





Central East Palliative Pain & Symptom Management Consultants Monthly Educational Newsletter

PALLIATIVE SEDATION THERAPY

April 2023

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Central East PPSMC's Present

Palliative Sedation Therapy

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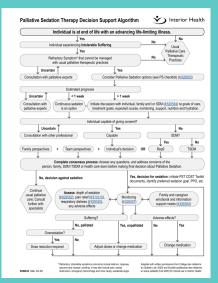
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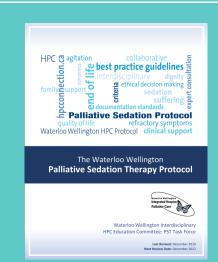


Score	Term	Description
+4	Combative	Overtly combative, violent, immediate danger to staff, (e.g., throwing items): +/- attempting to get out of bed or chair
+3	Very Agitated	Pulls or removes lines (e.g. IV/SC/Oxygen tubing) or catheter(s); aggressive, +/- attempting to get out of bed or chair
+2	Agitated	Frequent non-purposeful movement, + /- attempting to get out of bed or chair
+1	Restess	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	Briefly awakens with eye contact to voice for less than 10 seconds
-3	Moderate Sedation (common goal)	Any movement (eye 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 rousable	No response to voice or stimulation by light touch
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Richmond Agitation Sedation Scale (RASS)



Palliative Sedation Therapy Decision Algorithm



The Waterloo Wellington Palliative Sedation Therapy Protocol

Palliative Sedation Therapy (PST)		Patient Name (last)					
		(first)					
		DOB (dd/mm/yyyy)					
	hecklist	PHN MRC					
CI	neckiist	Account/Visit#					
Thi	is checklist is a RECOMMENDED tool to assist in organizir	g the Palliative Sedation Therapy Pr	ocess.				
	Individual is experiencing intractable, refractory symptom distress1 that cannot be managed with usual paliative therapeutic practices						
	Estimated nearness to death in # days (check one): 0 - 3	ted 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 patietive care physician or patietive specialist and inter-professional team ²						
	te symptom(s) has been determined to be refractory / intractable because potential treatment options (select al 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 supports have been addressed 	concerns and questions about hydration and nutrition, life supporting therapies, psycho-social spiritual, cultural and emotion 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 m	aintenance of PST is availa				
Da	tio (dd/mm/yyyy) Time Prescriber's Signat	/0	Printed Name or College ID#				
1.0	Refractory, intractable symptoms commonly include delirium, dysonea, seizur	ar and names function. It may also include no	in since obtaction amamance				
	remacting, minactable symptoms commonly include demon, dysprea, sezur remonthage and more rarely, existential angst.	and and a second reasoning. It may use include pe					
	Consultation supports may include the Provincial Palliative Care Line (1-877- Specialists, (PEOLC), Social Worker, Spiritual Care, etc.	11-5757 for physicians and nurse practitioners	only), Regional Clinical Nurse				
	Stat Mar 20-20 Clear Form	Print Form	page 1				

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

April Educational Opportunities:

Topic: Person Centered Decision Making

Lunch and Learn

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

Lunch & Learn Registration

brenda.derdaele@von.ca

Erin Newman-Waller, RN, BScN, CHPCN(C)

Palliative Pain & Symptom Management Consultant Peterborough Hospice

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

Palliative Pain & Symptom Management Consultant Scarborough

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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



Durham Hospice Services







Education offered by SCHC, go to

https://schcontario.ca/programs /health-services/palliativeeducation/



• Nurse Navigation



CAPCE dates to come......

• 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://<u>https://schcontario.ca/</u>/ 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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