



Central East Palliative Pain & Symptom Management  
Consultants Monthly Educational Newsletter

# PALLIATIVE SEDATION THERAPY

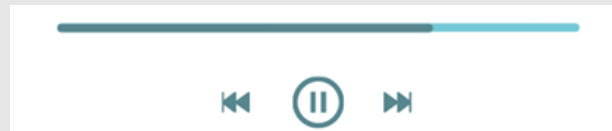
April 2023

**Click [Here](#) to view recording**

Central East PPSMC's Present

# *Palliative Sedation Therapy*

Gwen Cleveland RN, BScN, MEd, CHPCN(C)  
Brenda Derdaele RN, CHPCN(C)



Click [HERE](#) for the online evaluation in order to receive your certificate of attendance.




Click [HERE](#) to download the slide deck used in this presentation.



The information provided in this newsletter is for educational purposes only.

# Resources


(click on pictures for PDF version)



**BC Centre for Palliative Care**

## B.C. INTER-PROFESSIONAL PALLIATIVE SYMPTOM MANAGEMENT GUIDELINES

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[info@bccpc.ca](mailto:info@bccpc.ca) – please see introduction section for details and disclaimer



Interior Health

### Richmond Agitation Sedation Scale – Palliative Version (RASS-PAL)

Score	Term	Description
+4	Combative	Overtly combative, violent, immediate danger to staff, (e.g., throwing items), +1- attempting to get out of bed or chair
+3	Very Agitated	Pushes or removes lines (e.g. IV, NG, Oxygen tubing) or catheters); aggressive, +1- attempting to get out of bed or chair
+2	Agitated	Frequent non-purposeful movements, +1- attempting to get out of bed or chair
+1	Restless	Occasional non-purposeful movement, but movements are not aggressive or vigorous
0	Alert and Calm	
-1	Drowsy	Not fully alert but has sustained awakening (eye-opening/eye contact) to voice for 10 seconds or longer
-2	Light Sedation	Both awakens with eye contact to voice for less than 10 seconds
-3	Moderate Sedation (conscious)	Any movement (of body) or eye opening to voice; but no eye contact
-4	Deep Sedation	No response to voice but any movement (eye or body) or eye opening to stimulation by light touch
-5	Not arousable	No response to voice or stimulation by light touch

**Tool Notes**

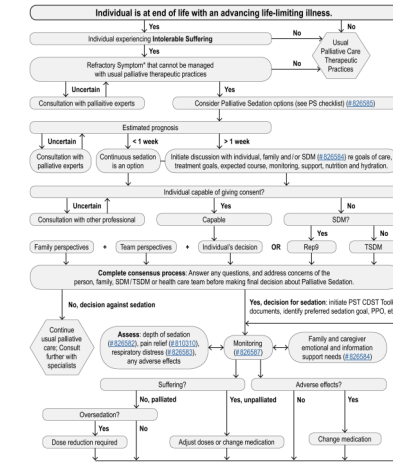
- The Richmond Agitation Sedation Scale – Palliative Version (RASS-PAL) is a valid and reliable assessment tool to assess the person's level of agitation during Palliative Sedation Therapy (PST).
- Unlike the original RASS, the RASS-PAL does not require eliciting a response using painful or startling stimuli.
- The aim of palliative sedation is to provide symptom relief with the lightest possible level of sedation necessary and/or as per the identified goals.
- Use of a standardized tool to assess level of sedation improves monitoring, communication and documentation in PST, see guidelines on review.

Score	Procedure for RASS-PAL
0 to +4	1. Observe patient for 20 seconds a. Patient is alert, restless or agitated for more than 10 seconds. Note if the patient is alert, restless or agitated for less than 10 seconds and is otherwise drowsy, then score patient according to your assessment for the majority of the observation period. 2. If not alert, greet patient, call by name and say "open your eyes and look at me!" a. Patient awakens with sustained eye opening and eye contact (10 seconds or longer) b. Patient awakens with eye opening and eye contact, but not sustained (less than 10 seconds) c. Patient has any eye or body movement in response to voice but no eye contact 3. When no response to verbal stimulation, physically stimulate patient by light touch, e.g., gently shake shoulder a. Patient has any eye or body movement to gentle physical stimulation b. Patient has no response to any stimulation

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Interior Health


### Palliative Sedation Therapy Decision Support Algorithm



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## Richmond Agitation Sedation Scale (RASS)

## Palliative Sedation Therapy Decision Algorithm



The Waterloo Wellington  
**Palliative Sedation Therapy Protocol**

Waterloo Wellington Interdisciplinary  
 HPC Education Committee: PST Task Force

Last Revised: December 2019  
 Next Review Date: December 2022

# The Waterloo Wellington Palliative Sedation Therapy Protocol

## Palliative Sedation Therapy (PST) Checklist

Patient Name (last) \_\_\_\_\_  
(first) \_\_\_\_\_  
DOB (dd/mm/yyyy) \_\_\_\_\_  
PHN \_\_\_\_\_ MRC \_\_\_\_\_  
Account/Visit # \_\_\_\_\_

This checklist is a RECOMMENDED tool to assist in organizing the Palliative Sedation Therapy Process.

