Covenant Health Palliative Institute

# MIDAZOLAM SEDATION NURSING CHECKLIST

Created by the Covenant Palliative Institute, Covenant Palliative Care Consult Team and the Grey Nuns Community Hospital Palliative Care Clinical Nurse Educator. Adapted From: Lippincott Procedures: Continuous Palliative Sedation Nursing Considerations, Palliative Sedation, Adult All Locations - Order Set and Care of the Imminently Dying Pathway

## Before you start midazolam sedation

**Midazolam sedation is a last resort for patients who are suffering with no relief. It is a palliative Rapid Response and it is a team event.** Team members supporting you are: *AHN, Charge Nurse, CNE, nursing colleagues, Manager, palliative consult team, physician or nurse practitioner.* Do you need help covering your assignment?

The goal is deep sedation until the patient's natural death as well as support for the family. **This is a priority room.** Attend to this patient as soon as possible and follow these steps before starting the sedation:

- ☐ CHECK if the physician order, C2 GOC and Imminently Dying Pathway are complete.
- ☐ ASK if the patient or family want time to say goodbye while the patient is still conscious before you start sedation? Is everyone here that needs to be here?
- ☐ REFER to ID team for cultural or spiritual support for the patient/family.
- ☐ EXPLAIN to patient/family what to expect:
  - The medication will be increased every 15 minutes until the patient is sleeping deeply.
  - Once the patient is deeply asleep, they will not be able to wake up or interact, but they will be comfortable.
  - The patient will still be able to hear, but not to respond. Families can still talk, play music, hold hands and be present.
  - The goal is to keep the patient sleeping and comfortable until natural death.
- ☐ CONFIRM that they are ready to start sedation, proceed with the order.

Red Flag: If they are not ready, reach out for help. What is missing?

## Start Midazolam Sedation (See order set for details)

- ☐ Explain what you are doing to everyone in the room as you are doing it.
- ☐ Follow order set instructions to achieve deep sedation.
- ☐ Use the adapted Richmond Agitation Scale (RASS) to assess for level of sedation. Observe the patient for 20 seconds. Are they:
  - ☐ moving ☐ mumbling ☐ grimacing ☐ opening eyes ☐ stiff ☐ resistive to care
  - ☐ If not alert, state their name. Say "open your eyes" and ask to look at speaker.
  - ☐ If no response to verbal stimuli or eye contact, gently shake shoulder.

*DO NOT attempt to elicit a pain response (do not rub sternum or squeeze the trapezius muscle).*

- ☐ If deep sedation is not achieved, increase midazolam as per the guidelines.
- ☐ Do not reduce the rate of Midazolam unless directed by MRHP.

Red Flag: Most patients begin being sleepy within 30 minutes. If the patient's level of consciousness is unaffected after 1 hour, first check that the insertion site is intact and absorbing well, second call for help from the MRP or the palliative consult team. Sometimes higher doses are needed, or different medication can be added.

## After Sedation Is Started:

Follow Care Imminently Dying Pathway and provide dignified care.

- ☐ Remember to treat them as you did when they were awake. Position the patient comfortably, cover them with a blanket and keep them clean.
- ☐ Continue to provide regular nursing care (turn every 2-4 hours from side to side, oral care every hour, bed baths). Use this time to assess if patient is fully sedated. (i.e. Are they resisting care? Do they bite down on a toothette?)
- ☐ Consider if they need a foley catheter. Use a bladder scanner to monitor.
- ☐ Continue to provide scheduled and PRN meds for comfort (i.e. pain meds and scopolamine/ glycopyrrolate for secretions).
- ☐ Are there any medications/treatments that should be discontinued? (Anything PO, IV medications, bloodwork, vital signs).
- ☐ Monitor patient for relief of suffering, level of sedation, and potential adverse effects. Follow the order set to increase the medication based on your assessment. Check the midazolam site regularly.

Red Flag: Rarely patients can have the opposite effect to Midazolam and become agitated. Call for help if this happens.

- ☐ Check in with the family. Provide emotional support, compassionate listening, and ID team referrals such as spiritual care or social work.
- ☐ Initiate the *White Rose* poster and program (if desired by the family).
- ☐ Encourage families to continue to talk & touch, play music, perform cultural or spiritual rituals etc.
- ☐ Educate families on what to expect as death approaches* Ask if they wish to discuss in or out of room.

## After Death

- ☐ Remain calm. Confirm death has occurred.
- ☐ Provide grief support and care to family. Do any other family members need to come in? The only thing the family need to do is contact a funeral home. Reassure them that everything else can wait.
- ☐ Refer to spiritual care or ID team for family support.
- ☐ Prepare body in dignified way as per the cultural/spiritual customs of the patient and family. (ie: take out lines, dress in clothes if desired, clean or do not clean based on customs and wishes)
- ☐ Encourage families to take time in room with body.
- ☐ How are you doing? Debrief with your colleagues or charge nurse as needed.

**Thank-you for providing excellent end-of-life care in a sensitive and compassionate way!**

Resources: Palliative Care Consult/Resource Team
On- call Palliative Physician if urgent.

Other resources: White Rose Program Palliative Sedation, Adult – All Locations | Clinical Knowledge Topic
*What To Expect As Death Approaches Pamphlet