

Palliative Care

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PRA-BC

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I would like to acknowledge that the land on which we gather and learn today is the traditional, ancestral, and unceded territory of the Coast Salish Peoples, including the territories of the xwməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), Stó:lō and Səlílwətaʔ/Selilwitulh (Tsleil- Waututh) Nations.

Disclosure Statement

- I have no relationships with commercial interests, no commercial support.

Objectives

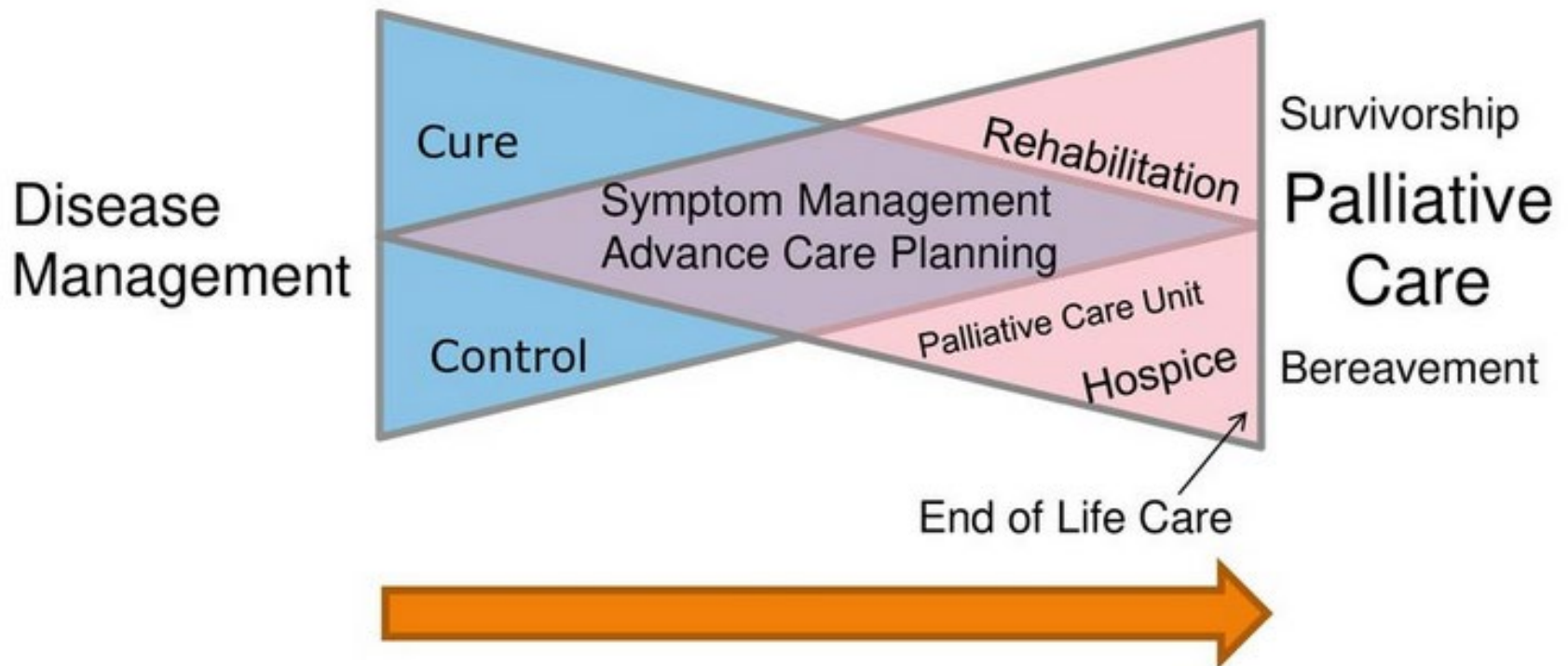
1. Identify who might benefit from a palliative approach to care
2. Review common symptoms in palliative care and common medications
3. Be aware of different services and programs in BC for patients receiving palliative care
4. Review planning for home death
5. Palliative care resources

WHAT IS PALLIATIVE CARE

What is a Palliative Care

- Improving the **quality of life** of patients with **life-threatening illness**
- Alleviating the intensity of the symptoms
- Integrates psychosocial and spiritual aspects of care
- Can be offered in conjunction with other therapies intended to prolong life
- Care is not limited to end of life
- Not the same as Medical Assistance in Dying

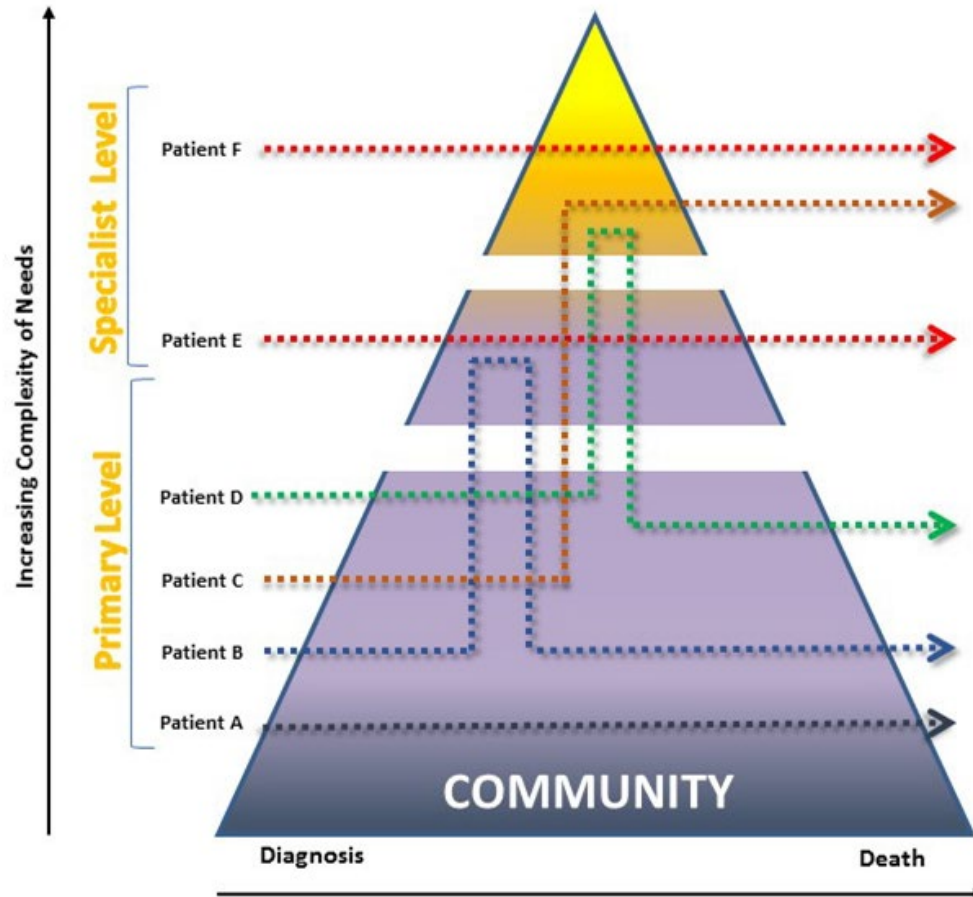
A Palliative Approach Care



The Role of Family Physicians in Palliative Care

- Identifying patients who might benefit from a palliative approach to care
- Basic symptom management
- Exploring goals of care/advanced care planning
- Helping patients and families to navigate and refer to community palliative care resources

Who provides palliative care?



