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

Contra Costa County Emergency Medical Services
End of Life Care

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

Is the patient on hospice?
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

No
- 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

Notify receiving facility.
Contact Base Hospital for medical direction

Fentanyl
Contact Base Hospital for additional order
Pearls

- 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.