Alberta Hospice Palliative Care Community of Practice: **Palliative Sedation**

Presenters:

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Host:

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Project ECHO
Palliative Care - Canada
BY Pallium Canada

Covenant Health Palliative Institute

Date:

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The Palliative Care ECHO Project

The Palliative Care ECHO Project is a five-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.

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Disclosures

The Palliative Care Public Awareness project is funded by the Government of Alberta. The views expressed herein do not necessarily represent the views of the Government of Alberta.

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Alberta Hospice Palliative Care Community of Practice

Palliative Sedation Resources for Healthcare Providers

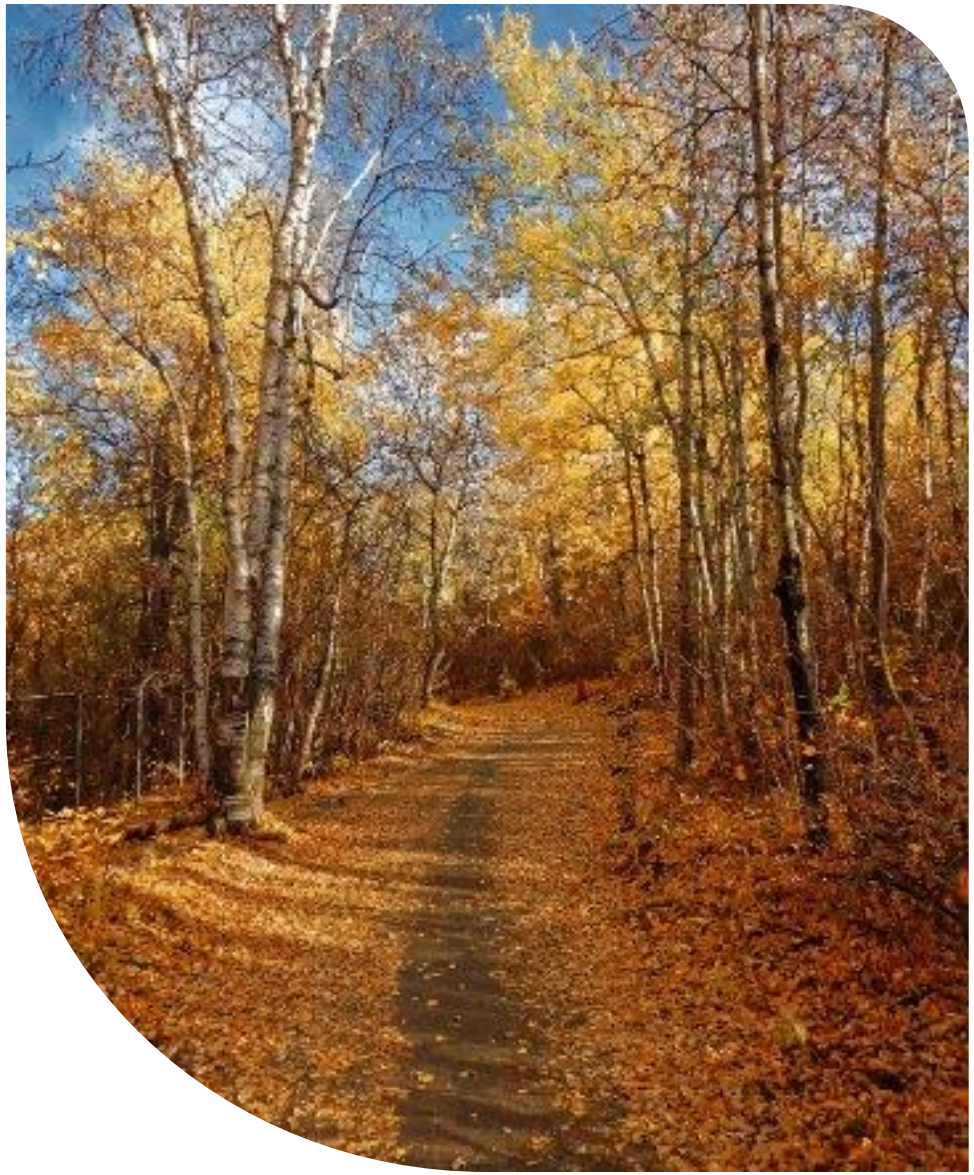
Danica Hans

Sheila Killoran

Covenant Health

Land Acknowledgement

- Treaty 6 Territory and Edmonton Whitemud Metis District within the Metis Nation of Alberta
- Traditional meeting ground and home for many Indigenous peoples, including Cree, Saulteaux, Niisitapi (Blackfoot), Metis and Nakota Sioux.



Learning Goals

- Identify when and how to use the palliative sedation job aid created by the Palliative Institute.
- Learn about best practice palliative sedation.
- Participate in a virtual learning experience to apply sedation skills, knowledge, and attitude.

Palliative Sedation

The process of inducing and maintaining deep sleep, in the final hours to days of life, for the relief of suffering from intractable symptoms.