- A small number of patients with complex needs require transfer of care to specialist palliative care services
- Some patients may occasionally require assistance of a specialist palliative team (a consultation or shared care support)
- Most patients require only primary-level Palliative Care (Palliative Care Approach)
 - Family medicine clinic
 - Oncology team
 - Internal med clinics
 - Cardiology clinics
 - COPD clinics

Specialist Palliative Care

Acute Care

- Palliative Care Unit - short stay
- Specialist Consult Teams - support to MRP

Outpatient

- BCCA Pain and Symptom Management Clinic
- Local specialist palliative clinic

Community

- Hospice - last weeks-months, no life-prolonging interventions

**WHO MIGHT BENEFIT FROM A PALLIATIVE
APPROACH TO CARE?**

H.L.

- 80 M with congestive heart failure and CKD
- Recent discharge from hospital for volume overload, 2nd admission this year
- Despite optimization of cardiac and diuretic medication, still feels short of breath at rest
- Renal function declining and he does not want dialysis

S.S.

- 55 F with metastatic ovarian cancer on third line anti-cancer therapy
- Recurrent ascites requiring paracentesis
- Recent CT scan showing further progression
- Worse nausea and pain

L.B.

- 78 F with COPD, and diabetes
- Oxygen dependent at home
- Last admission to hospital required brief ICU stay, she never wants this again
- She lives alone but finding it more challenging to complete her ADLs

M. M.

- 60 M with a history of alcohol related cirrhosis and opioid use disorder
- Multiple admissions to hospital with decompensated liver failure
- Significant functional decline, decreased oral intake, weight loss

The 'Surprise' Question

Would you be surprised if this patient died in the next 12 months?

If NO, then they may benefit from a palliative approach to their care!



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Supportive and Palliative Care Indicators Tool (SPICT™)

The SPICT™ is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs. Plan care.

Look for any general indicators of poor or deteriorating health.

- Unplanned hospital admission(s).
- Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day.)
- Depends on others for care due to increasing physical and/or mental health problems.
- The person's carer needs more help and support.
- The person has had significant weight loss over the last few months, or remains underweight.
- Persistent symptoms despite optimal treatment of underlying condition(s).
- The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.

Look for clinical indicators of one or multiple life-limiting conditions.

Cancer

Functional ability deteriorating due to progressive cancer.

Too frail for cancer treatment or treatment is for symptom control.

Dementia/ frailty

Unable to dress, walk or eat without help.

Eating and drinking less; difficulty with swallowing.

Urinary and faecal incontinence.

Not able to communicate by speaking; little social interaction.

Frequent falls; fractured femur.

Recurrent febrile episodes or infections; aspiration pneumonia.

Neurological disease

Progressive deterioration in physical and/or cognitive function despite optimal therapy.

Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing.

Recurrent aspiration pneumonia; breathless or respiratory failure.

Persistent paralysis after stroke with significant loss of function and ongoing disability.

Heart/ vascular disease

Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort.

Severe, inoperable peripheral vascular disease.

Respiratory disease

Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations.

Persistent hypoxia needing long term oxygen therapy.

Has needed ventilation for respiratory failure or ventilation is contraindicated.

Other conditions

Deteriorating and at risk of dying with other conditions or complications that are not reversible; any treatment available will have a poor outcome.

Kidney disease

Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.

Kidney failure complicating other life limiting conditions or treatments.

Stopping or not starting dialysis.

Liver disease

Cirrhosis with one or more complications in the past year:

- diuretic resistant ascites
- hepatic encephalopathy
- hepatorenal syndrome
- bacterial peritonitis
- recurrent variceal bleeds

Liver transplant is not possible.

Review current care and care planning.

- Review current treatment and medication to ensure the person receives optimal care; minimise polypharmacy.
- Consider referral for specialist assessment if symptoms or problems are complex and difficult to manage.
- Agree a current and future care plan with the person and their family. Support family carers.
- Plan ahead early if loss of decision-making capacity is likely.
- Record, communicate and coordinate the care plan.

Palliative Performance Scale

Appendix A: Palliative Performance Scale (PPS)

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable normal job/work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Occasional assistance required	Normal or reduced	Full or confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or drowsy +/- confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or drowsy +/- confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or drowsy +/- confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or coma +/- confusion
0%	Death	—	—	—	—

SYMPTOM MANAGEMENT

Mr. O

- 50 M with locally advanced pancreatic cancer, coming to see you with significant constant epigastric pain and nausea
- Acetaminophen, ibuprofen of minimal help
- You want to start an opioid medication for his malignant pain

Common Symptoms

- Pain
- Constipation
- Nausea and vomiting
- Dyspnea
- Fatigue
- Decreased appetite
- Anxiety/depression

- Symptoms at end of life: secretions, agitation, delirium, bleeding

Symptom Management Guidelines



<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/palliative-care>

<https://www.bc-cpc.ca/publications/symptom-management-guidelines/>

Use of Opioids in Palliative Care

Common Palliative Indications for Opioids

- Pain (cancer, ESRD, CHF)
- Dyspnea (cancer, ESRD, CHF, COPD)

Common Opioids used in Palliative Care in BC

Drug	Formulations Available	Routes available	Common Starting Dose
Morphine	Short acting Long acting	Oral, sc, IV	2.5 mg
Hydromorphone	Short acting Long acting	Oral, sc, IV	0.5 mg po
Oxycodone	Short acting Long acting	Oral	2.5-5mg po
Fentanyl	Long acting	Transdermal, sc, IV	Do not start in opioid naïve patients 12 mcg/hr lowest patch
Sufentanil	Short acting	SL, sc	Do not start in opioid naïve patients
Methadone	Long acting	Oral, buccal, rectal	Do not start on opioid naïve patients

Tips for Opioid Prescribing in Palliative Care

1. Use oral medication whenever possible
2. Continuous pain requires continuous analgesia - prescribe regular dose instead of prn only.
3. Start with regular short-acting opioids and titrate to effective dose over a few days before switching to slow release opioids.
4. Once pain control is achieved, long-acting (e.g. q12h oral) agents are preferred to regular short-acting oral preparations for better compliance
5. Always provide appropriate breakthrough doses of opioid medication, ~10% of total daily dose dosed q1h prn.
6. Use appropriate adjuvant analgesics at any step.
7. Have patient's record medications consistently.
8. Laxative for constipation prevention

Mr. O

1. You choose oral morphine tablets for Mr. O
2. Regular short acting dosing for titration - 2.5mg po q4h regular (15mg/24h)
3. Appropriate breakthrough (10%) - 1.5mg po q1h PRN
4. Sennosides 12-24mg po daily for constipation prevention

You follow Mr. O weekly, and increase his morphine by 2.5mg increments each week. One month later, he is now comfortable at 10mg po q4h. You have increased his PRN dose accordingly (now 6mg po q1h PRN). Sometimes he skips his middle of the night dose so his pain is worse in the morning.

