

Palliative Care Pathway Staff Guidelines

1. The Palliative Care Pathway (Pathway) provides assessments and establishes goals of care for a person in **the last hours to days of life**. This care plan is for those imminently dying who have had all reversible causes to their current health status addressed, and who are designated as a C2 (Designated Goal of Care). Their families or decision makers are included in this decision making process.
2. **Initiation** of the Palliative Care Pathway may be suggested by any member of the interdisciplinary team when it is determined the person is nearing death.
3. The Registered Nurse (RN) or Licensed Practical Nurse (LPN) completes the Initial Assessment. At minimum, an RN or LPN, Physician, family member/guardian and patient/resident (when able) will be involved in this assessment to **initiate the Pathway** and **implement** the care plan. Other interdisciplinary team members provide input as appropriate and available.
4. When the Pathway is implemented, the **q4h documentation** is done by the RN or LPN.
5. The resident/patient is **reassessed** every 2-5 days to document the appropriateness of the care plan, as a person may improve and come off the Pathway. The care plan may be initiated and implemented again if the resident/patient is assessed as imminently dying.
6. The RN or LPN will document the care **after death** on the “*Care after Death Assessment*”.
7. Any **variance(s)** from the established care plan is documented in the nurses’ notes or interdisciplinary progress notes.
8. **Resource Guides** are provided to assist the physicians in the provision of symptom management medications at end of life, and are reflective of current evidence-based practice.

Paper format	Electronic Version
Step One - Decision to initiate Step Two - Initial Assessment and implementation	PCC - Covenant Health Palliative Care Pathway Initial Assessment - Initiate and implement
Reassessment - Every 2-5 days to document care plan is appropriate	PCC - Covenant Health Palliative Care Pathway Reassessment q 2-5 days that care is appropriate
Step Three - Ongoing Assessment - q4h documentation	POC (sunflower icon) - Ongoing Assessment - q4h documentation
Step Four – Care after death – document after death care	PCC – Covenant Health Palliative Care Pathway Care after Death – document care after death