

Vermont Board of Nursing
Position Statement

Palliative Sedation at the End of Life

Question: Is it within the scope of practice of a Registered Nurse to administer medications that provide palliative sedation at the end of life?

Definition(s)

Palliative Sedation - The monitored use of sedating medications intended to provide relief of refractory symptoms but not death in terminally ill patients.

Refractory Symptom – A refractory symptom is one that cannot be adequately controlled in a tolerable time frame despite aggressive use of usual therapies, and seems unlikely to be adequately controlled by further invasive or non-invasive therapies without excessive or intolerable acute or chronic side effects/complications.

Terminal Illness – A prognosis of six months or less if the disease runs its natural course.

Background

Patients at the end of life may experience physical, psychological, spiritual or existential distress which in most cases can be relieved by optimal end of life care. Some patients may suffer refractory symptoms. For those patients who are imminently dying and whose suffering is unrelenting and unendurable palliative sedation may offer relief. Palliative care seeks to relieve suffering associated with disease. Patients need and deserve assurance that suffering will be effectively addressed, as both the fear of severe suffering and the suffering itself add to the burden of terminal illness. The intent of palliative sedation is to relieve suffering in dying patients, but not to deliberately hasten death.

Palliative Sedation is implemented following the national guidelines of:

- a. person has a terminal illness
- b. all palliative treatment has been exhausted
- c. psychological and spiritual needs have been met
- d. a do not resuscitate order is in place
- e. the patient/legal representatives have provided informed consent for the sedation.

Position Statement which Reflects Nurse's Roles and Responsibilities

It is within the scope of practice of a Registered Nurse to administer medication that provides palliative sedation at the end of life.

References/Citations:

1. National Hospice and Palliative Care Organization, Total Sedation: A Hospice and Palliative Care Resource Guide, Alexandria, Virginia 2007.
2. American Academy of Hospice and Palliative Medicine, <http://www.aahpm.org/positions/sedation.html>, retrieved 12/16/2009.
3. Krakauer, E.L., Penson, R.T., Truog, R.D., King, L.A., Chabner, B.A., & Lynch, T., Jr. (2000). Sedation for intractable distress of a dying patient; acute palliative care and the principle of double effect. *The Oncologist* 5; 53-62.
4. Quill, T.E., & Byock, I.R. (2000). Responding to intractable terminal suffering; The role of terminal sedation and voluntary refusal of food and fluids. *Annals of Internal Medicine*, 132 (5): 408-413.
5. New Hampshire Board of Nursing.

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This opinion is subject to change as changes in nursing practice occur.