

CENTRAL STATE HOSPITAL
PROCEDURE

SUBJECT: END OF LIFE

ANNUAL REVIEW MONTH: May

RESPONSIBLE FOR REVIEW: Chief Medical Officer

LAST REVISION DATE: July 2009

PROCEDURE

RESPONSIBLE PERSON	ACTION
Medical Staff	<ol style="list-style-type: none"> 1. Educate the client and the family on the disease process. 2. Discuss the end of life issues with the client and family. Obtain the wishes of the client and family regarding a Do Not Resuscitate order or any advance directives that may be in place. (Implementing the End of Life procedure does not require a Do Not Resuscitate order.) 3. Write the order "Initiate End of Life Procedure." If a Do Not Resuscitate order is indicated and agreed upon by the client and/or family, proceed with the order as per CSH Policy 1.08. 4. Pain Management
Nurse	<ol style="list-style-type: none"> 1. Notify the Team Leader of the order for the End of Life Procedure.
Team Leader	<ol style="list-style-type: none"> 1. Notify the team members, to include the Qualified Mental Retardation Professional (QMRP), of the need to complete the Interdisciplinary End of Life assessments. <p>End of Life Assessments consist of updated assessments in each of the</p>

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	<p>disciplines, indicating the appropriateness of implementation of the End of Life process for that client at that time.</p> <ol style="list-style-type: none"> 2. Convene the treatment team within five (5) working days of the order to develop the End of Life plan. 3. Write a narrative report based on the Interdisciplinary End of Life Assessments and the treatment team meeting. Write the IPP based on the same.
Dietitian	<ol style="list-style-type: none"> 1. Assess and meet the nutritional needs of the client, providing consideration to the individual preferences and requests of the client.
Nurse	<ol style="list-style-type: none"> 1. Perform a pain assessment and provide intervention for pain management. 2. Continuously re-assess for pain, advocating for adequate pain management. 3. Re-evaluate the client on a daily basis, providing documentation of any changes in health status in the medical record. Promptly refer these changes to the Medical Staff. 4. Educate the client and the family on the disease process.
Treatment Team	<ol style="list-style-type: none"> 1. Implement the IPP. Ensure that the client and the family are given the opportunity to participate in the care and treatment. 2. Provide a quiet, supportive and comforting environment for the client and family. 3. Arrange for contact and interaction between the client and his or her family, to the extent desired by both.

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	<ol style="list-style-type: none"> 4. Continuously monitor for the signs and symptoms of pain, referring any evidence of pain to the nurse for intervention.
Chaplain	<ol style="list-style-type: none"> 1. Provide services to meet the specific cultural and spiritual needs of the client and the family. Support the client's beliefs, customs and coping mechanisms.
Social Work	<ol style="list-style-type: none"> 1. Involve the client and the family in counseling. Provide support, comfort and assistance to the family throughout the process. 2. Conduct a client/family satisfaction survey two weeks after the implementation of the end of life procedure. 3. Keep the family informed of the client's status via regular telephone calls. 4. Submit a written report to the family on a monthly basis or at a frequency requested by the family.
Medical Staff	<ol style="list-style-type: none"> 1. After the death of the client, initiate Department of Behavioral Health and Developmental Disabilities (DBHDD) Policy 6805-602 <i>Actions Necessary Upon Death of a Consumer</i>.
Social Work	<ol style="list-style-type: none"> 1. After the death of the client, implement DBHDD Policy 6805-602 <i>Actions Necessary Upon Death of a Consumer</i> and assist the family with support and disposition of the remains.

Approved:

This procedure was approved by the CEO and CMO on October, 2009.