- Individual is experiencing intractable, refractory symptom distress\* that cannot be managed with usual palliative therapeutic practices
- Estimated nearness to death in # days (check one):  0-3  4-7  7-14
- All potential treatment options have been explored in consultation with an experienced palliative care physician or palliative specialist and inter-professional team?
- The symptom(s) has been determined to be refractory/intractable because potential treatment options (select all that apply):
  - Are incapable of relieving symptom(s) distress
  - Have unacceptable side effects
  - Require an unacceptable transfer to another care setting
  - Would take an unacceptable length of time to be effective
  - Are not in keeping with the person's goals of care
- A robust discussion about PST with the person and/or family has included:
  - the current goals of care are consistent with a comfort end-of-life approach
  - there is agreement PST is consistent with the stated current goals of care
  - concerns and questions about hydration and nutrition, life supporting therapies, psycho-social spiritual, cultural and emotional supports have been addressed
  - person is capable or has a Substitute Decision Maker and have provided informed verbal consent and it is documented in individual's chart
- All the following requirements for a supportive care setting are met:
  - Operational capacity and willingness to provide education, ongoing coaching and emotional support for person, family and staff
  - Competent nursing support for the initiation, titration, stabilization of the dose and ongoing monitoring
  - Supplies and equipment for comfort and safety of an unresponsive person (e.g. suction)
  - Access to all anticipated medications and administration equipment for initiation, titration and maintenance of PST is available.

Date (dd/mm/yyyy) \_\_\_\_\_ Time \_\_\_\_\_ Prescriber's Signature \_\_\_\_\_ Printed Name or College ID# \_\_\_\_\_

\* Refractory/intractable symptoms commonly include delirium, dyspnea, seizures and nausea/vomiting. It may also include pain, airway obstruction, emergency hemorrhage and more rarely, essential angst.

† Consultation supports may include the Provincial Palliative Care Line (1-877-711-5757 for physicians and nurse practitioners only), Regional Clinical Nurse Specialist, (PEOC), Social Worker, Spiritual Care, etc.

## Palliative Sedation Checklist

## Canadian Society of Palliative Care Physicians: Statement on Palliative Sedation Therapy



## Central East Palliative Pain and Symptom Management Consultants

For consultation support or education requests:

**Brenda Derdaele, RN, CHPCN (C)**  
Palliative Pain & Symptom Management Consultant  
Durham Region

[brenda.derdaele@von.ca](mailto:brenda.derdaele@von.ca)

## April Educational Opportunities:

### Topic: Person Centered Decision Making

#### Lunch and Learn

- Wednesday, April 12/2023
- 12-1pm

Lunch & Learn  
Registration

**Erin Newman-Waller, RN, BScN, CHPCN(C)**  
 Palliative Pain & Symptom Management  
 Consultant  
 Peterborough Hospice

[enewmanwaller@hospicepeterborough.org](mailto:enewmanwaller@hospicepeterborough.org)

**Gwen Cleveland, RN, BScN, MEd, CHPCN(C)**  
 Palliative Pain & Symptom Management  
 Consultant Scarborough

[gccleveland@schcontario.ca](mailto:gccleveland@schcontario.ca)

Coffee and Palliative Care  
 • Thursday, April 13/2023  
 • 3-4pm

Coffee & Palliative Care  
 Registration

Durham Region PPSMC  
 Educational Hub

PDF Version of  
 Newsletter

## Central East Palliative Care Educational Opportunities

- Fundamentals in Hospice Palliative Care
- Enhanced Fundamentals in Hospice Palliative Care
- Advanced Palliative Practice Skills (APPS)
- Comprehensive Advanced Palliative Care Education

Click Photo's for PDF Version



**FUNDAMENTALS OF PALLIATIVE CARE**

APRIL 25<sup>th</sup>, 2023 – MAY 30<sup>th</sup>, 2023  
5:00PM – 8:00PM

This 6-week standardized curriculum, is based on "A Model to Guide Hospice Palliative Care, 2002", with a focus on Domains of Issues Associated with Illness and Bereavement. The learner will have the ability to influence the illness experience for the person and family.

**NOW ON BRIGHTSPACE TO BETTER SUPPORT STUDENTS!**  
The Fundamentals of Hospice Palliative Care™ is a prerequisite course for CANCC (Comprehensive Advanced Palliative Care Education for RNs & RPNs) & APPS (Advanced Practice Palliative Skills for PSWs & Health Care Aides)

<p><b>Course Outcomes</b></p> <ol style="list-style-type: none"> <li>1. Demonstrate sensitivity, understanding and respect for the individuality of the person, family and team/caregivers involved in the palliative experience.</li> <li>2. Observe/learn associated with illness and bereavement.</li> <li>3. Effectively communicates with the person, family and team.</li> </ol>	<ol style="list-style-type: none"> <li>1. Recognizes and reports changes in any of the domains of illness associated with illness and bereavement (i.e. disease management, physical, psychological, social, spiritual, and practical) and of the death management, and spiritual.</li> <li>2. Provides palliative supportive care strategies.</li> <li>3. Actively contributes to the team approach to hospice palliative care.</li> </ol>
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Includes Fundamentals Curriculum  
 Classes are 3 hours, once a week for 6 weeks  
 Location: Online  
 Address: Zoom Secured  
 Textbook: Made available online  
 Cost: \$50 by credit card (NO REFUNDS)

**TO REGISTER, CLICK HERE:**

For more info, contact us: 516-867-4111 or [PalliativeCareEducation@schcontario.ca](mailto:PalliativeCareEducation@schcontario.ca)





- Supportive Care Counselling
- Grief & Bereavement support
- Community Education
- [Hospice Residence](#)



Referral Form



SCHC provides comprehensive, focused health programs and services to improve the holistic overall health and well-being for our community.

Through the operation of 42 distinct and integrated services across 10 sites that work together to improve the health of the Scarborough community, SCHC provides medical assistance through clinics, has a growing youth program, and offers many social support programs, including a food bank.

Go to <https://schcontario.ca/> to learn more about SCHC.

Thanks to Oak Ridges Hospice for their ongoing support and exemplary end-of-life care. If you are interested in a tour or making a referral, please visit their website for more information.

Visit their Website | Oak Ridges Hospice



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