**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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**Execution**

1. **Review POLST or DNR form**
2. **Honor wishes listed on legal form**
3. **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, as needed.**

**Fentanyl**

- Contact Base Hospital for additional order

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**General Treatment Guidelines**

**Contra Costa County Emergency Medical Services**

Effective Jan. 2020

**Treatment Guideline G03**

Page 1 of 2
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.