

# Community-Based Primary Palliative Care Community of Practice Series

Managing the Last Hours of Life in the Home



Facilitator: Dr. Nadine Gebara

Topic Presenter: Dr. Alissa Tedesco

Case Presenter: Dr. Haley Draper

Date: March 16<sup>th</sup>, 2022

# Territorial Honouring



# The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

**Stay connected: [www.echopalliative.com](http://www.echopalliative.com)**

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



# Disclosure

Relationship with Financial Sponsors:

## **Pallium Canada**

- Not-for-profit
- Funded by Health Canada

# Disclosure

## **This program has received financial support from:**

- Health Canada in the form of a contribution program
- Generates funds to support operations and R&D from Pallium Pocketbook sales and course registration Fees

## **Facilitator/ Presenters:**

- Dr. Nadine Gebara: nothing to disclose
- Dr. Alissa Tedesco: nothing to disclose
- Dr. Haley Draper: nothing to disclose

# Disclosure

## Mitigating Potential Biases:

- The scientific planning committee had complete independent control over the development of course content

# Welcome & Reminders

- Please introduce yourself in the chat! Let us know what province you are joining us from, your role and your work setting
- Your microphones are muted. There will be time during this session for questions and discussion.
- You are welcome to use the chat function to ask questions, if you have any comments or are having technical difficulties, but also please also feel free to raise your hand!
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session
- This 1-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada for up to **11 Mainpro+** credits.

# How ECHO Works

## General Format:

- Introduction
- Presentation + Q&A
- Interactive, Case-Based Discussion
- Session Wrap Up

## Be a case presenter!

- If you would like to submit a case for one of our upcoming sessions, you can:
  - Let us know in the chat
  - Send us an e-mail us at [echo@pallium.ca](mailto:echo@pallium.ca)
  - Let us know in your feedback survey after today's session



# Overview of Sessions

Session #	Session Title	Date/ Time
Session 1	Symptom Management	Feb. 16, 2022 from 1-2pm ET
Session 2	Managing Complex Pain	Mar. 2, 2022 from 1-2pm ET
Session 3	Managing the Last Hours of Life in the Home	Mar 16, 2022 from 1-2pm ET
Session 4	Beyond the Essential Communication Skills- Part 1	Mar 30, 2022 from 1-2pm ET
Session 5	Beyond the Essential Communication Skills- Part 2	Apr 13, 2022 from 1-2pm ET
Session 6	Beyond the Essential Communication Skills- Part 3	Apr 27, 2022 from 1-2pm ET
Session 7	Grief and Bereavement: Identifying and Managing Complex Grief	May 11, 2022 from 1-2pm ET
Session 8	Teamwork in Primary Palliative Care	May 25, 2022 from 1-2pm ET
Session 9	Grief in Children	Jun 8, 2022 from 1-2pm ET
Session 10	Community Palliative Resources	Jun 22, 2022 from 1-2pm ET
Session 11	Organizing Practices to Provide Primary Palliative Care	Jul 6, 2022 from 1-2pm ET

# Introductions

## Facilitator

### **Dr. Nadine Gebara, MD CCFP- PC**

Clinical co-lead of this ECHO series

Palliative Care Physician at Toronto Western Hospital, University Health Network

Family Physician at Gold Standard Health, Annex

## Panelists:

### **Thandi Briggs, RSW MSW**

Care Coordinator, Integrated Palliative Care Program

Home and Community Care Support Services Toronto Central

### **Dr. Haley Draper, MD CCFP- PC (and case presenter!)**

Clinical co-lead of this ECHO series

Palliative Care Physician at Toronto Western Hospital, University Health Network

Family Physician at Gold Standard Health, Annex

### **Dr. Roger Ghoche, MDCM CCFP-PC, MTS**

Palliative Care and Rehabilitation Medicine, Mount Sinai Hospital- Montreal

# Introductions

## Panelists (continued):

### **Claudia Brown, RN BSN**

Care Coordinator, Integrated Palliative Care Program  
Home and Community Care Support Services Toronto Central

