



**Vancouver Island Health Authority
End of Life Program
Practice Guidelines**

VIHA EOL Practice Guidelines

Fraser Health Authority (FHA) granted permission to adopt the original guidelines for use within the Vancouver Island Health Authority (VIHA)

Northern Health Authority (NHA) granted VIHA permission to adopt the additional material added to the FHA guidelines.

Vancouver Coastal Health (VCH) granted permission to adopt the information from the VCH Palliative Guidelines.

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Introduction

Palliative care requires an interdisciplinary, total person approach with a goal to allow one an opportunity to achieve physical, emotional and spiritual comfort. The following definitions help us to understand VIHA's vision and commitment to providing high quality services that are competent, compassionate and respectful of all people who are dying and their families.⁽¹⁾

Palliative Care

“Palliative care means the specialized care of people who are dying – care aimed at alleviating suffering (physical, emotional, psychosocial or spiritual), rather than curing. The term palliative care is generally used in association with people who have an active, progressive and advance disease, with little or no prospect of cure”. ⁽¹⁾

Hospice Palliative Care

Hospice Palliative Care (HPC) is the nationally accepted term than “aims to relieve suffering and improve the quality of living and dying. HPC strives to help patients and families address physical, psychological, social, spiritual and practical issues, and their associated expectations, needs, hopes and fears; prepare for and manage self determined life closure and the dying process; cope with loss and grief during the illness and bereavement. HPC aims to treat all active issues; prevent new issues from occurring; and promote opportunities for meaningful and valuable experiences, personal and spiritual growth, and self-actualization; it is appropriate for any patient and/or family living with, or at risk of developing, a life threatening illness due to any diagnosis, with any prognosis, regardless of age, and at any time they have unmet expectations and/or unmet needs, and are prepared to accept care”. ⁽²⁾

End-of-Life Care

“End-of-life care is the term used for the range of clinical and support services appropriate for dying people and their families. The goal of end-of-life care is the same regardless of the setting-to ensure the best possible quality of life for dying people and their families”. ⁽¹⁾

Textbook Resources

In the VIHA End of Life program we have recommended textbooks to support hospice palliative end of life care. The following textbooks have been provided in many setting for professional caregivers to use in their clinical practice:

- Victoria Hospice Society (2006). Medical care of the dying. (4th ed.). Victoria, B.C.: Victoria Hospice Society, Learning Centre for Palliative Care.

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- Victoria Hospice Society. (2003). Transitions in dying and bereavement: a psychological handbook for hospice and palliative care. Victoria Hospice Society: Health Professions Press.
- Capital Health. (2006). 99 Common Questions (and more) about End of Life – A nurse's handbook. 3rd Edition. Regional Palliative Care Program: Capital Health Edmonton, Canada

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What is Evidence-Based Palliative Care?

Four important points are:

1. “Evidence-based practice is the conscious, explicit and judicious use of current evidence in making decisions about the care of individual patients.
2. It is more difficult to measure quality of life and altered outcomes in patients and families whose illness or frailty make it difficult to collect data.
3. Outcome and quality of life measures needed to be sensitive to the wider symptoms.
4. Those working in palliative care must use existing research through appropriate systematic reviews to maximize the value of data yielded in caring for patients and families”. (1)

What is a Clinical Practice Guideline (CPG)?

Clinical Practice Guidelines are “systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances”.(2) “Their purpose is to make explicit recommendations with a definite intent to influence what clinicians do.” (3, 4)

Why do we need to use Evidence-Based Clinical Practice Guidelines in End of Life care? We need to use Clinical Practice Guideline in End of Life to help us provide the best care possible. End of Life Clinical Practice Guidelines will help us to:

- Inform health care providers, patients and families.
- Educate health care providers and the public
- Include all members of the health care team
- Improved clinical decision-making
- Reduce variation in professional practice
- Ensure equitable allocation of resources
- Measure the quality of our care
- Identify opportunities for improvement
- Improve management of the health care system
- Provide a foundation for the future

What are the Symptom Guidelines?

These guidelines are one of many resources available to health care professionals in VIHA to improve health care outcomes in hospice palliative end-of-life care. These guidelines provide recommendations based on scientific evidence and expert clinical opinion. They provide practical and easy-to-follow advice to health care providers for effective patient care.

The guidelines are not an all inclusive list of symptom guidelines. Rather, they are intended to be a convenient resource for some of the more common symptoms experienced by adult patients (≥ 19 years of age) and their families who are living with

advanced, life threatening illness. As they are symptom guidelines only, they do not replace individual patient and family assessment and/or clinical judgment within the scope of professional practice. As these End of Life Symptom Guidelines are a work in progress and evidence changes, we encourage providers to be aware of this. We welcome and appreciate feedback.

What is the purpose of using the AGREE Instrument?

The purpose of using the Appraisal of Guidelines & Evaluation (AGREE) instrument is to provide a framework for assessing the quality of clinical practice guidelines. The AGREE instrument is perceived as reflecting the current state of knowledge in the field.

(4)

The number of appraisers for each of the Symptom Guidelines ranged between five and eight. All guidelines received two external reviews by a physician and pharmacist. Each guideline received an overall assessment based on four options:

1. 'Strongly recommend'
2. 'Recommend (with provisos and alterations)'
3. 'Would not recommend'
4. 'Unsure'

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SYMPTOM ASSESSMENT ACRONYM

The symptom Assessment Acronym is a tool to aid in a systematic assessment approach to whatever end of life symptom you are reviewing. Other aids are available however, in VIHA we recommend this tool for care providers to guide a consistent and comprehensive symptom assessment in end of life care. (See *Appendix A for Symptom Assessment Tool that can be copied for use in VIHA*)

*Assessment using Acronym O, P, Q, R, S, T, U and V (1,2,3,4,5,6,7,8,9) **

O Onset	When did it begin? How long does it last: How often does it occur?
P Provoking/ Palliating	What brings it on? What makes it better? What makes it worse?
Q Quality	What does it feel like? Can you describe it?
R Region/ Radiation	Where is it? Does it spread anywhere?
S Severity	What is the intensity of this symptom (on a Scale of 0 to 10 with 0 being none and 10 being worst possible)? Right now? At best? At worst? On average? How bothered are you by this symptom? Are there any other symptoms(s) that accompany this symptom?
T Treatment	What medications and treatments are you currently using? How effective are these? Do you have any side effects from the medications and treatments? What medications and treatments have you used in the past?
U Understanding / Impact on You	What do you believe is causing this symptom? How is this symptom affecting you and /or your family?
V Values	What is your goal for this symptom? What is your comfort goal or acceptable level for this symptom (on a scale of 0 to 10 with 0 being none and 10 being worst possible)? Are there any other views or feelings about this symptom that are important to you or your family?

*Also include a Physical Assessment (as appropriate for symptom)

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Appendix A - Symptom Assessment Tool

Symptom of Concern

Patient's primary concern in relation to symptom:

Interview Assessment Questions:

Onset *(When did it begin?)*

Place / Pattern *(Where is it? How long does it last? Intermittent? Constant?)*

Quality *(What does it feel like?)*

Relieving / Aggravating factors *(What makes it better? Worse?)*

Severity *(Intensity of symptom 0-10? How bothered are you by this 0-10?)*

Treatment *(What have you tried? What has worked? Not worked?)*

Understanding *(What do you understand / think is happening with this symptom?)*

Values / Concerns *(What do you hope / expect in relation to this symptom? How is it affecting you?)*

Physical assessment (as appropriate for symptom):

Signature: _____ Date: _____ Time: _____