.

• Patients who have been deemed terminally ill by two independent physicians have the right under the California End of Life Option Act to end their life with dignity at a time that they choose themselves. EMS personnel should be aware of and familiar with this act. Refer to Policy 507 – Determining Death for additional information.

• Naloxone will not have an affect on the drugs prescribed for death with dignity patients.

• Hospice patients and those on palliative end of life care are often heavily medicated with pain medications. Administration of Naloxone, even in small amounts, can result in unnecessary suffering.

• A Medic Alert Bracelet or Medallion stamped DNR is a valid DNR order.

• Follow the wishes outlined in a signed POLST or DNR order. A competent patient or designated decision maker acting on behalf of the patient can override POLST.

• If a POLST or DNR order is not immediately available, immediately initiate BLS supportive care. Do not delay care while waiting for the form.

• If transport is initiated at the request of the family and the patient subsequently goes into cardiac or respiratory arrest during transport, continue to the closest appropriate hospital.

• Always involve the patient’s assigned Hospice Nurse, even if it is by phone. It is important to recognize that families may be educated on what to expect with a dying family member, but no amount of preparation can eliminate the stress and grief of watching a loved one die.