### **Elisabeth Antifeau, RN, MScN, CHPCN(C), GNC(C)**

Regional Clinical Nurse Specialist (CNS-C), Palliative End of Life Care  
IH Regional Palliative End of Life Care Program  
Pallium Canada Master Facilitator & Coach, Scientific Consultant

## Support Team

### **Holly Finn, PMP**

National Lead, Palliative Care ECHO Project, Pallium Canada

### **Gemma Kabeya**

Education Research Officer, Pallium Canada

# Introductions

## Topic Presenter

**Dr. Alissa Tedesco, MD, CCFP(PC)**

Palliative Care Physician

Temmy Latner Centre for Palliative Care, Sinai Health System

Palliative Education and Care for the Homeless (PEACH), Inner City Health Associates

Lecturer, Department of Family & Community Medicine, University of Toronto

# Managing the Last Hours of Life in the Home



# Session Learning Objectives

**Upon completing the session, participants will be able to:**

- Describe how to prepare for death in the home (equipment, pharmacotherapy, death certificate).
- Describe the physiologic changes that are common in the last hours of life.
- Identify how to support and educate loved ones.
- Explain how to manage complications in the home setting including the appropriate use of emergency symptom kits.

# Dying at Home

OPINION

## Dying in Canada is costing a fortune – and worse, it's not how we want to go



ANDRÉ PICARD >

PUBLISHED OCTOBER 25, 2021

UPDATED OCTOBER 26, 2021

- 15% of Canadians die at home
- 85% of Canadians want to die at home
- 1 in 5 Ontarians receive a physician home visit or palliative homecare in their last year of life
- ~50% Ontarians receive palliative care in any setting

# Dying at Home: Barriers & Inequities

- Zero tolerance and risk management policies, “No-go” zones
- Social isolation, lack of social supports
- Poverty
- Unstable housing
- Organizational capacity/support
- Geographic variation in supports
- Lack of culturally safe services





# Dying at Home: Is it a Good Fit?

- Is it within goals of care?
- What is the patient's environment like?
- Who do they have around to support them? Are they able to pay for private supports if needed?
- What is their palliative diagnosis, symptom burden and expected trajectory?
- Are there any potentially emergency events you should plan for?
- What barriers do you anticipate to a home death?
- Have you discussed a back-up plan?
- Are you/your team able to support this (i.e.: on-call services)?
- Is there a plan in place for time of death & transfer to funeral home?

# Preparing for Home Death

Supports may include:

- Friends/family
- Home care coordinator
- PSW
- OT, PT
- SLP
- Palliative care nursing
- Social work, health navigators
- Pharmacy
- Private care

# Preparing for a Home Death: Equipment

- Commodes
- Hospital beds (+/- special surfaces), rails, etc.
- Personal care supplies (i.e.: incontinence supplies)
- Catheter
- SC meds & supplies
- Wound care supplies
- Oxygen

# Preparing for a Home Death: Medications

- Simplifying medication list
- Transitioning from oral to SC or SL
- Anticipating symptom needs



Sinai Health System

TEMMY LATNER CENTRE FOR  
PALLIATIVE CARE

## STAND-BY IN-HOME SYMPTOM MANAGEMENT KIT RX FORM

Date: \_\_\_\_\_ Patient name: \_\_\_\_\_  
Health card #: \_\_\_\_\_ Tel: \_\_\_\_\_  
Address: \_\_\_\_\_

To be delivered: ☒ today ☐ tomorrow

Is a nurse visit needed today? ☐ yes ☒ no

\*\*\* Before administering any of these treatments contact the physician directly \*\*\*

SELECT REQ'D ITEMS	OPIOID ANALGESIC (choose one opioid option only)	DIRECTIONS	MITTE
	Morphine 15 mg/ml injectable 1 ml vial	As directed by physician	3
X	Hydromorphone 2 mg/ml injectable 1 ml vial	As directed by physician	3
	Hydromorphone 10 mg/ml injectable 1 ml vial	As directed by physician	3