1. Convert to long acting - $60\text{mg morphine}/24\text{ hours} = 30\text{ mg morphine sustained release q12h}$.

-----BC CONTROLLED PRESCRIPTION FORM-----

PERSONAL HEALTH NO.		PRESCRIBING DATE		
		DAY	MONTH	YEAR
PATIENT NAME		FIRST (GIVEN) MIDDLE / INITIAL LAST (SURNAME)		
STREET				
PATIENT ADDRESS				
CITY		PROVINCE		DATE OF BIRTH
				DAY MONTH YEAR
Rx: DRUG NAME AND STRENGTH		ONLY ONE DRUG PER FORM		VOID IF ALTERED
QUANTITY (IN UNITS)				
NUMERIC		ALPHA		
THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)				
START DATE:			END DATE:	
DAY MONTH YEAR			DAY MONTH YEAR	
TOTAL DAILY DOSE			NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION	
NUMERIC		ALPHA	mg/day	NUMERIC
				ALPHA
<input type="checkbox"/> NOT AUTHORIZED FOR DELIVERY				
DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS				
NO REFILLS PERMITTED			PRESCRIBER'S SIGNATURE	
VOID AFTER 5 DAYS				
UNLESS PRESCRIPTION IS FOR OAT				
PRESCRIBER'S CONTACT INFORMATION			11551 91	
DR. THE-QUICK-BROWN-FOX-JUMPED-OVER-THE			PRESCRIBER ID	
123SUPERCALAFRAGILISTICEX				
IFYOUSAYITFASTENOUGHTISOU				
KUALALAMPURDUBAIPARISDUBL BC			000001	
ABC1234567 234-456-7890			FOLIO	
PHARMACY USE ONLY				
RECEIVED BY: PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST	

PHARMACY COPY - PRESS HARD YOU ARE MAKING 2 COPIES
PRINTED IN BRITISH COLUMBIA

BC Duplicate Prescription

Rx – DRUG NAME AND STRENGTH

Morphine IR 2.5mg

NUMERIC

90 doses

ALPHA

Ninety doses

DIRECTIONS FOR USE

Take 2.5mg po q4h regularly.

Please blister pack regular morphine with other medications.

Common Side Effects Opioids

- Constipation - always prescribe a laxative with opioids (sennosides, lactulose, PEG 3350)
- Sedation - usually self-limited with dose change
- Dizziness - consider opioid rotation
- Nausea - consider a prn antiemetic
 - Usually self limited
 - If persistent, consider opioid rotation

Tips for Safe Opioid Prescribing in Palliative Care

- Discuss safety measures with patient
 - storage, disposal, single prescriber
- Blister pack medications (including prns)
- Indicate dispensing frequency on prescription
 - ‘dispense 25 tablets q 2 weeks’
- Write the indication on the prescription
 - ‘for palliative dyspnea’ or ‘for cancer pain’

Adjuvant Considerations

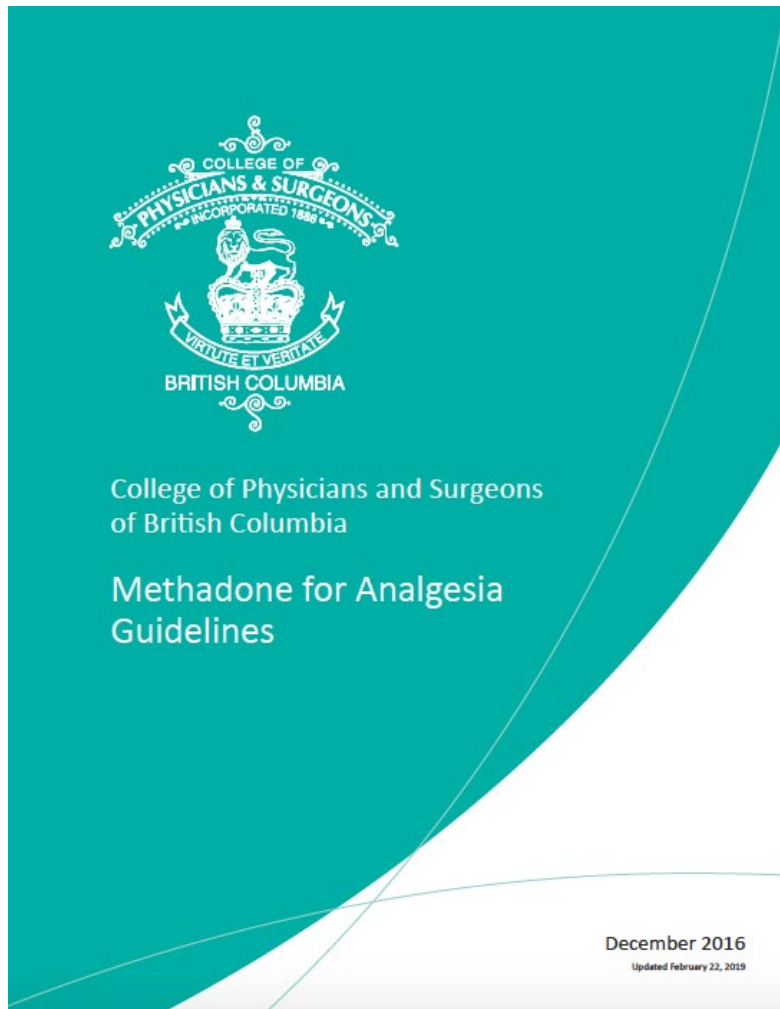
Pain Characteristic	Adjuvant Medication
Superficial - deep ulcers - fungating wounds	Topical morphine Topical methadone Topical lidocaine
Bone - bone mets	NSAIDs - caution in elderly, renal disease Corticosteroids Bisphosphonates Radiation
Soft Tissue	NSAIDs Muscle relaxants (baclofen)
Visceral - cramping/spasm - peritoneal or liver mets	Antispasmodics (e.g. buscopan) - caution anticholinergic Corticosteroids (dexamethasone)
Neuropathic	Anticonvulsants (pregabalin, gabapentin) Antidepressants (nortriptyline, duloxetine, venlafaxine) NMDA Antagonists (ketamine**) Anesthetics (lidocaine**)

** Consult palliative specialist before starting

Mr. O

- A few months later...
- Admitted to hospital for pain, where he was seen by the palliative care physician and rotated to methadone for his malignant pain
- Currently on methadone 4mg po q8h
- Comes to see you (his family physician) for a check in, and for refills, including methadone

Methadone for Analgesia



All physicians with a opioid prescribing privileges can prescribe methadone for analgesia.

