End of Life Care and Decision Making

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Introduction

One of the most difficult situations health care professionals face is how to assist patients and families trying to make decisions about whether to start, continue or stop the life-sustaining treatments for critically ill patients and patients who are unable to communicate for themselves. Patients who are near or at the end of their lives need to receive care that addresses their psychosocial, emotional, and spiritual needs. This site offers resources to help staff provide care that meets the unique needs of dying patients and their families.

Resources to Address Patient and Family Needs [1] - For UVA services, concerns, clinical issues

Advance Directives

Advance care planning -- making and writing down decisions about future medical care - should be a routine part of care for every adult. It is a process of thinking about choices, writing them down, and talking with family and health care providers. Patients have the right to make choices about treatment and surrogate decision makers before an incapacitating illness or injury. At UVA we routinely ask if a patient has completed an Advance Directive, send copies provided to us to HIS (Medical Records) and locate Advance Directives in the Electronic Medical Record. We review the Advance Directive in the record regularly to ensure it still reflects a patient's wishes. An Advance Directive is used to guide care if the patient loses decision-making capacity; especially if a patient has specifically named someone to make medical decisions for him/her when the patient is unable to. According to Virginia Health Care Decisions Act 54.1-2982, Advance Directives must be witnessed by two adults. These witnesses can be family and/or health care providers. Please see Medical Center Policy 142 for more information about Advance Directives.

In the absence of an Advance Directive in Virginia the surrogate hierarchy is:

- legally appointed guardian,
- spouse (if no divorce filed), or a
- majority of adult children,
- parents,
- adult brother or sister,
- other relatives.

To find an Advance Directive in Epic:

- Open a patient's chart and go to Chart Review.
- Under the Media Tab, click the Advance Directive Filter in the center of the screen.
  Advance Directives (if in the EMR) will appear. The date scanned does not necessarily reflect the date of the document.
Open all Advance Directives to find the most recently completed form. We honor the one with the most recent date.

To access Forms [2]:

- Form 161201 - Short version of the AD Form
- Form 161201 S - Spanish version Advance Directives
- Form 161202 - Long version of the AD Form

**Bereavement**

Grief is a normal reaction to the death of a loved one and bereavement support is an integral part of patient/family care. Bereavement support is provided by the patient care team including Social Work and Chaplaincy. Each hospital unit has a Bereavement Coordinator. Chaplaincy Services provides bereavement materials and cards. For more information, please the Bereavement Toolkit [3]

**Decedent Affairs**

The Decedent Affairs office [4]coordinates the post death process. Staff are available 24 hours a day 7 days a week to coordinate and provide information. This site provides information about the Death Packet, Death Certificate, Autopsy, and other relevant topics.

**Durable DNR/Inpatient Code Status**

Durable Do Not Resuscitate (DNR) is a physician's order to withhold CPR from a patient in the event of cardiac or respiratory arrest. It is signed by the patient/surrogate and the physician for a DNR order that can be honored at any setting. Cardiopulmonary resuscitation for this purpose includes cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation and related procedures.

UVA Form 111161 [5] adapted the State form for use at UVA.

For more information about Durable DNR in Virginia, check the Virginia Department of Health [6].

**Inpatient DNAR status** – Do Not Attempt Resuscitation - when a code status order is entered for an inpatient, the status changes on the Header in Epic. To see the details of the order, click on the link in the order.

The options are: Full Code; Full or Partial Code for Procedure; DNAR-A (All Therapy, but do not attempt resuscitation); DNAR-B (Non-escalation of therapy, continue current interventions and do not attempt resuscitation); DNAR-C (Comfort Measures only, do not attempt resuscitation). All code orders must include a note documenting any conversation about the order. If conflict occurs, the healthcare team is unable to resolve, Ethics Consultation is required.

**Organ Donation and Anatomical Gifts**

Organ, eye and tissue donation is the process of recovering organs, eyes, and tissues from a deceased person and transplanting them into others in order to save the lives or improve the health of those in need. Up to seven lives can be saved through organ donation, and another 50 lives or more may be improved through tissue donation.

LifeNet Health(TM) is our local organ procurement agency. A referral to LifeNet Health(TM) (1-866-543-3638) is required when a patient's death is imminent. UVA defines "immanent" as a patient meeting one or more of the below criteria:

- Neurological devastation with a Glasgow Coma Score of 4 or less;
• Being placed on mechanical ventilation due to severe brain injury;
• The ordering of apnea testing for confirmation of brain death; or
• For whom mechanical ventilation/life support is being withdrawn with the expectation of death.

At the appropriate time following the referral, LifeNet Health(TM) [7] will discuss organ, eye, and tissue donation options with the family.

For more information about Organ Donation in Virginia: http://www.donatelifevirginia.org [8]

Anatomical Gifts (whole body donation) are made through the State Anatomic Program at http://www.vdh.virginia.gov/stateanatomicalprogram/ [9]

**Palliative Care**

Palliative care is a special team approach to managing symptoms and stress for patients with serious illness. This includes coping with pain, trouble breathing, and infection; as well as emotional, social and spiritual needs. Palliative care prevents and eases suffering. Palliative care is provided to:

• People with cancer or life-threatening illness.
• People suffering severe side effects from treatment for cancer or any other life-limiting illness

People who are seriously ill and want help understanding their options for care. UVA offers a brochure providing more details about our Palliative Care Service.

The National Hospice and Palliative Care Organization [10] offers resources and information.

**Policies**

*Relevant UVA Medical Center Policies can be found at:* http://www.healthsystem.virginia.edu/docs/manuals [11]

• #024 Informed Consent
• #079 Do Not Resuscitate Orders
• #098 Organ, Tissue, and Eye Donation
• #105 Ethics Consultation
• #140 Judicial Treatment Orders
• #142 Advance Directives
• #187 Emergency Cardiopulmonary Resuscitation
• #191 Foregoing Treatment
• #207 Organ Retrieval

**Source URL:** https://www.hsl.virginia.edu/subject_info/Competency/endoflife

**Links**