



HOT TIP
April 2017

Northern Health Palliative Care

Palliative Sedation

Definition:

- “The monitored use of medications intended to induce a state of decreased or absent awareness (unconsciousness) in order to relieve the burden of otherwise intractable suffering in a manner that is ethically acceptable to the patient, family and health care providers” (Cherny N, Radbruch L, et al, 2009).
- Goal is to achieve comfort at the lowest dose and lightest level of sedation possible

Criteria to be Met:

- Refractory (intractable) symptom (differentiate from “difficult”)
- Death is imminent (within days to several days)
- No CPR in place
- Consent from patient or Substitute Decision Maker (SDM)
- Assessed by or discussed with Palliative Care Consultation Team
- Address hydration and nutrition

References:

Palliative Sedation Therapy DST 1-10-2-140

Cherny N, Radbruch L, et al. European Association for Palliative Care (EAPC) Recommended Framework for the use of Sedation in Palliative Care. Pall Med 2009; 23(7) 581-593.

Common Indications:

- Intractable agitated delirium
- Intractable dyspnea
- Massive hemorrhaging
- Refractory seizures

Less Common Indications:

- Intractable pain

Uncommon Indications:

- Psychological or spiritual distress

Medication and Monitoring:

- 1st line: Midazolam or Lorazepam
- 2nd line: Methotrimeprazine
- See [Refractory Symptoms and Palliative Sedation Therapy Guide NH Clinical Teaching Tool](#)
- Require regular and ongoing assessment for level of comfort and depth of sedation See [Richmond Agitation Sedation Scale \(RASS\)](#)
- Continue other essential medications for symptom management

Develop a plan and document.

- Sedation therapy is NOT intended to precipitate or delay death and is NOT physician assisted suicide or Medical Assistance in Dying (MAID).