Need to be familiar with properties of methadone.

Consult a palliative care specialist for support or with questions.

Constipation

- Common in palliative care
 - 40% non-cancer patients
 - 30-50% cancer patients
 - 87-90% patients using opioids
- Symptoms: abdominal distension, anorexia, nausea, abdominal pain, overflow diarrhea

Constipation - Common Causes

- Primary: inactivity, low fiber/fluid intake
- Metabolic: hypercalcemia, hypothyroidism
- Structural: abdo/pelvic tumor, radiation fibrosis, ano-rectal conditions (fissure, hemorrhoid)
- Neurologic: ALS, MS, Parkinson's
- Medications: ondansetron, haloperidol, buscopan, gabapentin, mirtazapine, diuretics opioids

Constipation

Laxative	Dose	Considerations
Sennosides (stimulant)	<u>Starting dose:</u> 1-2 tab po qhs <u>Maximum dose:</u> 36mg po TID	May cause intestinal cramping. Contraindicated in bowel obstruction.
Lactulose (osmotic)	<u>Starting dose:</u> 15ml po daily <u>Maximum dose:</u> 30 mL po BID	
Polyethylene Glycol 3350 (osmotic)	<u>Starting dose:</u> 17g po daily <u>Maximum dose:</u> 17 g po TID	Contraindicated in bowel obstruction. High volume.
Suppositories Glycerin (osmotic/lubricant) Bisacodyl (stimulant)	1 supp PR x 1	Avoid in severe thrombocytopenia (bleed risk) and neutropenia (infection risk).
Sodium-phosphate enema	130 mL PR x1 Max 1 dose daily.	Risk of electrolyte disturbance. Contraindicated in renal failure.

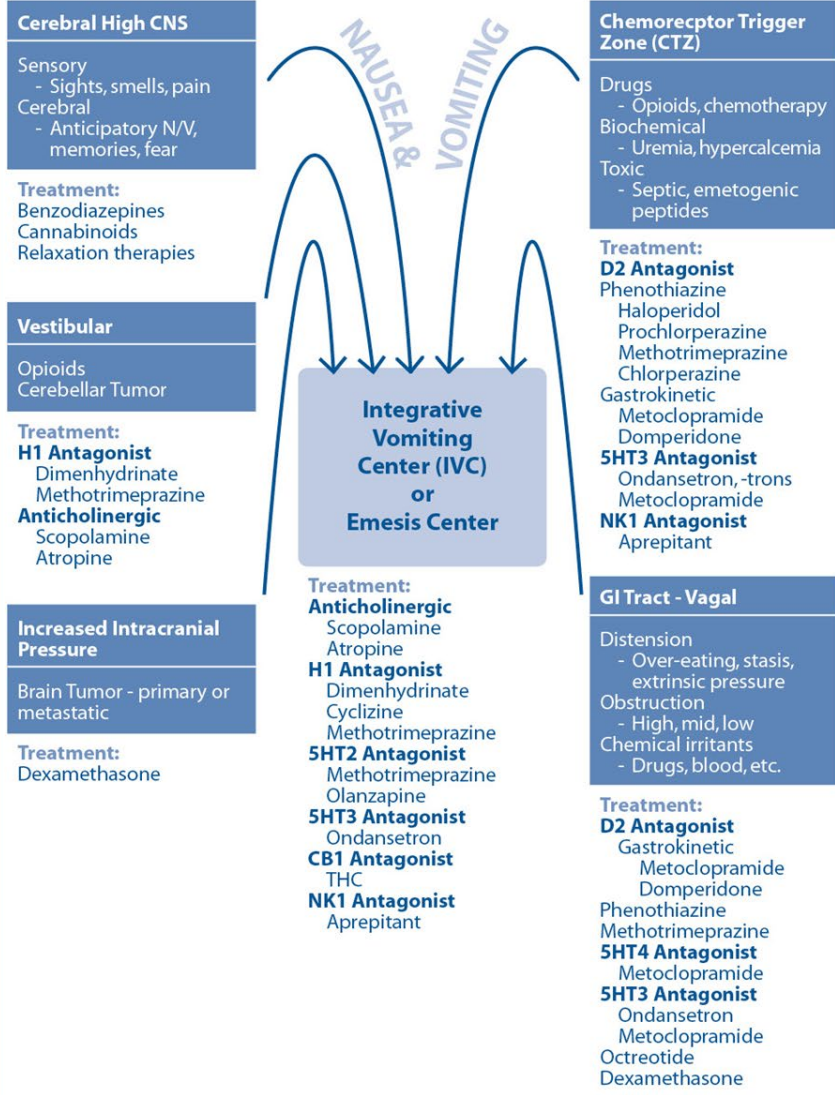
S.S.

- 55 F with metastatic ovarian cancer on third line anti-cancer therapy
- Recent CT scan showing further progression
- No further systemic anti-cancer treatments
- She comes to your office with worsening nausea, hoping for a medication to try

Nausea/Vomiting

- Affects 40-60% of patients receiving palliative care
- Structured approach based on suspected cause to guide workup and antiemetic selection

Nausea and Vomiting



Common Antiemetics

Medication	Route	Common Dosages
Metoclopramide	oral, sc, IV	5-10mg QID *caution renal function
Haloperidol	oral, sc, IV	0.5-1mg q8h
Ondansetron	oral, sc, IV	4-8mg Q8h
Dexamethasone	oral, sc IV	2-4mg OD or BID *0800h and 1200h
Olanzapine	oral	2.5-5mg BID
Nabilone	oral	1-2mg BID
Dimenhydrinate	oral, sc, IV, PR	25-50mg q6h

S.S.

- No symptoms of bowel obstruction
 - Suspect a GI source - distension from bulky pelvic tumors and ascites
 - Start metoclopramide 5mg po QID
-
- Husband shares he is still working, no children
 - Worried because S.S. is increasingly housebound
 - He is having to held her shower, almost had a fall last week

Concerns?

