HOSPICE CARE GUIDELINES

Hospice patients are nearing the end of life and have agreed to treatment by in-home or in-facility nursing. They may or may not have signed DNR order/CPR Directive. While many families/patients agree to go into hospice care, as the patient becomes increasingly ill, they may be unsure of what to do and call EMS. The following procedures shall be followed to assure that patients are getting the care they need without incurring unnecessary ambulance transport to the hospital. Always keep in mind that DNR DOES NOT mean do not treat.

ON SCENE PROCEDURES

1. There is more than one Hospice provider in our County- ask patient/family for the number for their Hospice nurse.
2. Call the patients hospice nurse as soon as possible if they are not already on scene/enroute.
   a. If patient is transported by you, notify hospice nurse of destination.
3. Evaluate the patient for need for immediate transport, but try to have Hospice nurse involved in this decision.
   a. Many hospice patients- even if having chest pain or other concerning symptoms- do not need/wish transport to a hospital.
4. Assuming the patient does not need immediate transport, utilize the hospice nurse.
   a. Let the hospice nurse discuss options with the family, even if only on phone.
   b. The family and hospice nurse shall decide on an appropriate course of treatment/destination.
   c. On scene the hospice nurse shall be the highest ranking provider until transport decision is made- once in the ambulance, you are in charge.
5. Even if patient has DNR/CPR Directive/Advance Directive, remember other modalities which may provide comfort:
   a. CPAP, oxygen, medications, etc.
6. Providers are authorized to give the following provider level appropriate medications to hospice patients and leave the patient at home as long as the hospice nurse is in attendance or immediately enroute:
   a. May assist patient with own medications- it is preferred they be used as first choice.
   b. Opiates/midazolam/haloperidol – call in requirements for EMT-I apply
7. Do not get into middle of arguments with family and patient about treatment. Use the hospice nurse. If the patient has decision-making ability, then he/she gets to determine care, not the family.
8. In the end if the person with decision-making capacity wants transport, then the patient should be transported.
9. If you arrive at the unattended death of a known hospice patient, try to call the hospice nurse prior to law enforcement. You may still need to contact law enforcement.
10. You may always call the EDP for advice if you find yourself in a position you are unfamiliar with.

HOSPICE INPATIENT FACILITY PROCEDURE

1. In general, only Hospice and Palliative Care of Western Colorado hospice patients can be taken to the Inpatient Facility.
2. A hospice nurse or physician must be involved in this decision. Call the Hospice and Palliative Care of Western Colorado hospice nurse at 241-2212 if there are any questions.
3. If the destination is determined to be the Inpatient Facility per the Hospice MD or Nurse, call the hospice facility at 255-7263 and let them know your ETA so staff can meet you at the front (north-side) door.

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4. There is an intercom next to the door if no one is there when you arrive.
5. If the hospice nurse/physician are OK with you transporting to the facility, you may do so regardless of the patient's condition—i.e. CP, bleeding, abnormal VS, etc.
6. If a patient expires during transport, continue to the hospice facility—staff will take care of pronouncement there.