Implementation of End-of-Life Care Order Sets in an Inpatient Setting

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Medical ICU

Introduction

Patients in the acute care setting who are approaching end-of-life are shown to have significant unmet physical, emotional, and spiritual needs. Patient specific orders can lead to poorly controlled symptom management at the end of life. Having a standardized end-of-life care order set can improve patient comfort and family satisfaction. Due to an increased prevalence of patients whom pass away in the inpatient setting, it is important to implement the best evidence based practice when approaching end-of-life care.

PICO Question

Population: End-of-life inpatients

Intervention: End-of-life care order set and/or protocol

Comparison: Individualized patient orders for symptoms or no orders from providers for end-of-life symptom management

Outcome: Increased patient comfort and family satisfaction when dealing with end-of-life care.

Question: Does having an end-of-life care order set/protocol for end-of-life inpatients increase patient comfort and family satisfaction?

Methods

A literature search was conducted using CINAHL, PubMed, EbscoHost databases.

Keywords: end-of-life, protocol, order set, quality of life, ICU, standardized order sets, care

Inclusion Criteria: Articles with 10 year, Full Text, English, PDF, All Adult

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Study

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<tr>
<th>STUDY</th>
<th>FINDINGS</th>
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<tr>
<td>Kachiner, W., Grunenwald, D., Chum, N., Beal, A., &amp; Kezji-Okoye, S. (2009)</td>
<td>• Written End-of-Life guidelines reduce confusion/disagreement in care also establishes consistency in ICU comfort care and developing plans of care</td>
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<td>Walling, A., Ettner, S., Barry, T., Yamamoto, M., &amp; Wenger, N. (2011)</td>
<td>• Examined pt. with expected death: 46% of patients during study died in hospital with End-of-Life Symptom management (ESMO) in place</td>
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<td>Mc Donald, T., Jarabek, B., Jana, A., Cha, S., Ruegg, S., &amp; Moyghan, T. (2012)</td>
<td>• Palliative order set was shown to accelerate resident comfort in dealing with symptom management.</td>
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<td>Evans, L. E., Friedenberg, A. S., Levy, M. M., &amp; Ross (2008)</td>
<td>• Perceived barriers to EOL care were highly based on level of training</td>
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<td>Treere, P. (2007)</td>
<td>• Standardized order sets can be a very useful tool in decreasing variability, assuring best practice, and as a good tool in delivery high-quality and personalized care</td>
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Conclusions

The research has shown that the implementation of an EOL care set has been beneficial in the hospital setting. Utilization of an interdisciplinary approach to EOL care sets can improve patient and family satisfaction when dealing with EOL cases. Additional research addressing long term effects of these care sets is needed. Care sets should be individualized to better reflect the institution’s philosophy.

References


McDonald, T., Jarabek, B., Jana, A., Cha, S., Ruegg, S., & Moyghan, T. Use of a palliative care order set to improve resident comfort with symptom management in palliative care. Palliative Medicine, 343-349.

