

Palliative Sedation Therapy (PST) Checklist

Patient Name (last) _____
(first) _____
DOB (dd/mm/yyyy) _____
PHN _____ MRC _____
Account/Visit # _____

This checklist is a RECOMMENDED tool to assist in organizing the Palliative Sedation Therapy Process.

- Individual is experiencing intractable, refractory symptom distress¹ that cannot be managed with usual palliative therapeutic practices
- Estimated nearness to death in # days (check one): 0 – 3 4 – 7 7 – 14
- All potential treatment options have been explored in consultation with an experienced palliative care physician or palliative specialist and inter-professional team²
- The symptom(s) has been determined to be refractory/intractable because potential treatment options (select all that apply):
 - Are incapable of relieving symptom(s) distress
 - Have unacceptable side effects
 - Require an unacceptable transfer to another care setting
 - Would take an unacceptable length of time to be effective
 - Are not in keeping with the person’s goals of care
- A robust discussion about PST with the person and/or family has included:
 - the current goals of care are consistent with a comfort end-of-life approach
 - there is agreement PST is consistent with the stated current goals of care
 - concerns and questions about hydration and nutrition, life supporting therapies, psycho-social spiritual, cultural and emotional supports have been addressed
 - person is capable or has a Substitute Decision Maker and have provided informed verbal consent and it is documented in individual’s chart
- All the following requirements for a supportive care setting are met:
 - Operational capacity and willingness to provide education, ongoing coaching and emotional support for person, family and staff
 - Competent nursing support for the initiation, titration, stabilization of the dose and ongoing monitoring
 - Supplies and equipment for comfort and safety of an unresponsive person (e.g. suction)
 - Access to all anticipated medications and administration equipment for initiation, titration and maintenance of PST is available.

Date (dd / mm / yyyy) / /	Time	Prescriber’s Signature	Printed Name or College ID#
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¹ Refractory, intractable symptoms commonly include delirium, dyspnea, seizures and nausea/vomiting. It may also include pain, airway obstruction, emergency hemorrhage and more rarely, existential angst.

² Consultation supports may include the Provincial Palliative Care Line (1-877-711-5757 for physicians and nurse practitioners only), Regional Clinical Nurse Specialists, (PEOLC), Social Worker, Spiritual Care, etc.