Prognosis

Symptom Management

Physical Care

Equipment

Spiritual Health

Caregivers

Financial Concerns

Goals and Values

Community Palliative Care Checklist

- ✓ Advance Care Planning
 - Goals of Care
 - Substitute Decision Maker
 - Provincial No CPR form
 - MOST

- ✓ Referral to Home Health Services
 - Community Health Nurse
 - Home Support Worker
 - Allied Health

- ✓ Palliative Care Benefits (prognosis <6mo)
 - Medication (oral, subcutaneous)
 - Equipment

- ✓ Caregivers benefits if applicable, other supports (e.g. volunteer)

- ✓ Referral to specialist palliative care (PCU, consultant)
 - Outpatient consultation
 - Palliative Care Unit
 - Hospice

- ✓ Planning for End of Life at Home
 - Common medications
 - Expected Death in the Home

Advance Care Planning

- Values, beliefs and wishes regarding future healthcare treatment
- Sharing with family/healthcare team
- Guides decision making
- Allows MD to make individual patient-centered recommendations
- Shared responsibility among health care team

More than just a 'code status' or 'No CPR'.

Serious Illness Conversation Guide

Serious Illness Conversation Guide

CONVERSATION FLOW

PATIENT-TESTED LANGUAGE

1. *Set up the conversation*

- Introduce purpose
- Prepare for future decisions
- Ask permission

"I'd like to talk about what is ahead with your illness and do some thinking in advance about what is important to you so that I can make sure we provide you with the care you want — **is this okay?**"

2. *Assess understanding and preferences*

"What is your **understanding** now of where you are with your illness?"

"How much **information** about what is likely to be ahead with your illness would you like from me?"

3. *Share prognosis*

- Share prognosis
- Frame as a "wish...worry", "hope...worry" statement
- Allow silence, explore emotion

"I want to share with you **my understanding** of where things are with your illness..."

Uncertain: "It can be difficult to predict what will happen with your illness. I **hope** you will continue to live well for a long time but I'm **worried** that you could get sick quickly, and I think it is important to prepare for that possibility."
OR

Time: "I **wish** we were not in this situation, but I am **worried** that time may be as short as ___ (*express as a range, e.g. days to weeks, weeks to months, months to a year*)."

OR

Function: "I **hope** that this is not the case, but I'm **worried** that this may be as strong as you will feel, and things are likely to get more difficult."

4. *Explore key topics*

- Goals
- Fears and worries
- Sources of strength
- Critical abilities
- Tradeoffs
- Family

"What are your most important **goals** if your health situation worsens?"

"What are your biggest **fears and worries** about the future with your health?"

"What gives you **strength** as you think about the future with your illness?"

"What **abilities** are so critical to your life that you can't imagine living without them?"

"If you become sicker, **how much are you willing to go through** for the possibility of gaining more time?"

"How much does your **family** know about your priorities and wishes?"

5. *Close the conversation*

- Summarize
- Make a recommendation
- Check in with patient
- Affirm commitment

"I've heard you say that ___ is really important to you. Keeping that in mind, and what we know about your illness, I **recommend** that we ___. This will help us make sure that your treatment plans reflect what's important to you."

"How does this plan seem to you?"

"I will do everything I can to help you through this."

6. *Document your conversation*

7. *Communicate with key clinicians*



BC No CPR Form

NO CARDIOPULMONARY RESUSCITATION – MEDICAL ORDER

Capable patients may request that no cardiopulmonary resuscitation be started on their behalf. This should be done after discussions with their doctor or nurse practitioner. "No cardiopulmonary resuscitation" is defined as no cardiopulmonary resuscitation (no CPR) in the event of a respiratory and/or cardiac arrest.

This form is provided to you or your substitute decision maker to acknowledge that you have had a conversation with a physician or nurse practitioner about a No CPR Order, and understand that no CPR will be provided in circumstances where you can no longer make decisions for yourself. It instructs people such as first responders, paramedics and health care providers not to start CPR on your behalf whether you are at home, in the community or in a residential care facility. The personal information collected on this form assists the health professionals noted above to carry out your wishes. If you have any questions about the collection of this information contact **HealthLink BC at 8-1-1** or go to www.gov.bc.ca/expectedhomedeadth.

You or someone at your location should have the form available to show to emergency help if they come to your aid. It is desirable that you wear a MedicAlert® no CPR bracelet or necklet to enable quick verification that you have a No CPR Order in place. To obtain a free No CPR bracelet/necklet, please:

1. Complete the form below
2. Fill out the MedicAlert Registration form which can be printed from: https://www.medicalert.ca/nocpr/resources/MedicAlert_Application_BC_NOcpr.pdf
3. Mail both of the forms to: MedicAlert Foundation Canada, Morneau Shepell Centre II, 895 Don Mills Road, Suite 600, Toronto ON, M3C 1W3

If you change your wishes about your no CPR preference, then please inform your doctor, nurse practitioner or residential care facility nurse, tear up the No CPR form, and contact MedicAlert if you enrolled with them for a No CPR bracelet or necklet.

PATIENT IDENTIFICATION	Patient Last Name	Birthdate (YYYY / MM / DD)	
	Patient First and Middle Name(s)	Personal Health Number (PHN)	
	Patient Address	Telephone Number	
WITNESSED BY THE PATIENT, OR BY THE PATIENT'S SUBSTITUTE DECISION MAKER (SDM) WHEN THE PATIENT IS INCAPABLE	I, _____ (patient's name or patient's substitute decision maker if patient is incapable) have had a conversation with the undersigned physician/nurse practitioner about this No CPR Order in the event of cardiac or respiratory arrest. I understand that in the event of a cardiac or respiratory arrest, no cardiopulmonary resuscitation is to be undertaken.		
	Patient's Signature	Date Signed	
	Signature of the Patient's Substitute Decision Maker	Date Signed	
	Relationship of the Patient's Substitute Decision Maker to the Patient (e.g. representative, committee of person, or temporary substitute decision maker)		
SECTION TO BE COMPLETED BY PHYSICIAN/NURSE PRACTITIONER			
STATUS OF MEDICAL ORDER <input type="checkbox"/> Patient (or SDM) agrees and has signed this form <input type="checkbox"/> Patient (or SDM) agrees but has declined signing this form	The above identified patient has expressed wishes to not have CPR in the event of cardiac or respiratory arrest. I have discussed the patient's health status, life expectancy, and expressed wishes with the patient/patient's substitute decision maker. Based on this discussion, I order that in the event of a respiratory and/or cardiac arrest no cardiopulmonary resuscitation is to be undertaken. This order shall be in effect until cancelled or repealed.		Date
	ATTENDING PHYSICIAN/NURSE PRACTITIONER		ALTERNATE PHYSICIAN/NURSE PRACTITIONER
Name of Attending Physician / Nurse Practitioner		Name (Print)	
License Number of Physician / Nurse Practitioner	Phone Number	Phone Number	
Address	Signature		

MOST

- Medical Order for Scope of Treatment
- Physician order about CPR and other interventions
- Based on goals of care
- Acute care, long term care, hospice

Code status and MOST designations:

	Symptom Control	CPR	Intubation	ICU	Site Transfer	Treat Reversible Conditions
Option 1	✓	✗	✗	✗	✗	✗
Option 2	✓	✗	✗	✗	✗	✓
Option 3	✓	✗	✗	✗	✓	✓
Option 4	✓	✗	✗	✓	✓	✓
Option 5	✓	✗	✓	✓	✓	✓
Attempt CPR	✓	✓	✓	✓	✓	✓

Option 1 (M1) No CPR. Supportive care such as nursing care, relief of pain, control of fever, provision of fluids and continued management of standing chronic conditions.

