Frequently-Asked Questions (FAQs)

Waterloo Wellington (WW) Symptom Management Guideline for the End-of-Life (EOL) Medication Order Set for Long Term Care (LTC)

General Questions

1. **What is the EOL Medication Order Set for LTC?**

   The Order Set is a consensus-based, evidence-informed guideline to provide care and timely symptom management at end of life.

2. **What are the goals of the EOL Medication Order Set?**

   The Order Set aims to:

   - *improve the quality of dying for residents and families by optimizing comfort and function in the face of inevitable decline.*
   - *effectively achieve symptom management by incorporating pharmacological and non-pharmacological interventions into individualized treatment plans.*

3. **Shouldn't acetaminophen be included as an option on the standardized EOL medication order set?**

   Standing orders for acetaminophen PO/PR as needed can be important for managing mild pain and fever at the end-of-life for certain residents. In many LTC Homes, PRN acetaminophen is already ordered for residents. If through assessment it is believed development of mild pain or fever is a possibility for a particular resident, then acetaminophen PRN PO/PR should be ordered as part of their individual care plan.

4. **Shouldn't laxatives be included as an option on the standardized EOL medication order set?**

   Regularly scheduled or as needed laxatives PO/PR can be important for managing constipation, secondary to opioids, dehydration or immobility at the EOL. In many LTC Homes, laxatives are already ordered for residents. If by assessment of a particular resident, it is believed development constipation is a possibility, then laxatives PO/PR regularly scheduled or as needed, should be ordered as part of their individual care plan

5. **Shouldn't oxygen therapy be included as an option on the standardized EOL medication order set?**

   Oxygen therapy "for comfort" at EOL is not considered to be best practice in hospice palliative care. First line management of moderate to severe breathlessness or dyspnea is opioids. At EOL, the body's ability to process and circulate oxygen naturally diminishes and applying oxygen therapy does not delay this natural dying process. Oxygen therapy can be irritating to the face, as well as nasal and oral cavities, which can increase discomfort rather than improving it. Oxygen therapy may be individually considered for residents with disease-related hypoxia, but only after thorough consideration and weighing of the benefits/risks of therapy. Residents and families may need support and education to understand why oxygen therapy is not being used at EOL.

6. Why are the suggested opioid medication starting dosages so low?

   The medication dosages that are suggested in the EOL Order Set are guidelines. The recommended starting doses of opioid are safe, and evidence-based for the opioid-naïve and frail resident beginning with a low Q4h dosage, with an hourly PRN dose to allow for safe titration to the lowest opioid dose that achieves symptom control. This is often referred to as "start low, go slow".

The guideline also encourages prescribers to individually assess and prescribe dosages that are appropriate for the specific resident's needs and current opioid tolerance (i.e. if a resident was already taking opioid medications, a higher dose of PRN opioid for end of life symptom management may be warranted). The order set and guidelines are set out to support best practice and critical thinking for prescribers, clinical and non-clinical staff members.

9 a. What is the correct titration of opioid medications when moving from the oral route to the subcutaneous (or intravenous) route?

The correct titration of opioid medications from the oral route to the subcutaneous (or intravenous) route is to divide the oral dose by 2. This takes into account the "first pass effect" that oral medications go through when processed in the liver.

9 b. Why is the morphine titration from oral to subcutaneous administration in the Order Set NOT ½ the dose?

The reason that the morphine titration from oral to subcutaneous administration is not quite 1/2 is due to availability of tablets at certain doses and the feasibility of safely drawing up the subcutaneous dose.

- The lowest available dosage of morphine IR tablets is 2.5mg.
- The gradations on a 1ML or 10ML syringe available in long term care homes, make it impossible accurately measure 0.125ml for a subcutaneous dosage of morphine 1.25mg SC. Rounding down (because the decimal value is less than 0.05) to an "available" subcutaneous dose is therefore necessary to morphine 1mg SC.

10. Where can I find more information about the EOL Medication Order Set?

For more information, visit: http://hpcconnection.ca/resources/ltc-resources/

Implementation of the Revised WW Symptom Management Guideline for the EOL Medication Order Set for LTC

1. How can the Palliative Performance Scale (PPS v2) tool help us to identify residents nearing end of life?

The Palliative Performance Scale (PPS v2) is a validated tool that assesses a resident's abilities across five functional domains: Mobility, Activity, Self-Care, Intake, and Conscious Level. When a resident's PPS is between 30% -10%, this indicates that they are in the EOL phase of their disease process/decline. During the EOL phase, health care providers can assist a resident and family to prepare for their natural end of life, through care planning. For more information, please contact us at hpcinfo@hospicewaterloo.ca. For a refresher on using the PPS v2, click here]

2. Why was the family information tool added to the "kit"?

The Family Information Pamphlet was developed in response to feedback received from family members of patients receiving EOL care. Family members wanted to know why medications were being ordered in preparation for possible symptoms at EOL, and what they were for. We know that residents and families have a lot of information to absorb and retain, during what is likely a very stressful time for them. The Family Information Pamphlet is meant to support the sharing of this information between health care providers and residents/families, and it gives residents and families a reference tool to refer to.

3. **My LTC Home uses an "Emergency Box (e-Box)". If we use medications from the e-box supply, do we still check the "send now" box?**

   The WW End-of-Life Medication Order Set & Symptom Management Guidelines were developed as an evidence-based, best practice support for our regional LTC homes. Prior to implementing the WW EOL Medication Order Set & Symptom Management Guidelines, they must be reviewed by your physician, pharmacy and leadership team.

   The WW EOL Medication Order Set can be:

   - implemented as is, and "Send Now" medications are kept outside of the e-box supply OR
   - utilized as a reference to develop one that is home-specific but does not include the "Send Now" option OR
   - used as is, and the "Send Now" column is disregarded by prescribers and the medications are removed from the e-box supply as needed.

   We encourage each LTC Home to update their policies on end of life care medications to include their process.

4. **How long should the education about the WW EOL Medication Order Set be?**

   Education sessions for **clinical staff** should take approximately 30 minutes to complete the slide presentation, allowing 15 minutes for questions interspersed throughout and after the presentation for a total of 45 minutes.

   The education sessions for **non-clinical staff** can likewise follow this format, however, we recognize that the ability for non-clinical staff to attend a lengthy session may be limited. For ideas, please see question 5 below.

5. **Can the education be provided in separate sessions such as huddles or as part of team meetings?**

   We recommend the education session dedicated to clinical staff be delivered at one time to promote the opportunity for comprehensive learning and not divided into separate segments.

   You can break the presentation into shorter segments for your non-clinical staff. We recommend dividing the content into 3 - 15 to 20-minute education sessions to ensure adequate time for learning. To support your LTC Home in sharing this information, we are in the process of creating a Huddle Guide. If you would like to request a copy of the Huddle Guide, please contact hpcinfo@hospicewaterloo.ca.