HEALTH HOLDING

HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

Department:	Provision of Care		
Document:	Multidisciplinary Policy and Procedure		
Title:	Care of Terminally Ill or Dying Patients		
Applies To:	All Healthcare Provider		
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1. PURPOSE:

1.1 To provide the maximum healthcare support for the terminally ill patient that keeps him comfortable so that they can experience a satisfactory last chapter of their lives.

1.2 To do the maximum effort to accommodate the families of these patients and help to accept the idea of terminally ill patients on both terms psychologically and socially.

1.3 It includes palliative care which is the active total care of patients whose disease is not responsive to curative treatment. Control of pain, other symptoms, and psychological and social problems is paramount. The goal of palliative care is achievement of the best possible quality of life for patients and their families.

2. DEFINITIONS:

2.1 **End of life care** – is care that helps relief suffering and improve quality of life of all those with advanced, progressive, incurable illness expected to end in death so they live as well as possible until they die:

2.1.1 It enables the supportive and palliative care needs of both patient and family to be identified and met.

2.1.2 It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support and bereavement.

2.1.3 Examples of end of life care patients: neonates with severe congenital malformations, some disorders related to extremely short gestational age etc.

2.2 **Terminal illness phase** – in general, it refers to the last few days of life of patients whose death is imminent. In some situations, it is possible to identify the terminal phase with some accuracy, while many diseases have a natural history of progression and exacerbations which make the transition to the terminal phase difficult to identify.

3. POLICY:

3.1 Maternity and Children Hospital's administration recognize that patients who are approaching end of life stage, have unique needs and rights for respectful, compassionate care regardless whether the patient or his/ her family chooses to continue intensive efforts to prolong life or chooses to forgo further life extending care.

3.2 Ensure that the patient's comfort, dignity and choices guide all aspects of care throughout the course of illness during the dying process and after death.

3.3 Patients/ families have the right to participate in the patients care process.

3.4 The multidisciplinary team performs assessment of the patient and family needs. The team develops plan of palliative care based on the assessment identified preferences, values, goals, needs of the patient and family. Plan should include management of pain and other distressing symptoms.

3.5 Reassessment is done regularly and in response to changes in patient's status.

3.6 Provide any beneficial, appropriate internal or external services needed to meet the patient's medical, psychosocial and spiritual/ religious needs. When required e.g. bed or resources availability, the hospital provides referral and transfer services to other facility that can provide palliative care.

3.7 Ethics: The patient/ patient family have the right to refuse or discontinue treatment, withhold resuscitative services and forgo or withdraw life sustaining treatments. The hospital conforms to the religious (Fatwa), cultural norms and laws and regulations.

4. PROCEDURE:

4.1 This policy is used in accordance with the "Multidisciplinary Assessment and Reassessment of Maternity and Children Hospital Patients".
4.2 Patients included are only our known patients who turned to be terminally ill due to progression of disease that reached to be beyond any active treatment.
4.3 Although terminally ill patients should receive the best supportive care to fulfill the purpose of this policy.
4.4 The clinical policy of care at the end of life and the professional practice should:
- 4.4.1 Respect the dignity of both patient and caregivers.
- 4.4.2 Be sensitive to and respectful of the patient's and family wishes.
- 4.4.3 Use the most appropriate measures that are consistent with patient's choices.
- 4.4.4 Encompass alleviation of pain and other physical symptoms.
- 4.4.5 Assess and manage psychological, social and religious problems.
- 4.4.6 Offer continuity (the patient should be able to continue to be cared for, if so desired, by his/ her primary care and specialist providers).
- 4.4.7 Respect the physician's professional responsibility to discontinue some treatments when appropriate, with consideration for both patient and family preferences.
- 4.4.8 Promote clinical and evidence based practice on providing care at the end of life.

4.5 Teamwork between primary physician, physiotherapist, nurse, social worker should be fulfilled to achieve the purpose of the policy.
4.6 Reassessment should be done daily by physician, every 8 hours shift by assigned nurse with documentation.
4.7 Patients and families of these patients should be prepared psychologically and socially by the healthcare team to accommodate the presence of a chronic problem in the family and how to deal with it to reach the maximum comfort of both the family and the patient.
4.8 If patients with terminal diseases are classified as No Code, designated family member should sign the (Do Not Resuscitate form). This form should be signed by 2 consultants and 1 specialist.
4.9 Terminally ill patients belonging to denominations other than Islam shall be given spiritual support when requested.

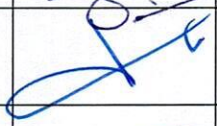
5. MATERIAL AND EQUIPMENT:

5.1 Vital Signs Monitor
5.2 Stethoscopes
5.3 Weighing Scales
5.4 Do Not Resuscitate Form
5.5 Physician Progress Note
5.6 Physician Orders

6. RESPONSIBILITIES:

6.1 Consultants/ Specialists/ Residents
6.2 Nursing Staff
6.3 Physiotherapist
6.4 Social Worker
6.5 Respiratory Therapist

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Rhodora Natividad	Document Management Control Coordinator		January 05, 2025
Prepared by:	Dr. Shaimaa Bayoumi Emara	Medical Quality		January 05, 2025
Reviewed by:	Mr. Sabah Turayhib Al Harbi	Director of Nursing		January 07, 2025
Reviewed by:	Mr. Abdulellah Ayed Al Mutairi	QM&PS Director		January 08, 2025
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		January 12, 2025
Approved by:	Mr. Fahad Hazam AlShammari	Hospital Director		January 19, 2025