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Clinical Order Set

Demographics

COVID-19 Palliative Sedation and End of Life (M1/M2) (Module)

Key: **Req** – Requisition **MAR** – Medication Administration Record **K** – Kardex **Dis** – Discontinued

Key | **Phase**

Instructions for completing this order set:

☑ Indicates a pre-selected order. To delete a pre-selected order, draw a line through it
☐ Must tick the box for order to be implemented. Orders not checked will not be implemented
__ Fill in blank spaces as needed/appropriate
- Indicates an item for consideration by Provider; is NOT an order

COVID-19 Palliative Sedation and End of Life (M1/M2) (Module)

**** To be used in conjunction with 'COVID-19 Palliative Care and Symptom Management (M1/M2/M3)' order set ****

Patient Population

- Confirmed or suspected COVID-19 with MOST status M1 or M2
- Death is imminent within days
- Shortness of breath is intractable to other possible management AND intolerable to patient
- Provider must obtain/document consent from patient/SDM to maintain sedation until death occurs from underlying disease
- See 'BC Centre for Palliative Care Refractory Symptoms and Palliative Sedation' guidelines
https://intranet.viha.ca/departments/eol/Documents/bc-symptom-guidelines-interactive.pdf#page=295

Patient Care

☑ RASS Goal, Assess patient using 'Richmond Agitation-Sedation Scale – Palliative Version (RASS-PAL)' PRN with each dose of anxiolytic or sedative to meet indicated RASS-PAL goal *(see attached nursing support document)*

Medications

- Provider to review and reconcile current medication orders; Previous oral meds, opioids, anxiolytics, and sedatives should be discontinued as indicated by patient's goals of care when palliative sedation and end of life orders are placed

Opiates

- Provider to use Island Health IntraNet 'Equianalgesic Opioid Conversion Dose Table for Palliative Care' to:
1. Calculate the TOTAL OPIATE DOSE received in previous 24 hours (Regular and PRN)
2. Convert each dose to parenteral equivalent; Oral to subcutaneous ratio is 2:1
3. Increase total daily dose by 30% AND divide by 6 = regular Q4H dosing

☐ HYDROmorphone (Dilaudid) inj, _____mg, Soln-In, SUBCUT, Q4H

- Provider to CALCULATE breakthrough dose as 10% of daily dose

☐ HYDROmorphone (Dilaudid) inj, _____mg, Soln-In, SUBCUT, Q30MIN, PRN for shortness of breath or pain
Notify MRP if symptoms unrelieved with current dose and frequency

Anxiolytics and Sedatives

RASS-PAL GOAL: - 4 (Deep Sedation)

-Provider to order either methotrimeprazine OR PHENobarbital

☐ methotrimeprazine inj, 25 mg, Soln-Inj, SUBCUT, Q8H
☐ methotrimeprazine inj - RANGE DOSE 12.5 mg to 25 mg, Soln-Inj, SUBCUT, Q2H, PRN to RASS-PAL Goal
☐ PHENobarbital inj, 120 mg, Soln-Inj, SUBCUT, Q8H
☐ PHENobarbital inj, 60 mg, Soln-Inj, SUBCUT, Q2H, PRN to RASS-PAL Goal

AND

☐ LORazepam inj, 2 mg, Soln-Inj, IV/SC, Q4H
☑ LORazepam inj, 2 mg, Soln-Inj, IV/SC, Q30MIN, PRN to RASS-PAL Goal

Consults/Referrals

- For complex care (e.g. midazolam CADD infusions), contact Palliative Care per Island Health IntraNet Palliative & End of Life

Signature, Designation | College License # | Date | Time

Email orderset@viha.ca to provide feedback or report concerns regarding this order set

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Richmond Agitation Sedation Scale – Palliative Version (RASS-PAL)

Score	Term	Description
+4	Combative	Overtly combative, violent, immediate danger to staff, (e.g., throwing items): + / - attempting to get out of bed or chair
+3	Very Agitated	Pulls or removes lines (e.g. IV / SC / Oxygen tubing) or catheter(s); aggressive, + / - attempting to get out of bed or chair
+2	Agitated	Frequent non-purposeful movement, + / - attempting to get out of bed or chair
+1	Restless	Occasional non-purposeful movement, but movements are not aggressive or vigorous
0	Alert and Calm	
-1	Drowsy	Not fully alert but has sustained awakening (eye-opening / eye contact) to voice for 10 seconds or longer.
-2	Light Sedation	Briefly awakens with eye contact to voice for less than 10 seconds
-3	Moderate Sedation *(common goal)*	Any movement (eye of body) or eye opening to voice, but no eye contact
-4	Deep Sedation	No response to voice but any movement (eye or body) or eye opening to stimulation by light touch
-5	Not rousable	No response to voice or stimulation by light touch

Tool Notes

- The Richmond Agitation-Sedation Scale – Palliative Version (RASS-PAL) is a valid and reliable assessment tool to assess the person's level of sedation during Palliative Sedation Therapy (PST)[i].
- Unlike the original RASS, the RASS-PAL does not require eliciting a response using painful or startling stimuli;
- The aim of palliative sedation is to provide symptom relief with the lightest possible level of sedation necessary and / or as per the identified goals.
- Use of a standardized tool to assess level of sedation improves monitoring, communication and documentation in PST, see procedure below.

Score	Procedure for RASS-PAL
0 to +4	**1.** Observe patient for **20 seconds** a. Patient is alert, restless or agitated **for more than 10 seconds**. Note if the patient is alert, restless or agitated for less than 10 seconds and is otherwise drowsy, then score patient according to your assessment for the majority of the observation period.
-1 -2 -3	2. If not alert, greet patient, call by name and say "open your eyes and look at me". a. Patient awakens with sustained eye opening and eye contact **(10 seconds or longer)**. b. Patient awakens with eye opening and eye contact, but not sustained **(less than 10 seconds)**. c. Patient has any eye or body movement in response to voice but no eye contact
-4 -5	3. When no response to verbal stimulation, physically stimulate patient by *light* touch, e.g., *gently* shake shoulder a. Patient has any eye or body movement to gentle physical stimulation b. Patient has no response to any stimulation

[i] Bush SH, Grassau, PA, Yarmo MN, Zhang T, Xinkie SJ, Pereira JL (2014). *The Richmond Agitation-Sedation Scale modified for palliative care inpatients (RASS-PAL): a pilot study exploring validity and feasibility in clinical practice.* BMC Palliative Care,13:17 1186/1472-684X-13-17.

Adapted for clinical use in Interior Health with written permission of Dr. Shirley Bush, original author, February 2020.

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