	MEDICATION	DIRECTIONS	MITTE
X	Haloperidol 5 mg/ml injectable 1 ml vial	<u>For nausea and vomiting:</u> 0.5 – 1 mg. sc q8h prn <u>For delirium/agitation:</u> 1 -2 mg. sc q1h prn until controlled then 2 mg. q 6 h sc prn	3
X	Lorazepam 1 mg tablet	<u>For sedation:</u> 1 – 2 mg. SL q2h prn (crush tablet and mix with small amount of water)	6
X	Midazolam 5mg/ml injectable 1 ml vial, LU code 495	As directed by physician	2
X	Glycopyrrolate 0.2 mg/ml injectable 1 ml vial	<u>For excess respiratory secretions:</u> 0.2 mg. sc q4h prn	3
	Scopolamine 0.4 mg/ml injectable 1 ml vial	<u>For excess respiratory secretions:</u> 0.4 mg. sc q4h prn	3
X	Acetaminophen 650 mg suppository	650 mg. pr q4h for temp > 38.5°	2

### SUPPLIES

X	Catheter kit (specify size: <b>14g</b> ) with Foley Tray and Bed Bag
X	Alcohol swabs (20); TB syringes (10); Butterfly (2); Tegadem (4); PRN adaptor (2); Gloves (2 pairs); Transpore tape; Toothette mouth swabs (6); SHARPS CONTAINER (1)

### Comments:

Can consider adding nozinan 25 mg/ml 3 x 1 cc vial,  
olanzepine ODT tabs, bisacodyl supps, etc

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Physician Name (PRINT): Dr. Alissa Tedesco

Physician Signature: \_\_\_\_\_

CPSO #: 109285 (PCFA)

Phone #: 416-586-5133  
Fax #: 416-586-4804

# Supporting Loved Ones

- Educate re:
  - Eating & drinking
  - Interpreting symptoms of discomfort
  - Pain, Dyspnea
  - Delirium, changes in LOC
  - Oral & eye care
  - EOL changes
  - Signs of death
- Funeral planning
- Bereavement supports

**\*\*Consider informational handout**



Temmy Latner Centre  
for Palliative Care

## *Inside this guide:*

### Physical changes and needs

Eating and drinking 2

Pain 3

Restlessness, agitation and disorientation 3

Mouth, nose and eye care 4

Weakness and sleepiness 5

Changes in breathing 6

Looking after yourself 7

Very near the time of death 8

When your loved one dies 9

## **What to Expect in the Last Days of Life: A Guide for Caregivers**

The end of a loved one's life is a challenging time, full of complicated emotions and concerns. As a caregiver, you may have many questions or feel uncertain about how best to meet your loved one's needs. These questions and concerns are a natural part of caring for someone approaching death.

Knowing what to expect in the last days and hours of life can help you feel better prepared. We've put together this guide to help you care for yourself and your loved one during your last days and hours together at home. This information will also be useful if you are caring for someone in a hospital, hospice or another institution, like a long-term care home.

We hope that this guide will help you to understand and attend to your loved one's changing needs, and to ease any fears and worries you may have. If you have any questions or concerns about this information, please talk with your doctor or nurse. It's a good idea to write down your questions so that you can remember them the next time you speak with your health-care providers.

# Last Hours

- Terminal delirium (*up to 88% in last weeks-hours!*) → non-pharm, anti-psychotics, BZD
- Secretions → education, repositioning, anti-cholinergics
- Respiratory changes → education, O2, opioids
- Extremity changes (mottling, cool)
- Changes in LOC

# Pronouncement

## Institutional procedure: MD vs RN pronouncement

 **Do Not Resuscitate Confirmation Form**  
To Direct the Practice of Paramedics and Firefighters after February 1, 2008  
Confidential when completed

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and **will** provide necessary comfort measures (see point #2) to the patient named below:

Patient's name – please print clearly	
Surname	Given Name

- "Do Not Resuscitate" means that the paramedic (according to scope of practice) or firefighter (according to skill level) **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:
  - Chest compression;
  - Defibrillation;
  - Artificial ventilation;
  - Insertion of an oropharyngeal or nasopharyngeal airway;
  - Endotracheal intubation;
  - Transcutaneous pacing;
  - Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.
- For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) **will** provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.

