Implementation of a Life-Sustaining Management and Alternative Protocol for Actively Dying Patients in the Emergency Department

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Problem: The aging population and the growing number of home hospice patients have resulted in increased utilization of emergency departments. This situation poses a clinical challenge to the ED staff in determining when lifesaving treatment is indicated and when end of life care begins.

Methods: Through a shared governance model, ED physicians and nursing staff aimed to implement a best practice model for the care of dying patients. An ED interdisciplinary team identified gaps and brainstormed methods to improve palliative measures and comprehensive care for actively dying patients.

Results: A best practice initiative called "Life Sustaining Management and Alternatives" was developed and implemented to provide palliative care services and comprehensive care for patients who are actively dying in the emergency department.

Implications for Practice: The emergency department became better equipped to handle end of life care, providing adequate pain management, optimal comfort measures, and emotional support with respect and dignity for the dying patient and family. The practices implemented resulted in improved patient care, increased patient satisfaction, and reduced overall hospital admissions.

Key words: Emergency department; Palliative care; Hospice care; End of life; Family; Geriatric

A 45-year-old man with athetoid, spastic quadriplegia was transferred to the emergency department from a long-term care facility because of shortness of breath and coffee ground emesis. His medical history included a seizure disorder, mental retardation, gastrointestinal reflux disease, and dysphagia, and he required a percutaneous endoscopic gastrostomy tube for delivery of nutrition. In the emergency department, the patient was diagnosed with aspiration pneumonia, gastrointestinal bleeding, sepsis, and respiratory failure. The patient required intubation, and an epinephrine drip was started. A palliative care consultation was obtained. The patient's mother decided that she wanted her son to be comfortable and did not want life support measures to be used, and she notified other family members. The patient was transferred to the Life Sustaining Management and Alternative (LSMA) room, where the lights were dim, medical

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J Emerg Nurs 2016;42:201-6.
Available online 7 April 2016
0099-1767

http://dx.doi.org/10.1016/j.jen.2015.11.006