- Progressive, irreversible, life-limiting illness
- Hours to days to live.
- Refractory symptoms
- All alternative interventions have been tried
- C2 GCD
- Conversation has taken place

Provincial Clinical Knowledge Topic Palliative Sedation, Adult – All Locations, AHS, (2018)

Background

2.6-5% of deaths in acute care across Canada

CNE, managers and consultants have identified gaps related to the skills, attitudes and knowledge

In collaboration with clinical experts, we created a simple checklist based on best practices

Explaining Palliative Sedation

Inducing and maintaining deep sleep

Final hours to days of life

Intractable symptoms

C2 GCD

How it is different than MAID?

	Palliative Sedation	Medical Assistance in Dying (MAID)
Intent	To **alleviate intolerable suffering** from distressing symptoms due to progressive, incurable etiology and that are refractory to medication management	To end a patient's life
Goal	**Lowering of the patient's level of consciousness**, to a target level of deep sedation so as to remove patient awareness of distressing symptoms	To end a patient's life so that the patient no longer has to endure intolerable suffering

Explain what to expect

- Deep sedation until natural death
- Doesn’t speed up or slow down death
- Meds will be increased Q15 mins until deep sedation
- Once sedated, they will not be able to interact, or wake up
- Still be able to hear but not respond. Family/visitors can talk, play music, show care

Medication Bolus and Loading Dose

For Midazolam:

- Recommended loading dose range 1 mg to 5 mg
- Recommended continuous dose range 1 mg/hour to 10 mg/hour
- Recommended titration dose range 0.5 mg to 1 mg

Richmond Agitation and Sedation Scale

RASS score

Richmond Agitation & Sedation Scale				CAM-ICU
Score	**Description**			
+4	Combative	Violent, immediate danger to staff		RASS ≥ -2 Proceed to CAM-ICU assessment
+3	Very agitated	Pulls at or removes tubes, aggressive		
+2	Agitated	Frequent non-purposeful movements, fights ventilator		
+1	Restless	Anxious, apprehensive but movements not aggressive or vigorous		
0	Alert & calm			
-1	Drowsy	Not fully alert, sustained awakening to voice (eye opening & contact >10 secs)	Voice	
-2	Light sedation	Briefly awakens to voice (eye opening & contact < 10 secs)		
-3	Moderate sedation	Movement or eye-opening to voice (no eye contact)		RASS < -2 STOP Recheck later
-4	Deep sedation	No response to voice, but movement or eye opening to physical stimulation	Touch	
-5	Un-rousable	No response to voice or physical stimulation		

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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.

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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

JOBAID

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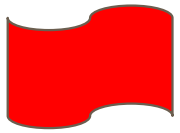
Complications



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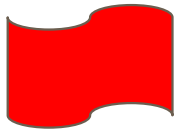
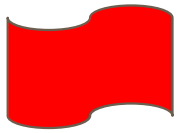


- Most patients begin being sleepy within 30 minutes. – check insertion site, call for help from MRP / Palliative Consult Team



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Resources

Palliative Consult Team/ Community Consult Team / Rural Palliative Team

Charge Nurse/AHN/Manager/ CNE/colleagues/ interdisciplinary team

Physician / Nurse Practitioner

Palliative Physician if urgent, through RAAPID 1-800-282-9911

Simulation

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Scenario

https://www.menti.com/alnfrwa2epgu

Code 1781 2000

What to say: Validation

Echo their choice of words:

“That must have been difficult for you”
“I’m sorry it has been so …”
“I can see how much you care for your ___”

What to say: Reassurance

"We will keep checking in until you are comfortable."

"You are not alone, We are here with you."

"We will support you through this."

"We will continue to watch for any sings of pain, and provide pain medication to keep them comfortable."

What to say: Support

"Is there someone who can come be with you? "

"Who is supporting you now?"

"Our team (SW, SP, etc.) can offer support and has experience, can I call them for you?"

"Is there an important cultural/spiritual activity?"

Curriculum

1. What is palliative sedation and when is it used?
2. What resources are available in your area?
3. What are some important points of emphasis?

Alberta Health Services

Palliative Sedation, Adult All Location Order Set

Palliative sedation is not MAID

First Nations

Inuit

Métis

Chinese

Ethiopian

Filipino

Points of Emphasis

Understand the components of holistic care for a person and family requiring palliative sedation.

Understand the needs of sedated patients; speak to them while they are sedated and make sure their physical needs are met.

Identify interdisciplinary members that can play a role in caring for patients requiring palliative sedation in your area.

Use death and dying language.

Acknowledge the intensity and emotions of the situation.

Conclusion

References

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Thank you

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Evaluation

https://redcap.link/hpccop

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Upcoming Session

Spirituality and Suffering in End-of-Life Care

Date: November 27th 2025

Presenter: Craig Traynor, MDiv, Counselling Therapist, Spiritual Care Practitioner and Wenda Salomons, MTS, Counselling Therapist, Certified Spiritual Care Practitioner

This presentation explores end-of-life suffering through a lens of spirituality. While touching on some historical and cultural background, it focuses on modern approaches to spiritual care and proposes some solutions to address suffering in end-of-life care.

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- Contact us at: Palliative.Institute@covenanthealth.ca

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Thank You!

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