Contra Costa County Emergency Medical Services

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

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**E**

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 or DNR form
Honor wishes listed on legal form

Honor and respect patient/family wishes for transport after discussion

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**P**

Administration of Naloxone is not advised

Determine level of pain and treat if indicated

*If an existing patent IV is available*
Fentanyl 25 – 200mcg IV
titrated in 25 – 50mcg increments to pain relief. Consider 25mcg increments in elderly patients

*If no IV access*
Fentanyl 100mcg IN
May repeat once after 15 minutes

*If no IV access and IN route not advisable*
Fentanyl 50 – 100mcg IM
May repeat once after 15 minutes

Max of 200mcg total

Monitor and reassess 5 minutes following administration

If transport is declined, complete Refusal and thoroughly document encounter

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**N**

Notify receiving facility.
Contact Base Hospital for medical direction

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**Yes**

If family member with decision-making authority is not present, ask family 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

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**No**

Is the patient on hospice?

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**Treatment Guideline G03**

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Effective Jan. 2018
**Pears**

- Hospice patients and those on palliative end of life care are often heavily medicated with pain medications. Administration of Naxolone, even in small amounts, can result in unnecessary suffering.
- 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 approved receiving facility.
- 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.
- Contact the Base Hospital for direction or assistance with family in the absence of a Hospice Nurse if necessary.

**POLST forms** are generally copied on pink paper to help ensure that the document stands out and is followed. However, POLST on any paper color is valid.

Unlike POLST, there is no standardized DNR order form. If you have doubt of a DNR order authenticity, initiate BLS care and contact the Base Hospital for guidance.