Option 2 (M2) No CPR. Option 1 plus therapeutic measure and medications to manage acute conditions within the limits of residential or other facility or program to which the patient/resident is admitted.

Option 3 (M3) No CPR. Option 2 plus admission to an acute care hospital (if not already admitted) for medical/surgical treatment as indicated. No referral to critical care.

Option 4 (C1) No CPR. Maximum therapeutic effort as Option 3 (M3) including referral to critical care but not including intubation and ventilation.

Option 5 (C2) No CPR. Maximum therapeutic effort as Option 4 (C1) including referral to critical care and including intubation and ventilation.

Attempt CPR In the event of acute medical event, maximum therapeutic effort including referral to Critical Care and Intubation.

MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST)

ADULTS, AGE 19 AND ABOVE

IDENTIFICATION LABEL

A I anticipate CPR to be of clear benefit and medically appropriate for the patient in the event of a medical crisis. I have not discussed this with the patient/SDM:

Attempt CPR and refer to Critical Care - _____
Responsible Provider Signature Date

B I have had a discussion with patient and / or substitute decision maker:

Patient/Resident: is at this time capable to make own medical decisions
 is NOT currently capable to make own medical decisions

Patient / Resident / Substitute Decision Maker (SDM) consulted in development of Order / advised of Order:

<input type="checkbox"/> Patient / Resident	<input type="checkbox"/> TSDM	<input type="checkbox"/> Client / SDM disagrees with Order
<input type="checkbox"/> Representative	<input type="checkbox"/> Personal Guardian	
<input type="checkbox"/> Other (explain below)		<input type="checkbox"/> None (explain below)

Printed name _____

Date _____

Explain:

Optional space for signature of Client or SDM aware of Order, intended for use in residential care. Order valid with or without signature.

Attempt Cardiopulmonary Resuscitation (CPR)

In the event of acute medical event, maximum therapeutic effort.

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR: No chest compressions or other direct means of restarting the heart)

IN THE EVENT OF SERIOUS ACUTE MEDICAL EVENT:

- Option 1 (M1)*** No CPR. Supportive care, symptom management, and comfort measures. Allow natural death.
- Option 2 (M2)** No CPR. Option 1 (M1) plus therapeutic measures and medications to manage acute conditions within the current setting. If in residential care or hospice, transfer to acute care will not occur except in special circumstances (eg fracture).
- Option 3 (M3)** No CPR. Option 2 (M2) plus admission to an acute care hospital (if not already admitted) for medical/surgical treatment as indicated. No referral to Critical Care.
- Option 4 (C1)** No CPR. Maximum therapeutic effort as in Option 3 (M3) including referral to Critical Care but **not including** intubation and ventilation.
- Option 5 (C2)** No CPR. Maximum therapeutic effort as in Option 4 (C1) including referral to Critical Care and **including** intubation and ventilation.

Specific comments on Order / Goals of Care to aid interpretation:

DNACPR as detailed on this MOST will automatically be suspended for surgery and other procedures involving anesthesia or procedural sedation and treatment will be provided at the discretion of the Most Responsible Provider, unless specific direction is provided below:

Provider detailing circumstances of suspension of DNACPR / MOST

SUPPORTING DOCUMENTATION: Ask each patient / family if patient has expressed or documented wishes about future care

<input type="checkbox"/> Previous DNACPR / MOST	<input type="checkbox"/> VCH ACP Record	<input type="checkbox"/> Representation Agreement	<input type="checkbox"/> Other:
<input type="checkbox"/> Provincial No CPR	<input type="checkbox"/> Advance Directive	<input type="checkbox"/> Section 9 <input type="checkbox"/> Section 7	
This MOST Order first documented	Date (dd/mm/yr) _____	Print Name: _____	Signature, Most Responsible Provider
	College # _____	Contact #: _____	
MOST Order Reviewed - no change If changed, prepare new MOST form and strike through this one	Date (dd/mm/yr) _____	Print Name: _____	Signature, Most Responsible Provider

Home Health Services

- Government funded care
- Community nursing and allied health resources
- Referral process depends on Health Authority

<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/how-to-arrange-for-care>

Home Health Services

- **Community Health Nurse** - wound care, symptom management, sc butterflies, abdominal/chest drain management
- **Home Support Workers** - personal care, dressing
- **Occupational Therapy** - equipment
- **Respiratory Therapy** - home oxygen
- **Speech Language Pathology** - swallowing assessment
- **Dietitian**

BC Palliative Care Benefits

- Provincial program to cover cost of common medications and equipment at end of life
- Prognosis < 6 months
- Palliative approach to treatment (not curative)
- Commonly filled out by family physician, palliative care physician, specialist (oncologist, cardiologist)



BC PALLIATIVE CARE BENEFITS REGISTRATION

For PharmaCare Plan P drug coverage and assessment for medical supplies/equipment

1. Complete every section of pages 1 and 2. See page 3 for general information.
2. Have a care plan conversation with your patient. The My Voice Advance Care Planning Guide is available in several languages and as a video at: www.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/advance-care-planning
3. Give your patient this information sheet: www.gov.bc.ca/pharmacare/palliativecarebenefitspatientinfo.pdf

