

PALLIATIVE SEDATION THERAPY RECORD

Main diagnosis _____
 Other relevant conditions _____
 Indication to administer palliative sedation _____
 Date sedation initiated Year _____ Month _____ Day _____ Time (24 hour) _____

Patient Name (last) _____
 (first) _____
 DOB (dd/mmm/yyyy) _____
 PHN _____ MRN _____
 Account/Visit # _____
IH USE ONLY

Date (Day) (dd/mmm/yyyy)	Time (24 hour)	Level of Sedation RASS-PAL (+4 to -5)	Level of Pain PAIN-AD Score (0-10)	Level of Respiratory Distress RDOS Score (0-16)	Other observations	Administration of medication	Subcutaneous continuous or intermittent infusion			
							Additional bolus (mg)	Dose (mg/h)	Cumulative dose (mg)	Initials

Palliative Sedation Assessment and Monitoring Tools should include:

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

Instructions for Use:

RASS-PAL: See Procedure for RASS-PAL scoring at bottom of [826582 RASS PAL](#) or watch Buyere video self learning module at <https://elearning.bruyere.org/extlearning/external/RASSPALSelfLearningModule/story.html>

Pain Assessment in Advanced Dementia (PAINAD) Scale

	0	1	2
Breathing Independent of vocalization	Normal	Occasional labored breathing. Short period of hyperventilation.	Noisy labored breathing. Long period of hyperventilation. Cheyne-Stokes respirations.
Negative Vocalization	None	Occasional moan or groan. Low level speech with a negative or disapproving quality.	Repeated troubled calling out. Loud moaning or groaning. Crying.
Facial Expression	Smiling or inexpressive	Sad, Frightened, Frown.	Facial grimacing.
Body Language	Relaxed	Tense. Distressed pacing. Fidgeting.	Rigid. Fists clenched, knees pulled up. Pulling or pushing away. Striking out.
Consolability	No need to console	Distracted or reassured by voice or touch.	Unable to console, distract or reassure.

Scoring: 1-3 Mild pain *Provide comfort measures (i.e., non-pharmacologic approaches such as repositioning or distraction or a mild analgesic such as acetaminophen)*
4-6 Moderate pain
7-10 Moderate to Severe pain *Pain that warrants stronger analgesia, such as an opioid, as well as comfort measures*

Instructions for Use:

PAINAD: See [810310 PAINAD](#) for correct scoring range and item definitions on the second page.

Respiratory Distress Observation Scale (RDOS)

Variable	0 Points	1 Point	2 Points
Heart rate per min (beats / min = bpm)	less than 90 bpm	90-109 bpm	greater than or equal to 110 bpm
Respiratory rate per minute (auscultated) (breaths / min)	less than 19 breaths	19-30 breaths	greater than 30 breaths
Restlessness: non-purposeful movements	No	Yes - Occasional, slight movements	Yes - Frequent movements
Paradoxical breathing pattern: abdomen moves in on inspiration	No		Yes
Accessory muscle use: rise in clavicle during inspiration	No	Yes - Slight rise	Yes - Pronounced rise
Grunting at end-expiration: guttural sounds	No		Yes
Nasal flaring: involuntary movement of nares	No		Yes
Look of fear: <input type="checkbox"/> Eyes wide open <input type="checkbox"/> Facial muscles tense <input type="checkbox"/> Brow furrowed <input type="checkbox"/> Mouth open <input type="checkbox"/> Teeth together	No		Yes

Instructions for Use:

RDOS: See Instructions for Use [826583 RODS](#) to correctly score for respiratory comfort.

See [Palliative Sedation Therapy CDST #PC1982](#) and [Patient specific PST Order Set #829654](#) regarding PST Monitoring frequency.

Provincial Palliative Care Consultation Line (physicians and nurse practitioners only): **1-877-711-5757**

Nurses, please contact the **Regional Clinical Nurse Specialists** for Palliative and End of Life Care for Palliative Sedation consults: **1-250-354-2883 or 1-250-212-7807**