Palliative Sedation RN Clinical Competency: Samaritan Evergreen Hospice

PURPOSE: The purpose of this clinical competency is to provide the learner with the knowledge and skills to assess, initiate, and evaluate palliative sedation as an appropriate procedure for patients with intractable suffering.

OBJECTIVES: After completing this competency and related learning activities, the learner will be able to discuss and define these core principles of: Intention, Principle of Double Effect, Defining Intractable Symptoms, Respite versus Continuous sedation, Nutrition and Hydration in Continuous sedation, Prognostication, Informed Consent by meeting below measurable objectives.

1. Define palliative sedation and differentiate it from routine and aggressive symptom control.
2. Discuss the ethical, legal, and clinical issues in the assessment and initiation of palliative sedation.
3. Outline the steps of an effective palliative sedation process
4. List the responsibilities of the interdisciplinary team before, during, and after the palliative sedation process.
5. Outline the assessment of the patient's ongoing care needs, and proper documentation of a patient on palliative sedation.

All articles and websites can be found on Hospice Drive in RN Education: Palliative Sedation Folder

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<thead>
<tr>
<th>Learner Objectives</th>
<th>Learner Activities</th>
<th>Dates Completed</th>
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<td>Define Palliative Sedation and differentiate it from routine and aggressive symptom control.</td>
<td>READ: Articles are found on Hospice Drive in RN Education Folder under Palliative Sedation Competency. 1- Samaritan Evergreen Hospice Policy on Palliative Sedation. 2- &quot;Palliative Sedation in Dying Patients: We turn to it when everything else hasn’t worked&quot; by Lo and Rubenfeld. 3- Fast Facts and Concepts- “Controlled sedation for refractory suffering”. 4- Review Principle of Double Effect (Stanford) scroll down to #6 specifically in the article. 5- Review ANA position statement on Palliative sedation in this article: <a href="http://www.nursingworld.org/euthanasiaanddying">http://www.nursingworld.org/euthanasiaanddying</a> 6- Review some of the web-video links of lectures on PS 7- Review with Preceptor the core principles of Intention, Principle of Double Effect (give an example), Defining Intractable Symptoms, Types of sedation, Nutrition and Hydration, Prognostication, Informed Consent</td>
<td>1- 2- 3- 4- 5- 6- 7-</td>
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<td>Discuss the ethical, legal, and clinical issues in the assessment and initiation of palliative sedation.</td>
<td>READ: 8- Hospice and Palliative Nurses Association (HPNA) Statement on Palliative Sedation. 9- &quot;Palliative Sedation and Nursing: The place of palliative sedation within</td>
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| Outline steps of an effective palliative sedation process | Review with preceptor:  
1. The basic non-drug care needs of patient and family choosing PS including: Use of non-drug therapies, use of IDT, education  
2. Verbalize at least 4 drug classifications use for PS and the recommended dose ranges  
3. Clinical signs used to assess the level of sedation and RASS documentation  
4. Clinical symptoms that would determine dosage reduction or increase  
5. Discuss how to discuss with family the questions regarding prognostication, nutrition, hydration, and comfort level. | 1-  
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| List the responsibilities/roles of the interdisciplinary team before, during, and after the palliative sedation process. | Discuss with the preceptor the role of the following team members in providing PS: Medical Provider, Pharmacist, case manager RN, inpatient RN, MSW, Spiritual/Chaplain, PCP, Hospice Aide, Ethics committee. | 1- |
| Outline the assessment of the patient, ongoing care needs, and proper documentation of a patient on palliative sedation. | Review with Preceptor these quality performance guidelines:  
1. Need for frequent communication with the family for reassurance, support, feedback, and ongoing decision-making.  
2. Ensure support is in place for patient and family, including palliative services, social work, and spiritual care as desired by the patient or family.  
3. Give examples of RN presence, intent, words, and touch, to convey compassion for the patient and family.  
4. Assume the patient can hear, and encourage visitors to talk or read to the patient, or play favorite music if appropriate.  
5. Provide meticulous physical care because the patient will have reduced movement (e.g. loss of ability to blink, and other protective reflexes).  
6. Encourage family to continue to touch their loved one.  
7. Discuss with family if they wish to participate in providing care. If desired, show them how to provide mouth care, eye care, hand or foot massage, or skin care as appropriate. If desired include the family in repositioning the patient. | 1-  
2-  
3-  
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Clinical Competency Palliative Sedation Post-Test

1. What is your definition of palliative sedation?

2. When is palliative sedation an appropriate treatment intervention for patients and their families?

3. Define at least 2 ethical principles that are relevant to palliative sedation.

4. What clinical sign is used to determine appropriate level of sedation? What scale do we use?

5. What is your interpretation of the role of the RN in providing care to the patient and family before, during, and after palliative sedation?

6. Provide one extra article or website video that you utilized for your information outside of the assigned reading.

Comments:

Preceptor Signature: ___________________________________________ Date: ______

Learner’s Signature: ___________________________________________ Date: ______