SUBJECT: PAIN MANAGEMENT GUIDELINES	REFERENCE #3045
	PAGE: 1 OF: 4
DEPARTMENT: HOSPICE	
	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

To provide clinical direction for pain management.

POLICY:

Hospice personnel will establish a Plan of Care to relieve or decrease the level of the patient's pain. Recognizing that each patient has a unique capacity for interpreting pain or symptoms, Hospice personnel will follow the general procedure listed below for establishing pain control. The attending physician, Hospice Medical Director or other designated physician must order all analgesics, and titration procedures. The Hospice nurse may never administer any medication that a physician has not ordered.

PROCEDURE:

Suggested intervention for alteration in comfort-pain.

- Evaluation:
  - The evaluation of pain level is done at each home visit. Assess pain level after initial treatment, when the patient reports new pain and following a suitable interval after pharmacologic or non-pharmacologic intervention. An example is 15 to 30 minutes after parenteral drug therapy and one hour after oral administration.
  - Evaluate patient, family or caregiver knowledge regarding analgesic medication and compliance with the medication regimen.
  - If the patient is following the analgesic medication regimen correctly, evaluate the current medication regimen for effective control of pain. Also evaluate the pain's location, intensity, duration and what alleviates the pain, if anything. Let the patient say what his/her pain feels like to them.
  - If the analgesic medication regimen is ineffective:
    - Titrate medication(s) dosage and/or frequency within prescribed parameters;
    - Report the ineffective analgesic medication to the physician and request an appropriate substitute.
    - Identify opiate side effects such as constipation, dry mouth, urinary retention, sleep disturbances, etc., and educate patient, family or caregiver.

SUBJECT: HOME USE AND DISPOSAL OF CONTROLLED SUBSTANCE	REFERENCE #3065
	PAGE: 1 OF: 1
DEPARTMENT: HOSPICE	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

To ensure the appropriate use and disposal of controlled substances in accordance with applicable state and federal regulations.

POLICY:

Hospice voluntarily adheres to a controlled drug reporting process.

PROCEDURE:

- Controlled substances may be distributed directly to the Hospice nurse, patient or patient's representative. The dispensing pharmacist will be responsible for monitoring the amount of drugs issued and the length of time between renewals.

- The Hospice nurse may outline an informal documentation procedure for the patient, family or caregiver when Hospice personnel are not present in the home.

- In cases where Hospice personnel are in the home 24 hours a day, a drug count will be made by the licensed personnel at the time of shift change.

- Controlled drugs will be accounted for on a Narcotic Count Record, which will be maintained as a part of the clinical record.

- When the Hospice patient no longer has a need for a controlled substance, the Hospice nurse will dispose of it by flushing it down the commode and documenting the action in the medical record.

- Certified home health aides, homemakers and attendants cannot dispose of medications.

SUBJECT: SCOPE OF SERVICES	REFERENCE #5001
	PAGE: 1 OF: 1
DEPARTMENT: HOSPICE	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

To describe the services Hospice provides, including the geographical service area.

POLICY:

Hospice provides services intended to meet the physical, psychosocial, practical and spiritual needs of terminally ill patients, their families or caregivers.

PROCEDURE:

- Hospice has an office that provides a safe and adequate location related to space, facilities, and administrative services.
- The Hospice office is open from 8:00 AM to 5:00 PM, Monday through Friday, except designated holidays and/or other days provided by _______________ Hospital.
- Designated on-call personnel are available to patients 24 hours a day, seven days a week.
- Hospice provides care to persons living in the counties of ________, ________, and __________ in the state of __________.
- Hospice provides services to terminally ill patients who want Hospice care at home.
- An interdisciplinary team of professionals and volunteers develop a Plan of Care with each patient, family member or caregiver. This plan may include, as appropriate, the following services provided directly or via a contract:
    - Spiritual support services
    - Durable Medical Equipment (under contract);
    - Medications and medical supplies (available through _____________ Hospital);
    - Inpatient care at _____________ Hospital for short-term stay for symptom control or planned respite.
    - Counseling: Individual or group;

SUBJECT: INTERDISCIPLINARY TEAM COORDINATION OF CARE	REFERENCE #5004
DEPARTMENT: HOSPICE	PAGE: 1 OF: 2
	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

To ensure the coordination of services for each patient.

POLICY:

Hospice uses a comprehensive, coordinated health care process and an Interdisciplinary Team to provide services and aid patients, families or caregivers.

PROCEDURE:

- The interdisciplinary team (Team) consists of physicians, nurses, social workers, certified home health aides, clergy, counselors, volunteers and therapists.

- The type and scope of services provided by the Team are based upon the initial and ongoing assessments. The comprehensive Plan of Care defines patient, family or caregiver problems, goals and interventions.

- The exact combination of services and the level of care is unique to each patient, family and caregiver. Hospice personnel maintain continuity of care throughout the patient's illness.

- The Team will initiate changes as the patient, family and caregiver needs evolve during the terminal illness. It is the responsibility of the Team to facilitate communication about changes in the patient's status among all assigned personnel.

- The Team communicates changes via telephone, one-on-one meetings, case conferences and home visits. Hospice personnel include documentation of all communications in the clinical record on a communication note, Interdisciplinary Team Meeting Form, and/or clinical note. Documentation includes the date and time of the communication, individuals involved with the communication, information discussed and the outcome of the communication.

- When patients require more than one service, the Team is responsible for cooperative care planning to assure goals, actions and that the interrelationship of services are not duplicated.

- Written evidence of care coordination is found in the Plan of Care and/or Interdisciplinary Team Meeting Forms in the patient's clinical record.

SUBJECT: CONTINUOUS CARE SERVICE	REFERENCE #5014
	PAGE: 1 OF: 2
DEPARTMENT: HOSPICE	
	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

To establish the criteria and procedures for providing continuous care services to patients.

POLICY:

Continuous care is available to patients with the Medicare or Medicaid Hospice Benefits, or as other payors allow. Continuous care is provided for eight hours or as much as 24 hours a day. Continuous care is available during periods in which the patient, family or caregiver requires continuous nursing care to achieve palliation or to manage acute medical symptoms. This service is mobilized in order to keep the patient at home. The majority of care is provided is by licensed Nursing personnel, although Home Health Aide Services may also be provided.

DEFINITIONS:

Continuous care is a short-term intervention for a medical crisis. Hospice personnel evaluate the need for continuous care and the skill level of personnel needed in the home and clearly documents this in the patient care notes and Plan of Care.

Crisis situations that may require continuous care include, but are not limited to, the following:

- Uncontrolled, severe symptoms, e.g., pain, dyspnea, nausea and vomiting, which require continuous skilled assessment, intervention and evaluation.
- When a function necessary for safe medical management has to be performed and monitored continuously and/or closely, e.g., IV-related function.
- If the patient meets criteria for an acute inpatient admission but the patient cannot or will not agree to go to the hospital.
- Seizures;
- Hemorrhaging;
- Highly unstable vital signs, e.g., diabetic management;
- Severe anxiety, agitation, or confusion that poses a safety threat;