<input type="radio"/> New patient <input type="radio"/> Reassessment (required after 12 months) <input type="radio"/> Cancellation (patient no longer qualifies) – complete Step 1 and Step 3 only		
STEP 1 - PATIENT INFORMATION		
Last Name		First Name
Middle Name (Optional)		
Personal Health Number (PHN)	Date of Birth (yyyy / mm / dd)	Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> _____
Telephone Number (include area code)	Mailing Address	
STEP 2 - CHECK 2 OR MORE GENERAL INDICATORS OF POOR OR DETERIORATING HEALTH		
Source: www.spict.org.uk/		
<input type="checkbox"/> Unplanned hospital admission(s) <input type="checkbox"/> Performance status is poor or deteriorating, with limited reversibility (e.g., stays in bed or a chair half the day or more) <input type="checkbox"/> Depends on others for care due to increasing physical and/or mental health problems <input type="checkbox"/> The person's carer needs more help and support <input type="checkbox"/> Progressive weight loss; remains underweight; low muscle mass <input type="checkbox"/> Persistent symptoms despite optimal treatment of underlying condition(s) <input type="checkbox"/> Person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life		
STEP 3 - CHECK 1 OR MORE CLINICAL INDICATORS OF LIFE-LIMITING CONDITIONS		
Cancer (source: www.spict.org.uk/) <input type="checkbox"/> Functional ability deteriorating due to progressive cancer <input type="checkbox"/> Too frail for cancer treatment or treatment is for symptom control	Dementia/Frailty <input type="checkbox"/> Unable to dress, walk or eat without help <input type="checkbox"/> Eating and drinking less; difficulty with swallowing <input type="checkbox"/> Urinary or fecal incontinence <input type="checkbox"/> Not able to communicate by speaking; little social interaction <input type="checkbox"/> Frequent falls; fractured femur <input type="checkbox"/> Recurrent febrile episodes or infections; aspiration pneumonia	
Heart/Vascular Disease <input type="checkbox"/> Heart failure or extensive, untreatable coronary artery disease, with breathlessness or chest pain at rest or on minimal effort <input type="checkbox"/> Severe, inoperable peripheral vascular disease	Kidney Disease <input type="checkbox"/> Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health <input type="checkbox"/> Kidney failure complicating other life-limiting conditions or treatments <input type="checkbox"/> Stopping or not starting dialysis	
Neurological Disease <input type="checkbox"/> Progressive deterioration in physical and/or cognitive function despite optimal therapy <input type="checkbox"/> Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing <input type="checkbox"/> Recurrent aspiration pneumonia; breathless or respiratory failure <input type="checkbox"/> Persistent paralysis after stroke with significant loss of function and ongoing disability	Liver Disease <input type="checkbox"/> Cirrhosis with one or more of these complications in the past year: diuretic resistant ascites; hepatic encephalopathy; hepatorenal syndrome; bacterial peritonitis; recurrent variceal bleeds <input type="checkbox"/> Liver transplant is not possible	
Respiratory Disease <input type="checkbox"/> Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations <input type="checkbox"/> Persistent hypoxia needing long-term oxygen therapy <input type="checkbox"/> Has needed ventilation for respiratory failure, or ventilation is contraindicated	Other Conditions <input type="checkbox"/> Deteriorating with other conditions, multiple conditions and/or complications that are not reversible; best available treatment has a poor outcome	

Compassionate Care Benefit

Employment Insurance (EI) benefits paid to people who have to be away from work temporarily to provide care or support to a family member who is gravely ill and who has a significant risk of death within 26 weeks (six months).

Physician fills out one page attestation.

<https://catalogue.serviccanada.gc.ca/content/EForms/en/Detail.html?Form=INS5216B>

S.S.

- Refer to Home Health Services
 - Home Care Nurse for symptom management
 - Community OT for hospital bed, walker, commode
 - Home Support for weekly bathing
- Husband applies for caregiver benefits, takes time off work
- She is supported at home by her husband and friends

S.S.

- The Home Care Nurse informs you that S.S. is not eating, spends most day asleep, and is now restless
- You identify that she is actively dying, and speak with her husband
- What medications might she need for end of life?
- What else might you need to do as her family doctor?

End of Life Symptoms

- Changes in food/fluid intake
- Dysphagia/aspiration
- Dyspnea
- Pain
- Terminal delirium
- Congestion/secretions
- Urinary retention
- Crisis - airway obstruction, terminal bleed, seizure

End of Life Medications

Medication	Starting Doses	Symptom
Hydromorphone	Opioid naive: 0.25-0.5mg sc q30 min PRN	Pain, dyspnea
Methotrimeprazine	2.5-5mg sc q2h PRH	Agitation, nausea
Glycopyrrolate	0.2-0.4mg sc q1h PRN	Secretions
Lorazepam	0.5-1mg sc q1h PRN	Anxiety, agitation, seizure, dyspnea, distressing bleed

Subcutaneous medication preferred as patient likely to lose oral route. Families can be taught to give sc medication, supported by HCN.

Home Death

- Discuss plans with nursing team
- Pre-arrangements with funeral home
- Notice of Expected Death at Home (EDITH)

At time of death:

- Do not call 911
- No EDITH - call nursing team/physician to pronounce death
- Yes EDITH - call funeral home after one hour or more has passed

Notification of Expected Death in the Home (EDITH)



NOTIFICATION OF EXPECTED DEATH IN THE HOME

To be completed by the Attending Medical/Nurse Practitioner

ATTENTION: FUNERAL DIRECTOR

NAME OF FUNERAL HOME			
ADDRESS	CITY	PROVINCE	POSTAL CODE

This is being sent to you in anticipation of death at home in the near future. You have been identified as the funeral home of choice. The family has been instructed to call you one hour after death has occurred for transport of the body.

As the attending medical/nurse practitioner, I certify that this person is known to me and that to the best of my knowledge and belief this is a natural and expected death. Upon death I authorize you to transfer the body and to complete the Registration of Death. I, or my designate, will complete the Medical Certificate of Death within 48 hours. This authorization shall be in effect for 3 months from the date signed.

PATIENT'S NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH (DD/MM/YYYY)	PERSONAL HEALTH NUMBER
ADDRESS	CITY	PROVINCE	POSTAL CODE
PRECAUTIONS, IF ANY:			

NAME OF ATTENDING MEDICAL / NURSE PRACTITIONER	PRACTITIONER COLLEGE ID NUMBER	PHONE NUMBER
ADDRESS	CITY	PROVINCE POSTAL CODE
COMMENTS		
SIGNATURE OF ATTENDING MEDICAL / NURSE PRACTITIONER	DATE SIGNED (DD/MM/YYYY)	

AUTHORIZATION OF DISPOSITION FOR EXPECTED DEATH AT HOME

To be completed by the person authorized to control the disposition for the expected death at home of:

--

I certify that I am legally authorized to make decisions after death has occurred and that the plan for management of expected death at home has been discussed and agreed to. I agree to the transfer of the body from the home without pronouncement of death by a health care professional and that we will follow the plan by noting the time of death and agreeing to wait at least one hour from the time of death to call the funeral home for transfer of the body. I agree to indemnify and hold harmless the Funeral Home, its employees and agents, from any liability for claims, damages, costs and expenses of whatever kind or nature (except any claim arising out

RELATIONSHIP TO DECEASED

from the *Cremation, Interment and Funeral Services Act*, Sec 5 (1):

Authorization of disposition is in order of priority as set out below.

