ST. LUKE'S REHABILITATION INSTITUTE
Spokane, Washington

Originator:	Administration
Original Date:	12/97
Review/Revision Dates:	3/01, 6/03, 5/04, 6/06, 10/09, 8/11, 5/14, 6/16, 6/17, 10/18, 12/18
Stakeholders:	Nursing, Medical Staff, Chaplain
Folder:	Provision of Care

GUIDELINES FOR THE CARE OF PATIENTS IN THE END PHASE OF LIFE

POLICY:
It is the policy of St. Luke's Rehabilitation Institute to support patients' refusal of life-foregoing treatment. Once a patient has made such a decision, appropriate discharge arrangements will be made with the patient, or surrogate decision maker, and family members. Critically ill patients, patients who have chosen to die, and patients with unexpected or imminent death will be treated with dignity and appropriate comfort measures during the final stages of life.

PROCEDURE:
When a patient is critically ill and death is imminent, or following an unexpected death, caregivers must exhibit great compassion, skill and dedication. Situational issues will vary depending on the specific circumstances. Issues may involve the patient, family, friends and caregivers. A variety of caregivers may need to be involved in order to appropriately and adequately address the psychological, social, emotional, spiritual and cultural concerns of the patient and the family. The following identification of potential concerns or problems is not all inclusive, but will help address the needs of the patient, family and significant others.

The Dying Patient

1. Patients will be treated with dignity and respect and provided with appropriate comfort measures with input from the patient family. Effective pain management techniques including hygiene measures and positioning, will be implemented by caregivers.

2. Critically ill patients should have an opportunity to have contact with their family/significant other prior to transport whenever possible.

3. Anxiety and fear should be treated on an individual basis. Allow patient and family to verbalize as necessary, supporting them with the appropriate resources.
   A. Resources may include chaplaincy and case management, and providing a supportive environment.
   B. Psychological support may be needed in specific situations.
   C. Religious services (i.e., baptism or last rites) should be offered if possible and appropriate.
   D. Cultural and diversity issues should be addressed.

4. Discharge planning needs will be dealt with in a caring, compassionate manner to assist the patient and family in an appropriate discharge disposition.

Sudden, Unexpected Death

1. Notification of the death of a patient to the family should be done by the Nurse Manager on Duty, the Administrator on call, or designee, as quickly as possible.

2. If death has already occurred at the time the family is notified and they choose not to come to the hospital, arrangements will be made for the family or designee to pick up the patient's belongings.

3. A nurse and the Nurse Manager or the patient's physician if available, will talk with the family in a private, quiet place and explain the situation. Families may or may not ask for explanations; let them take the lead on this. A chaplain or social worker should be contacted if available.

4. Offer to let the family view the body. Some equipment and evidence of efforts should be left present. (In the event that this may be a coroner's case, tubing/equipment must remain in place). If the patient is being resuscitated while the family is in the facility, have an appropriate staff person remain with the family to answer questions and explain the care being provided.

5. Giving the family time with the deceased is necessary and appropriate. Reassess for questions or concerns. Autopsy, donor and funeral arrangements should be discussed with the family after viewing and before the family leaves the hospital.

6. In instances where the coroner has to be notified of the death, inform the family that they may receive a call from the coroner so they will be prepared.

7. Belongings and valuables will be given to the family.

Documentation

Care of the patient prior to transfer or death, and notification of the family, will be documented in the electronic medical record. Documentation will include notification of family/significant others, support offered/provided to the family, and involvement of patient and/or family in end-of-life decisions when appropriate.

APPROPRIATE RESOURCES:

- St. Luke's Rehabilitation Institute Mission Statement
- Foregoing Life-Prolonging Treatment
- Advance Directives
- Decisional Capacity
- Surrogate Decision Making
- Informed Consent
- Code Policies
- Pharmacy Policies
- Organ Procurement Policy
- Patient Grievance Policy

Pursuant to WAC 246-320-141(6)-(8), if St. Luke's makes changes or additions to this policy, St. Luke's must submit a copy of the changed or added policy to the Washington Department of Health within thirty days after the hospital approves the changes or additions. St. Luke's must submit the updated policy to the following email address: HospitalPolicies@doh.wa.gov. See DOH Website, https://www.doh.wa.gov/DataandStatisticalReports/HealthcareinWashington/HospitalandPatientData/HospitalPolicies. Any updated policies must also be posted on St. Luke's website. See https://www.st-lukes.org/Patients-and-Visitors/Hospital-Policies/Hospital-Policies---Notices/. Please submit the updated policy to INHS's Marketing and Communication Department.