The signature below confirms with respect to the above-named patient, that the following condition (check one ☒) has been met and documented in the patient's health record.

☐ A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.

☐ The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.

Check one ☒ of the following: ☐ M.D. ☐ R.N. ☐ R.N. (EC) ☐ R.P.N.

Print name in full	
Surname	Given Name
Signature	
Date (yyyy/mm/dd)	

- Each form has a unique serial number.
- Use of photocopies is permitted only after this form has been fully completed.

## Appendix 3 – Expected Death in the Home (EDITH) Form

PATIENT INFORMATION: SECTION A		
Name of Patient (print last, first, middle):	Date of Birth [month-by name, day, year (in full)]:	
Name of Parent/Legal Guardian/SDM (print last, first, middle):		
The signature of the Health Care Professional (HCP) below identifies the above-named person (or their Substitute Decision-Maker, if mentally incapable) has confirmed their expressed wish that resuscitation is not included in the treatment plan.		
Diagnosis (approximate month/ year):	Secondary Diagnoses (approximate month/ year):	
Name of Most Responsible Physician (MRP)	MRP Telephone: Daytime: After Hours:	
Print Name of HCP Completing Section A	Signature <input type="checkbox"/> RN <input type="checkbox"/> RPN <input type="checkbox"/> RN (EC) <input type="checkbox"/> MD	
Agency Name:	Contact Information (daytime & after hours )	Date: m/d/y
PRONOUNCEMENT / CERTIFICATION PLAN: SECTION B (Check ONE)		
1. <input type="checkbox"/> MRP above will pronounce and certify death 2. <input type="checkbox"/> Nurse may pronounce death and Physician agrees to sign the Medical Certificate of Death (MCOB) at the Funeral Home within 24 hours of death 3. <input type="checkbox"/> Planned clinician administered MAID death, primary MAID clinician will pronounce and contact Provincial Coroner's office to notify <input type="checkbox"/> Plan confirmed with MRP on (date m/d/y)		
Print Name of HCP Completing Section B:	Signature: <input type="checkbox"/> RN <input type="checkbox"/> RPN	
Name of Agency:	Contact Information	Date( m/d/y):
Special circumstances (e.g. organ/body donation, transfer out of region, cultural/religious practices, known infectious diseases, MAID death etc.):		
<input type="checkbox"/> Special circumstances communicated to relevant members of the care team <input type="checkbox"/> Pediatric Patient with prior involvement of Children's Aid Society (CAS)		
FUNERAL HOME INFORMATION: SECTION C		
Funeral Home:	Contact Name:	
Telephone:	Fax:	
PRONOUNCEMENT INFORMATION: SECTION D		
Date Pronounced [month-by name, day, year (in full)]:	Time Pronounced (h):	
Death Pronounced by (print name of HCP & Agency):	Contact information (daytime & after hours):	
Signature:	<input type="checkbox"/> RN <input type="checkbox"/> RPN <input type="checkbox"/> RN (EC) <input type="checkbox"/> MD	
Name of Physician / RN(EC) Notified:	Date & Time of Notification (m/d/y; h):	
Family/Carer/Substitute Decision Maker notified (Name, date and time notified)		
Coroner notified (if applicable by MRP) Coroner on call # 1 855 299 4100 <input type="checkbox"/> yes If yes, Name of Coroner, date and time notified:		
Name of Funeral Home notified (if applicable) OR <input type="checkbox"/> if	Contact Name:	Date & Time (m/d/y)
Once death has been pronounced, this form will enable a funeral home to remove the deceased prior to signature of the MCOB. The Funeral Director will arrange with the attending Physician for completion of the MCOB. If the attending Physician is not immediately available, his/her alternate will be contacted. If no Physician can be contacted to certify death within 24 hours, the funeral home can contact the LHIN Care Coordinator for assistance (519 748 2222). It is requested that a MCOB be left attached to this form (not yet completed and unsigned by Physician). The DNR Confirmation Form must be completed in full, and signed to be acted upon by Paramedics/ Firefighters.		