- a) personal representative named in the will;
- b) spouse of deceased;
- c) adult child of deceased;
- d) adult grandchild of deceased;

Medical Certificate of Death

- Must be completed within 48h death
- Family MD will fill out for patient who has a home death

<https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/vsa051.pdf>

Community Palliative Care Checklist

- ✓ Advance Care Planning
 - Goals of Care
 - Substitute Decision Maker
 - Provincial No CPR form
 - MOST

- ✓ Referral to Home Health Services
 - Community Health Nurse
 - Home Support Worker
 - Allied Health

- ✓ Palliative Care Benefits (prognosis <6mo)
 - Medication (oral, subcutaneous)
 - Equipment

- ✓ Caregivers benefits if applicable, other supports (e.g. volunteer)

- ✓ Referral to specialist palliative care (PCU, consultant)
 - Outpatient consultation
 - Palliative Care Unit
 - Hospice

- ✓ Planning for End of Life at Home
 - Common medications
 - Expected Death in the Home

PALLIATIVE CARE RESOURCES

Palliative Care Resources

BC Provincial Palliative Care Consultation Line

For those who do not have access to a local palliative care service, for advice or support, call 1-877-711-5757. In ongoing partnership with the Doctors of BC, the toll-free Provincial Palliative Care Consultation Phone Line is staffed by Vancouver Home Hospice Palliative Care physicians 24 hours per day, 7 days per week to assist physicians and nurse practitioners with advice about symptom management, psychosocial issues, or difficult end-of-life decision making.

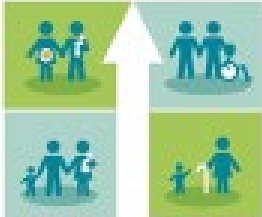
Palliative Care Resources - Guidelines

- Canadian Virtual Hospice
 - https://www.virtualhospice.ca/en_US/Main+Site+Navigation/Home.aspx
- BC Centre for Palliative Care
 - <https://bc-cpc.ca/>
- BC Guidelines - Palliative Care
 - <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/palliative-care>

Canuck Place



- Canuck Place Children's Hospice is BC & Yukon's pediatric palliative care provider.
- We support children and youth with **life-threatening and/or life-limiting illnesses** and their families.
- On average, a child is on the program for 7 years and their parents and siblings are in bereavement for an average of 3 years following the death of their child.



Through all stages of a child's illness: Designed to meet the needs of each family:

- Family Support & Respite Care (21 days a year)
- Pain & Symptom Management
- End-of-Life Care
- Nursing & Medical Care
- Counselling & Expressive Therapies
- Consultative Services – 24-hour/day
- Clinics (Hospital & Community)
- Community care (home visits, phone/virtual visits)
- Grief & Bereavement



Families can self-refer to
our program
(clinical or bereavement)

Canuck Place is:

where memories are made.

canuckplace.org



Canuck Place
CHILDREN'S HOSPICE

Palliative Care Resources

Interior Health

- <https://www.interiorhealth.ca/YourCare/PalliativeCare/Pages/default.aspx>

Northern Health

- <https://www.northernhealth.ca/services/end-life-care-palliative-care>

Vancouver Coastal Health

- <http://www.vch.ca/your-care/home-community-care/care-options/hospice-palliative-care>

Fraser Health

- <https://www.fraserhealth.ca/Service-Directory/Services/end-of-life#.X4YZgNlKiM8>

Island Health

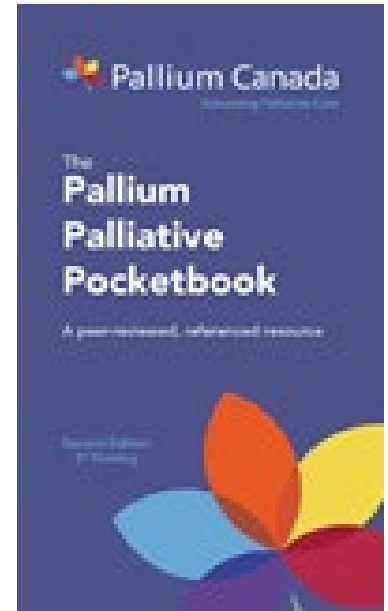
- <https://www.islandhealth.ca/our-services/end-of-life-hospice-palliative-services>

Palliative Care Resources

Pallium Canada:

a national, non-profit organization focused on building professional and community capacity to help improve the quality and accessibility of palliative care in Canada.

<https://www.pallium.ca/courses/>



Palliative Care Resources - Other

Methadone in palliative care

- <http://www.methadone4pain.ca/>

Pallium Canada - online modules

- <https://www.pallium.ca/>

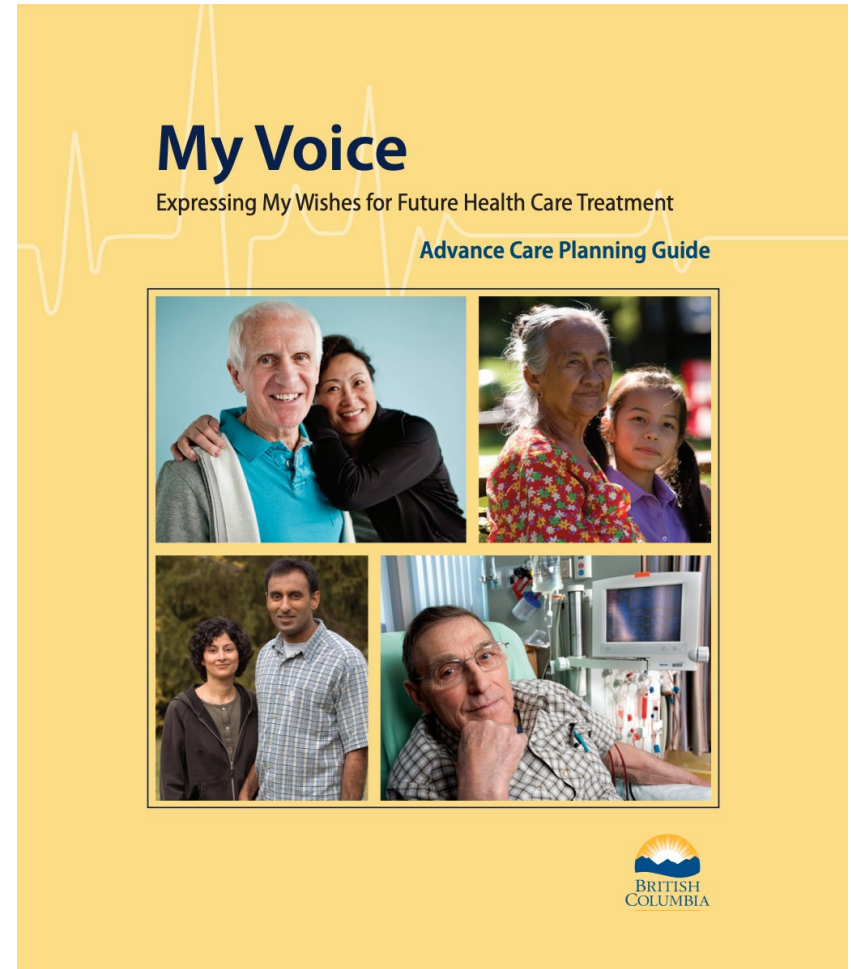
Division of Palliative Care, UBC

- <https://palliativecare.med.ubc.ca/>

BC's Advance Care Planning Guide

Outlines:

- Advance Directive
- Power of Attorney
- SDM
- Representation Agreement



- <https://www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/advance-care-planning>

Thank you!