

Calgary Regional Health Authority

**CLINICAL PRACTICE GUIDELINE FOR:
PALLIATIVE SEDATION**

EFFECTIVE DATE: 1999

REVIEW DATE: 2002

RELATED POLICIES: Consent for Treatment Policy #111-1

RELATED CPG'S OR CLINICAL PATHWAYS:

Clinical Practice Guidelines are to be used in conjunction with clinical judgment to support clinician and patient decisions for best care and treatment.

1.0 PURPOSE

To establish ethically acceptable criteria and guidelines for the use of palliative sedation as a form of treatment for intractable pain and symptoms associated with acute or chronic morbidity in the palliative care setting.

2.0 DEFINITIONS

2.1 Palliative sedation (may also be known as terminal sedation)

The process of inducing and maintaining deep sleep for the relief of severe suffering caused by one or more intractable symptoms when all possible alternative interventions have failed.

(Chater, 1996)

2.2 Refractory or intractable symptom

A symptom or symptoms which cannot be adequately controlled despite aggressive therapy that does not compromise consciousness. Refractory symptom must be distinguished from the "difficult symptom" that could potentially respond within a tolerable time frame to noninvasive interventions and yield adequate relief and preserved consciousness without excessive adverse results.

Decision points to determine a symptom as refractory -

Further invasive or noninvasive interventions are either:

- (a) incapable of providing adequate relief
- (b) associated with excessive and intolerable acute or chronic morbidity, or
- (c) unlikely to provide relief within a tolerable time frame

(Cherny and Portenoy, 1994)

3.0 RATIONALE

3.1 The use of palliative sedation practice has been confused with euthanasia by various members of the health care team and public, leading to a need to clarify and define parameters for use. This guideline does not include any support for the intent or practice of euthanasia.

3.2 A guideline for palliative sedation will enable clinicians and care providers to readily identify patients who may be candidates for palliative sedation.

3.3 An approved guideline outlining the practice of palliative sedation provides the staff with organizational support.

3.4 Provides a common base of understanding for what palliative sedation is and is not and allows clinicians, care providers and families to make appropriate and informed choices regarding the use of palliative sedation.

**CLINICAL PRACTICE GUIDELINE FOR:
PALLIATIVE SEDATION (continued)**

4.0 CRITERIA

The basic criteria for considering the use of palliative sedation include the following;

- A terminal disease exists
- The patient/client suffers from a refractory symptom/s
- In all but the most unusual circumstances, death must be imminent (within days)
- A do not resuscitate order must be in effect

5.0 PROCESS

- 5.1 In considering the use of palliative sedation, the attending physician shall ensure the patient is assessed by a physician expert in symptom management.
- 5.2 The attending physician, based on the recommendation and advice from a physician expert in symptom management shall consult directly with the patient and family and as appropriate with the other care providers regarding the option of palliative sedation.
- 5.3 If the option of palliative sedation is selected by the patient or 'agent' as identified within the Personal Directives Act, the attending physician or physician expert shall ensure the discussion by which the appropriate consent was obtained is documented on the health record.
- 5.4 Once consent is obtained for palliative sedation, the physician expert in symptom management will arrange for palliative sedation and appropriate monitoring of the patient.
- 5.5 The existing criteria and rationale used to determine the patient is a candidate for palliative sedation and the consultation process between the attending physician, palliative care consultants, patient and family will be documented on the health record.

6.0 SCOPE AND LIMITATIONS

- 6.1 This guideline is intended to apply to patients as identified in the criteria described in 4.0 above.
 - A terminal disease exists
 - The patient/client suffers from a refractory symptom/s
 - In all but the most unusual circumstances, death must be imminent (within days)
 - A do not resuscitate order must be in effect

7.0 STAFFING CATEGORIES QUALIFIED TO INITIATE AND MONITOR PALLIATIVE SEDATION

- 7.1 This guideline recognizes that expertise in the area of pain or symptom management is required by the health care disciplines implementing palliative sedation.

SITE SPECIFIC REQUIREMENTS

Palliative sedation can be undertaken in any location (home, hospital or care centre) provided that the above criteria can be satisfied.

Background Information

CRHA Clinical Practice Guideline for Palliative Sedation

Note about the evidence used in the guideline:

The use of palliative sedation is relatively uncharted in scientific medical research. There are a limited number of publications to reference regarding this practice. This document has been developed by incorporating the existing literature on the use of palliative sedation with the experiences of multidisciplinary pain and symptom management experts to produce a consensus based guideline.

The process for development of this guideline encompasses a full implementation, dissemination and evaluation plan. It is through the management of this plan that evidence relevant to the effectiveness of the guidelines will be collected and appropriate revisions will be made to the guideline.

REFERENCES

Chater, S. "Terminal Sedation Workshop", 11th International Congress on Care of the Terminally Ill, Montreal, Canada, 1996

Chater, S., Viola, R., Paterson, J., Jarvis, V., Sedation for Intractable Distress in the Dying-A Survey of Experts, *Palliative Medicine* 12:1998; 255-269.

Cherny, N.I., Portenoy, R.K., Sedation in the Management of Refractory Symptoms: Guidelines for Evaluation and Treatment, *Journal of Palliative Care* 10:2/1994; 31-38

Greene, W.R., Davis, W.H., Titrated Intravenous Barbiturates in the Control of Symptomatic Patients with Terminal Cancer, *Southern Medical Journal*, 84:3/1991; 32-37

Legislative Assembly of Alberta, Bill 35 Personal Directives Act, 1996

Roy, R.J., Euthanasia – Taking a Stand, *Journal of Palliative Care* 6:1/1990; 3-5

AUTHORS

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COMMITMENT TO CPG MANAGEMENT

Ongoing management of the clinical practice guideline includes implementation, evaluation, and revisions for the purpose of maintaining a current evidence based document to guide the delivery of palliative sedation within the CHR. The responsibility

for upkeep of this document rests within the authoring clinical team and should be clearly named here within this document as (identify responsible person/s and title).

Guidelines should be reviewed at a minimum of every 3 years or as new evidence becomes available.

Palliative Sedation Guideline developed 1999
Review Due 2002

ALGORITHM

**Guidelines for decision making process to initiate palliative sedation.
Guidelines are intended to be used together with appropriate clinical judgment.**

