SYMPTOM MANAGEMENT CARE FOR THE IMMINENTLY DYING PATIENT IN THE EMERGENCY DEPARTMENT

Instructions to Physicians:
1. The intent is to enable an imminently dying patient in the Emergency Department (as defined by last hours to days) to achieve a comfortable death and to provide support to the patient and their family.
2. All medications should be given in sufficient doses and intervals to ensure patient comfort.
3. Complete the CPR and Plan of Treatment form indicating category status and document discussion with family.
4. Review all medications the patient is taking and discontinue only those not contributing to patient comfort.
5. Minimize intravenous fluids.

Non Medication

- ☐ Assess patient comfort q 1h or prn (pain, dyspnea, agitation, sedation)
- ☐ Assess family perception of comfort q 1h and provide education and reassurance about the dying process
- ☐ Liberalize visiting and arrange for a quiet space for patient and family if possible
- ☐ Consider discontinuation of cardiac monitor and discontinue vitals signs and blood work
- ☐ Discontinue devices not necessary for comfort at the discretion of RN/MD or family (ie catheters, NG tubes, IVs, etc)
- ☐ Insert subcutaneous lock or peripheral IV
- ☐ Oxygen prn for comfort and fan prn for dyspnea
- ☐ Mouth and eye care q 1hr prn (avoid deep suctioning unless absolutely necessary)
- ☐ Reposition patient q 1 hr prn (semi prone preferred)
- ☐ Bladder scan prn to assess for urine retention and insertion of foley prn
- ☐ Enteral feedings may continue if already established and if requested by patient
- ☐ Continue oral nutrition if requested by patient

Medication

Airway secretions:
- ☐ Glycopyrrolate 0.4 mg subcut/IV q 4 hrs prn

Agitation/ Delirium:
- ☐ Haloperidol 0.5 mg- 1 mg subcut/IV q 2 hrs prn
- ☐ if severe add Methotrimeprazine 12.5- 25 mg subcut q 4 hrs prn
- ☐ if severe add Midazolam 0.5- 1mg subcut/IV q 30 min prn

Pain or Dyspnea (for opioid naive): (subcut route preferred as has longer half-life compared to IV)
- ☐ Morphine 1-2 mg subcut/IV q 30 mins prn
  OR
- ☐ Fentanyl 12.5 -50 mcg subcut/IV q 30 mins prn
  OR
- ☐ _____

If patient is on regular oral opioid medication,
- ☐ convert current regime to subcut dosing (see reverse). Consider a small decrease if signs of opioid toxicity (myoclonus, sedation). Consult reverse for opioid equi-analgesia

Nausea/Vomiting:
- ☐ Metoclopramide 5-10 mg subcut/IV q 4 hrs prn (contraindicated in bowel obstruction)
  OR
- ☐ Haloperidol 0.5 mg- 1mg subcut/IV q 4 hrs prn

Fever:
- ☐ Acetaminophen 650 mg po/pr q 4 hrs prn

Seizure activity:
- ☐ Lorazepam 2 mg IV/subcut x 1 prn and inform MD

Consult

- ☐ Spiritual Care
- ☐ Social Work
- ☐ Palliative Care
- ☐ Organ Donation Organization (ODO) and record number in medical record
- ☐ Other: _____

Withdrawal of Life Sustaining Measures

- ☐ When family is ready, deactivate all life sustaining measures (defibrillator, cardiac pacing, mechanical hemodynamic support, vasoactive medications)
- ☐ For patients mechanically ventilated:
  - □ Rapidly wean ventilator to FiO2 0.21l, PEEP 5cm H20, PS 5cm H20
  - □ When patient is comfortable on minimal settings for 5 minutes, extubate to room air or transition to a T piece
- ☐ For patients on non-invasive ventilation, discuss discontinuation and place on room air

OPIOID CONVERSIONS AND EQUI-ANALGESIA

EQUIVALENCY TABLE OF OPIOIDS FOR PALLIATIVE END OF LIFE PATIENTS		
*These conversions are **guidelines.** Patients require **ongoing assessment** and **adjustments***		
MEDICATION	**DOSE p.o. (mg)**	**DOSE subcut (mg)**
Morphine	30	15
Hydromorphone	6	3
Oxycodone	20	N/A
Codeine	200	N/A
Methadone and Tramadol	morphine equivalency not reliably established	N/A
Fentanyl transdermal ** 25 mcg/ hr	Morphine 100 mg total daily dose	Morphine 50 mg total daily dose

** the conversion ratio of fentanyl to morphine is variable and dose dependent (higher doses require a more conservative ratio)
Suggest consulting a palliative care specialist

Reference: Jason W. Busse, Samantha Craigie, David N. Juurlink, et al. Guideline for opioid therapy and chronic non-cancer pain. CMAJ May 08, 2017 189 (18) E659-E666