

Form Title **Palliative Sedation, Adult All
Location Order Set**

Form Number **21266-bond**

© 2018, Alberta Health Services, CKCM



This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. The license does not apply to content for which the Alberta Health Services is not the copyright owner.

To view a copy of this license, visit

<https://creativecommons.org/licenses/by-nc-nd/4.0/>

Disclaimer: This material is intended for use by clinicians only and is provided on an "as is", "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.

Palliative Sedation, Adult All Location Order Set

NOTE: This order set is to be used in conjunction with the C2 Medication and Care, Adult - All Locations Order Set, the Care of the Imminently Dying Pathway Instructions, Initial Care Needs Assessment, and Nursing Symptom and Care Assessment Documentation.

Referral to the 24/7 On-Call Provincial Palliative Physician Service is recommended for refractory symptom management and support, if not already in place locally.

Select orders by replacing a (✓) in the associated box

Last Name (<i>Legal</i>)		First Name (<i>Legal</i>)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(<i>dd-Mon-yyyy</i>)	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

Patient Care Interventions

- Nursing Communication** – Ensure consent is obtained and/or discussed with the patient or Alternate Decision Maker (*if the patient lacks capacity*), and the supporters of decision-making.
- Nursing Communication** – Use the Richmond Agitation Scale (*RASS*) for monitoring patient level of sedation. The RASS is a 10 point scale, ranging from -5 to +4, which is scored according to duration of eye contact following verbal or physical stimulation.
The therapeutic goal would be RASS - 4 or -5 as per the Palliative Sedation Clinical Knowledge Topic.

Four Levels of Agitation	One Level of Calm	Five Levels of Sedation
+4 = Combative	0 = Calm and Alert State	-5 = Unroutable
+3 = Very Agitated		-4 = Deep Sedation
+2 = Agitated		-3 = Moderate Sedation
+1 = Restless		-2 = Light Sedation
		-1 = Drowsy

Monitoring

- Monitor: Patient for relief of suffering, level of sedation and potential adverse effects of sedation.
Frequency:
 - Every 20 to 30 minutes, until deep sedation is achieved **AND THEN** every 2 to 8 hours and PRN, at a minimum of three times per day.
 Notify Most Responsible Healthcare Provider (*MRHP*) if target sedation is not achieved. Monitoring frequency can be ordered as per unit protocol and as per MRHP.

Intravenous and Subcutaneous Therapy

- Subcutaneous Cannula – Insert: Initiate SC line(s) for Palliative Sedation.
- Intravenous Cannula – Insert: Initiate IV line(s) for Palliative Sedation.

Medications

First Line

Midazolam, including PRN dosing, may be individualized based on past patient experience and/or discretion of the MRHP. If midazolam PRN is required, consider increasing the dose of continuous midazolam infusion to achieve deep sedation.

Recommended loading dose range 1 mg to 5 mg.

Recommended continuous infusion dose range 1 mg/hour to 10 mg/hour.

Recommended continuous infusion titration dose range 0.5 mg/hour to 2 mg/hour every 15 minutes until deep sedation is achieved.

Recommended PRN dose range 0.5 mg to 2.5 mg every 15 minutes as needed.

midazolam _____ mg SUBCUTANEOUSLY/IV loading dose once,

AND THEN

midazolam _____ mg/hour SUBCUTANEOUSLY/IV continuous infusion.

Titrate continuous infusion by _____ mg/hour every 15 minutes until deep sedation is achieved.

midazolam _____ mg SUBCUTANEOUSLY/IV every 15 minutes PRN to achieve deep sedation.

Consult 24/7 On-Call Provincial Palliative Physician Service, if not already in place locally.

Prescriber Signature	Date (<i>dd-Mon-yyyy</i>)	Time (<i>hh:mm</i>)
----------------------	-----------------------------	-----------------------