## Medical Certificate of Death - Form 16

You must use the Stillbirth Registration Form 8 when registering stillbirths. This form must be complete by the attending physician, coroner, or designated person before a burial permit can be issued. Please PRINT clearly in blue or black ink as it is a permanent legal record.

Hospital code number

INFORMATION ABOUT THE DECEASED			
1. Name of deceased (last, first, middle) patSurname, patFirstName patMiddleName		2. Date of death (month - by <i>ru/day</i> , year (if full))	
3. Sex (M or F) patSex	4. Age patAge	5. If under 1 yr. Months Days	6. If under 1 day Hours Minutes
7. Gestation age		8. Birth weight	
9. Place of death (name of facility or location) <input type="checkbox"/> hospital <input type="checkbox"/> nursing home <input type="checkbox"/> residence <input type="checkbox"/> other (specify):			
10. City, town village or township		Regional municipality, county or district	
CAUSE OF DEATH			
CAUSE OF DEATH	11. Part I		Approximate interval between onset & death
	Immediate cause of death (a)		
	due to, or as a consequence of		
	(b)		
	Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last		
	due to, or as a consequence of		
	(c)		
	due to, or as a consequence of		
	(d)		
	Part II		
Other significant conditions contributing to the death but not causally related to the immediate cause (a) above			
12. If deceased was a female, did the death occur: <input type="checkbox"/> during pregnancy (including abortion and ectopic pregnancy) <input type="checkbox"/> within 42 daysvc thereafter <input type="checkbox"/> between 43 days and 1 year thereafter			
13. Was the deceased dead on arrival at the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Was there a surgical procedure within 28 days of death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Date of surgery (m/d/y)			
16. Reason for surgery and operative findings			
17. Autopsy being held? <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. Does the cause of death states above take account of autopsy findings <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. May further information relating to the cause of death be available later? <input type="checkbox"/> Yes <input type="checkbox"/> No			
20. If accident, suicide, homicide or undetermined (specify)			
21. Place of injury (e.g. home, farm, highway, etc.)			
22. Date of injury (m/d/y)			
23. How did injury occur? (describe circumstances)			
CERTIFICATION			
By signing below, you certify that the information on this form is correct to the best of your knowledge.			
24. Your signature (physician, coroner, RN(EC), other)		25. Date (m/d/y)	
X			
26. Your name (last, first, middle)		27. Your title: <input type="checkbox"/> Physician <input type="checkbox"/> Coroner <input type="checkbox"/> RN(EC) <input type="checkbox"/> other (specify)	
28. Your address (street number and name, city, province, postal code)			
TO BE COMPLETED BY THE DIVISION REGISTRAR			
By signing below, I am satisfied that the information in this Medical certificate of death and the Statement of death is correct and sufficient and I agree to register the death.			
Signature		Date (m/d/y)	
X			
Registration number		Div. reg. code no.	
For the use of the Office of the Registrar General only			

Personal information contained in this form is collected under the authority of the Vital Statistics Act, R.S.O. 1990, c.v.4 and will be used to register and record the births, still-births, deaths, marriages, additions or change of name, corrections or amendments, provide certified copies, extracts, certificates, search notices, photocopies and for statistical, research, medical, law enforcement, adoption and adoption disclosure purposes. Questions about this collection should be directed to the Deputy Registrar General at P.O. Box 4600, Thunder Bay, ON P7B 6L8. Telephone 1-800-461-2156 or 416-325-8305

11291 (07/01)



# Questions & Discussion

# Interactive, Case-Based Discussion



# Session Wrap Up

- Please fill out the feedback survey following the session! Link has been added into the chat
- A recording of this session will be emailed to registrants within the next week
- Please join us for the next session in this series:
  - Beyond the Essential Communication Skills- Part 1
  - Presenter: Warren Lewin
  - March 30<sup>th</sup>, 2022 from 1-2pm ET
- Bring us your cases! There are several ways to initiate this process:
  - Contact our support team at [echo@pallium.ca](mailto:echo@pallium.ca)
  - Let us know in the feedback survey
  - Complete the case submission form- attachment has been added into the chat

# Thank You



Stay Connected  
[www.echopalliative.com](http://www.echopalliative.com)