

Palliative Sedation Therapy (PST) Provider Assessment

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

- 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 a 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.
- The following requirements for a supportive care setting are met:
 - Provided education, ongoing coaching and emotional support for person, family and staff.
 - Nursing available for the initiation, titration, stabilization of the dose and ongoing monitoring.
 - Supplies and equipment for comfort and safety are available (e.g. suction).
 - Access to all anticipated medications and administration equipment for initiation, titration and maintenance of PST is available.

Permanent part of the health record

Date (dd / mmm / yyyy)	Time (24 hour)	Provider Name	Signature	Initials	Designation / College ID #

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.