



END OF LIFE

What is included in the assessment of a patient with terminal/end stage illness?

- Patient understanding and acceptance of the prognosis, level of grieving.
- Measures used by the patient prior to admission to meet their spiritual-emotional, comfort, nutritional, and elimination needs.
- Identification of support systems for family and patient.

How do we ensure a patient's comfort and dignity are optimized in end of life care?

- Provide a private room whenever possible.
- Address patient by name and maintain privacy when providing care, even when patient is unresponsive.
- Recognize and support the grief pattern/progress.
- Collaboration with pastoral care/social services.
- Physical care focuses on comfort.
- Change patient position every 2 hours and prn unless these measures increase patient discomfort/pain. Minimize movement in those circumstances.

How do we ensure religious, spiritual and cultural practices/beliefs are respected?

- The patient's religious/spiritual orientation and cultural practices are addressed on the admission assessment that is used to develop the plan of care.
- All patient care areas have a cultural diversity manual as a resource for providing culturally sensitive care.
- Referrals to Social Services and Chaplain as appropriate.
- Hospital chapel is always open.

How do we support family and loved ones?

- Provide family with bereavement booklet. After Loved one Dies, and review information as indicated.
- After death has occurred:
 - Ensure prompt notification of family through collaboration with MD.
 - Address/support individual spiritual/religious beliefs.
 - Ensure body is presentable and respectfully covered before family visits.
 - Allow family to see, touch body and grieve if they choose.
 - Provide Chaplain and Social Services, if indicated.
 - Notify the Bereavement Coordinator of the patient death and provide the family with Bereavement Coordinator number.
 - Use Release of Remains form to designate autopsy wishes.
 - Place Leaf with Teardrop card outside of patient room/location in order to support privacy and communication of loss to all staff.