

**HOT TIP**  
August 2022

# Northern Health Palliative Care

## Palliative Sedation

Palliative sedation is the monitored use of pharmacological agent(s) to intentionally reduce consciousness to treat intractable and intolerable symptoms for a patient. Palliative sedation is not for everyone. If considering palliative sedation be aware that:

- Palliative Benefits and Registration must be completed.
- Palliative Sedation is only indicated for **refractory symptoms**, ie symptom(s) for which all possible treatment has failed, or for which it is determined that no methods are available for palliation within the patient's goals of care or within a time frame with a risk-benefit ratio that the patient can tolerate.
- Physicians are encouraged to consult with an **experienced palliative care physician** before deciding that a symptom is refractory to determine if Palliative Sedation Therapy is appropriate.
- The intent of palliative sedation is symptom relief; when used appropriately **palliative sedation does not hasten death**.
- The level of sedation must be in proportion to symptom severity, **using the lowest dose to achieve comfort** in accordance with the patient's goals of care.
- Palliative sedation differs from Medical Assistance in Dying (MAiD) in intent and patient eligibility. **These distinctions should be made clear to patient**, family and health care team. The intent of palliative sedation is symptom relief. It is usually continued until the natural death from illness occurs. Informed consent may be obtained from the patient directly or a substitute decision maker. The intent of MAiD however is to hasten death and informed consent cannot be obtained from a substitute decision maker.
- In addition to physician orders for sedation administration, a care plan with the physician's orders and directions on **goal sedation level, schedule for monitoring sedation level, medications doses and frequency** must be available and accessible by the care team.
- Medications taken for symptom relief prior to initiation of palliative sedation **should not be discontinued** as they will still be required for optimal symptom relief during palliative sedation. Routes of administration should be changed to **non-oral routes** for ease of administration when consciousness becomes reduced.

If it is established that palliative sedation is appropriate, use the following resources to guide your care

- [NH Palliative Sedation Therapy Policy 1-10-2-140](#)
- [Richmond Agitation Scale 10-513-5008](#)
- [Appendix A](#) – Decision-Support Tool for Refractory Symptoms, Palliative Sedation Therapy
- [Appendix C – Medication Table](#)
- [Appendix D – Recommendations for patient and family printed material](#)

### References:

B.C. Inter-professional Palliative Symptom Management Guidelines, December 2017