

COVID-19 Palliative Sedation Nursing Considerations

Review [COVID-19 Specific Quick Tips: Palliative Sedation Therapy \(PST\)](#)

Implement Care of the Imminently Dying Pathway and refer to the [Provincial Clinical Knowledge Topic Care of the Imminently Dying \(Last Hours to Days of Life\), Adult](#) (where it has been integrated)

Initiate the sedating medication(s)

- The therapeutic goal of palliative sedation is typically deep sedation or a score of -5 on the Richmond-Agitation Sedation Scale (RASS) (Refer to [Appendix D of the Palliative Sedation Clinical Knowledge Topic](#) for information related to monitoring for level of sedation).

Titrate medication (dose/rate) to achieve the desired level of sedation as specified in the MRP's order.

- The frequency of monitoring is determined by the practice setting and individual circumstances; level of sedation should be assessed at least as often as the specified bolus/titration interval
- There is minimal risk of respiratory depression when using medications with a short half-life and initiating at a low dose, which is titrated based on patient assessment. Remember, patients receiving palliative sedation are actively dying and it is anticipated that their respirations will change as they near death; it is not a reason to decrease or stop the medication.

Assess the patient regularly for:

- **Level of sedation**
- **Relief of refractory symptoms**
- **Potential adverse effects**
- Grimacing, restlessness, or agitation which would indicate the need to administer a prn bolus dose of the sedating medication and/or increase the scheduled intermittent dose/infusion rate as per the MRP's order.

Document the administration of palliative sedation medications

- **assessment, administration of medication, use of prn bolus dose and titration** of dose/rate, along with associated rationale and response (RASS score)
- must follow practice standards within each care setting

Review of Medications/Care Plan

- Ensure all life prolonging interventions (e.g. hydration, antibiotics, etc.) and all medications, which are not contributing to the patient's comfort, have been discontinued.
 - The use of oxygen should be reviewed with consideration of the intent (comfort vs. life prolongation). It is recommended that patients requiring oxygen for comfort be transitioned to nasal prongs at the lowest possible flow rate.
- Ensure all medications necessary for comfort are ordered by a non-oral route.
- In most cases, continue scheduled analgesics and anti-emetics and discontinue all prn medications except the sedating medication.
- It is not necessary to check vital signs when patients are receiving palliative sedation.

Physical Care

- Care of patients undergoing palliative sedation must include a focus on dignity and personhood. The nurse must act as an advocate for the patient and family at this time.
- Optimize interventions such as personal hygiene and frequent mouth care.
- Position appropriately to maintain a patent airway. Reposition to optimize and maintain comfort. Frequent repositioning may not be necessary or beneficial for patients who are imminently dying.
- Assess for bladder fullness and constipation as this may increase agitation.
 - Interventions for bowels and bladder should be discussed with the MRP based on individual circumstance, comfort, and prognosis.
- Provide a private, peaceful environment.
- Do not use a fan. (May spread droplets containing COVID)

Equipment, supplies, initiation

- Continuous infusion (IV or SC routes):
 - (IV may be preferred, depending on setting) - Continuous Infusion Pump
 - IV line WITH ports for accessibility to give direct administration by MRP if needed
 - Medication mixed in mini bag supplied by pharmacy
 - Alcohol swabs
 - Prepared syringes of benzos and/or opioids as ordered by MRP
 - 2-3 10cc syringes of normal saline with appropriate labelling for IV administration
- Intermittent administration
 - Dedicated subcutaneous injection sites (butterflies) for SC route
 - Alcohol swabs/syringes/filtered needles/ sharps container – obtained from pharmacy

Infusion notes

- Give loading dose as soon as possible
- Midazolam in normal saline is stable for 24 hours at room temperature

Home Care/ISFL Considerations

- Preferred route will depend on setting of care and resources available (i.e. medications from pharmacy, injectable or mini bag). Unlikely to have IV access. Some sites may have pumps for continuous SC infusion.
- ISFL may collaborate with home care for available resources and support.
- Assistance from PEOL EMS ATR or MIH CRT in acute situation to initiate, provide bolus dose.
- Consideration for PPE for COVID-19+ve patients.

