

# Checklist for EOLC in PA / LTC Setting

April 9, 2017

1. Advance Care Planning Documents including Advance Health Care Directives, Living Will, POLST, PIC, PIT, Pre-Hospital DNR Forms reviewed, compared for any conflicting directives, and updated
2. Patient- and family-specific "Comfort-Focused" care preferences identified and then care planned.
3. Hospice option explored, implemented, or reasons identified and documented for not doing so.
4. Possibility of dying in another setting considered or declined, and documented.
5. Explore, define and document what a "Good Death" might look like for this patient and their family.
6. Ensure that final arrangements for mortuary have been made.
7. Educate family and staff on common manifestations of dying such as: increased sleep, confusion, labored breathing (Cheyne-Stokes respirations), death rattle, reduced need for food/fluids, and skin becoming darker and cooler. Ensure that they know we always assume a person dying can hear us.
8. Discuss expectation of the time frame before death occurs (if desired) with patient, family, and care team.
9. Diet adjusted for pleasure and taste, but not for prolonging life. Discuss concerns about swallowing safety and document informed decision if "unsafe" diet chosen.
10. Care plan for dry eyes, skin, mouth, and lips.
11. Only continue medicines that advance comfort (if patient / family approve)
12. Comfort Meds for excessive oral secretions, anxiety, nausea, delirium, and pain considered and ordered (usually as prn's) if appropriate.
13. Consider DC of lines, tube feedings, lab, imaging studies, and appointments
14. Review care plan for bowels and bladder (options for catheters), positioning, mobility, skin and wound care (special mattresses?). Wounds may worsen unavoidably and are often not healable.
15. Review necessity for oxygen, and breathing treatments or cough care plan. Avoid deep suctioning (may be unpleasant and alarming).
16. Minimize or DC vital signs, SaO<sub>2</sub>, FS Glucose, sleep interruptions, etc.
17. Facility to make consistent staff assignment a high priority.
18. Individualized activity plan for domains such as: music, poetry, singing, special customs and rituals, aromas, massage, pets, flowers, visitors, clutter reduction, privacy, soft lighting, meaningful conversations, gentle touch, bedside fan, etc.
19. Collaborations for "Spiritual" care (Clergy, Chaplain, Affinity group) as desired by patient and family.
20. Social services (clergy) to identify "Unfinished Business" and facilitate next steps.
21. After-death considerations like who and when to call, immediate care for the body (cleansing & coverings), care of personal belongings, disposition of remains, expectations for early burial (Jews and Muslims), Memorial service, wills, Legacy, Services of Remembrance (honoring them after death), and bereavement plan for survivors.