

|                        |                             |
|------------------------|-----------------------------|
| Last Name              | First Name                  |
| Personal Health Number | Date of Birth (yyyy-Mon-dd) |
| Site                   |                             |

## Care of the Imminently Dying Pathway Instructions

Care of the Imminently Dying Pathway:

- can only be implemented for a person with a **C2 Goals of Care Designation (GCD) Order**;
- provides guidance to members of the healthcare team, working within any care setting, who are caring for an imminently dying person (last hours to days of life) and their family;
- requires ongoing assessment and communication between the person/Alternate Decision Maker(ADM)/family and the healthcare team.

For additional supportive resources, please refer to the Provincial Clinical Knowledge Topic *Care of the Imminently Dying (Last Hours to Days of Life), Adult – All Locations*.

### Complete the Initial Care Needs Assessment



### C2 Medication and Care Orders

MD/NP to complete or refer to the **C2 Medication and Care Orders** with attention to the discontinuation of medications that are *not* related to symptom management

#### For Home and Supportive Living Clients:

- Triplicate prescriptions will be required for opioids
- Collaboration between Healthcare Professionals and the pharmacy provider is necessary for clients to receive medications in a timely manner



### Nursing Symptom and Care Assessment and Documentation

RN/RPN/LPN to utilize the **Nursing Symptom and Care Assessment and Documentation**



### On Day Three

- A review is required to ensure the medications, care plan, and Goals of Care Designation (GCD) Order remain consistent with the person's/ADM's/family's wishes and the person's prognosis
- This review requires a conversation between the MD/NP, appropriate members of the healthcare team, the person/ADM and family. Conversations related to this review are to be documented on the **Advance Care Planning/Goals Care Designation Tracking Record** located in the Green Sleeve
- A new Initial Care Needs Assessment or C2 Medication and Care Order Set is not required

**Note:** MD/NP may consider Palliative Care Consult Services for complex symptom management and support

## Care of the Imminently Dying Pathway Initial Care Needs Assessment

### Instructions

- Physician, NP, RN, RPN, or LPN can initiate the Initial Care Needs Assessment
- Initial when issue/need has been addressed, or indicate NA if not applicable to the person's care
- Document additional interventions and communication as per site policy and procedure

|                        |                             |
|------------------------|-----------------------------|
| Last Name              | First Name                  |
| Personal Health Number | Date of Birth (yyyy-Mon-dd) |
| Site                   |                             |

| Review   | Date/Initial |
|--|--------------|
| Review all Relevant Legal Documents ( <i>such as Personal Directive, Guardianship Orders</i> ) <ul style="list-style-type: none"> <li>• Primary contact/<b>alternate decision maker</b> (ADM) name and phone number noted</li> <li>• Documented wishes noted</li> </ul>  |              |
| <input type="checkbox"/> Gather, verify and document if registered as an Organ and/or Tissue Donor   |              |
| <input type="checkbox"/> Gather, verify and document funeral home contact information  |              |
| Review Goals of Care Designation (GCD) Order: <ul style="list-style-type: none"> <li>• With Physician/NP to discuss option to implement the Care of the Imminently Dying Pathway with person/ADM/family</li> <li>• Review and update <i>Advance Care Planning/Goals Care Designation Tracking Record</i> form located in the Green Sleeve</li> </ul> |              |

| Decision made to implement the Care of the Imminently Dying Pathway <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Date/Initial |
|--|--|--------------|
| Date & Time  | Discussed with ( <i>name of Physician/Nursing Practitioner</i> ) |              |

| Communication   | Date/Initial |
|---|--------------|
| Address questions and concerns from person/ADM/family<br><b>Conversation prompt:</b> <i>"Is there anything else you need to know or want to ask me, the physician/NP or anyone else on the health care team?"</i> |              |
| Notify Interdisciplinary Team Members involved in person's care ( <i>e.g. SW, OT, PT, Pharmacy, RRT, SLP, Spiritual Care, Registered Dietician</i> ).   |              |
| Gather, verify and document: <ul style="list-style-type: none"> <li><input type="checkbox"/> Spiritual/Cultural wishes &amp; practice (<i>before/after death</i>)</li> </ul>                                      |              |

| Psychosocial-Spiritual   | Date/Initial            |
|--|-------------------------|
| Offer Spiritual Care for support <input type="checkbox"/> Declined<br>( <i>coping, grief and bereavement</i> )                             | Date referral submitted |
| Offer Social Work for support <input type="checkbox"/> Declined<br>( <i>coping, financial concerns, legal concerns, funeral planning</i> ) | Date referral submitted |

| Suggested Resources   |
|---|
| <ul style="list-style-type: none"> <li>• "White Rose Program" (Data Group Item # R-1361)</li> <li>• AHS "What to Expect as Death Approaches" pamphlet (Data Group Item # 404409)</li> <li>• AHS Provincial Bereavement Care Package (Data Group Item # 104858)</li> <li>• My Health Alberta Palliative and End of Life Care at <a href="https://myhealth.alberta.ca/palliative-care">https://myhealth.alberta.ca/palliative-care</a></li> <li>• Refer to site specific end of life care resources</li> <li>• For additional resources and references, refer to the Provincial Clinical Knowledge Topic <i>Care of the Imminently Dying (Last Hours to Days of Life), Adult - All Locations</i></li> </ul> |