Home Care

- Complete Expected Death in the Home documentation
- Evaluate available funding for private nursing supports
- Home visit (direct or telephone triage) for client assessment and support for caregivers recommended every day/evening
- Teach caregivers
 - to administer medication(s)
 - to assess level of sedation and when to call home care
 - to call home care when client dies
 - about medication disposal after death

Education and Support for Patient and Family

- Ensure patients, families, and caregivers understand the key aspects of palliative sedation explained below. It should be noted that, due to the emotional burden and stress of families at this time, key messaging often needs to be repeated. Nurses should be aware of their language and messaging to patients and families to avoid confusion or additional distress around the sedation.
 - **Purpose:** To relieve suffering and provide comfort in the final days of life by inducing and maintaining deep sleep (care should be taken using “deep sleep” as it is popularly associated with veterinary euthanasia) when no other options are available to control distressing symptoms. Purpose is not to hasten death, but to ensure that a natural, expected death is peaceful.
 - **Procedure:** The patient is given sedating medication by intermittent injection or continuous infusion. Medications will be adjusted to obtain a deep level of sedation. Procedure is not the same as for Medical Assistance in Dying.
 - **Consequences:** The patient will not be able to communicate and will have limited ability to move independently, eat, and drink. Patient may become incontinent.

- **Expected Cause of Death:** Patient will die as a result of the underlying disease, not as a result of the palliative sedation. Death may occur while receiving or soon after receiving sedating medications; however, the medications do not cause death.
- Provide opportunity for farewell and closure before initiation of palliative sedation as communication will not be possible once sedation is initiated.
- Provide ongoing emotional support to patients and families and offer additional education and support from other available services, such as spiritual care, social work, palliative consult team, and grief support, before, during, and after administration of palliative sedation.

Self-Care and Additional Supports

- Seek additional support for yourself and colleagues as required prior to and during the administration of palliative sedation.
- Review goals of treatment, as well as ethical concerns that may arise.
- Seek opportunities for debriefing after a patient has died. This may be particularly important when practicing in the community or in a setting that is not a dedicated palliative care area.
- Support may be available from a variety of services, such as spiritual care, social work, grief support, Employee and Family Assistance Programs, clinical ethics, and palliative care consult teams.

Initiating Midazolam Continuous Infusion Procedure:

- Infusion may be SC or IV dependent on setting and prescribed order

Mixing Midazolam on the Unit:

- Empty a 100ml bag of normal saline with a 60cc syringe
- Return 80mls of normal saline into the bag (volume is not always accurate, hence the extra step)
- Draw up two 50mg/10ml vials of midazolam (for a total of 100mg of midazolam). Have a second nurse double check to ensure accuracy in dosage.
- Add this 20 mls of midazolam to the bag of 80mls of normal saline. Total volume should be 100mls and final concentration should be 1mg/ml of midazolam in the bag
- Midazolam mixed on the unit in normal saline is stable for 24 hours at room temperature and does not need to be covered if used within 24 hours

Midazolam Infusion Initiation:

- Yellow subcutaneous Saf-T-intima set
- IV line with ports if access for direct administration of medication required
- Needleless connector

- Tegaderm dressing
- Portless tubing
- Alcohol swabs
- 3 mL syringe

Nursing actions:

- Prime your tubing all the way down;
- Insert a dedicated subcutaneous butterfly for midazolam preferably in the abdomen, the chest or the scapula (areas with more subcutaneous tissue are preferred, other options include the upper arms or the thighs);
- Give the loading dose (bolus) as soon as possible and start the infusion following that;
- Use a pump;
- Titrate medication (dose/rate) to achieve the desired level of sedation;
- Be very conscious of the volume to be infused, do not let the bag run dry. You risk disrupting the infusion and disrupting the sedation;
- The infusion should NEVER be discontinued or decreased without clear instructions from the Most Responsible Healthcare Provider (MRHP).

If a Pump is Not Available for Continuous Infusion:

- Have the MRHP consider prescribing intermittent subcutaneous injections, such as lorazepam.
 - Ensure a dedicated subcutaneous butterfly is inserted preferably in the abdomen, the chest or the scapula (areas with more subcutaneous tissue are preferred, other options include the upper arms or the thighs)
- If available in your setting, consider using a flow meter controlled dial infusion attachment for IV tubing.

References

[Provincial Clinical Knowledge Topic Palliative Sedation, Adult – All Locations V 1.0](#)

[Provincial Clinical Knowledge Topic Care of the Imminently Dying \(Last Hours to Days of Life\), Adult - All Locations V 1.0](#)

Palliative Sedation Guidelines from the Edmonton Zone Palliative Care Program

Palliative Sedation Guidelines from the Calgary Zone Palliative Care Program