

KANINAMAZITCH (END OF LIFE) NURSING ORDER SET

Kaninamizitch Nursing Order Set

Initiate after MD signs Palliative Care Physician Order Set

Traditional Program Consult

- \Box Paper requisition found in filing cabinet fax to 5278 /or
- □ Meditech Order Entry

Pain Management

- □ Offer use of Mashkiki Program (Traditional Programs)
- □Pain Assessment / Pain Scale: use it to stay on top of pain management.
- □ Warm towels/blankets
- □ Massage
- \square Music
- □ Light Therapy
- □ Initiate pharmacological orders

Family Support

- □ Offer the services of the Elder's from Traditional Program. Please contact Interpreter's and they can ensure Elders go to room.
- \Box Offer the use of the Chief Sakgatcheway Healing room and call security to open doors to healing room for smudging \Box Provide Emotional Support
- \Box Provide extra chairs
- □ Provide Pullout Bed extra bedding (blankets, pillows)
- □ Activated key card at 105 if in that room. Call Security (Ext. 6572) to activate.
- □ Offer Pastoral Care (see Monthly Calendar for on call)
- □ Offer Hymn singing from Interpreter's program during D8 hours
- □ Offer pamphlets for Community /Hospital Services

Personal Care

- \Box Bed bath with full bed change daily as well as prn
- □ Daily fresh clothing/gown and prn
- □ Mouth care: rinse mouth with water and mouthwash using pink/blue sponge, apply lip chap and Biotene. QID + PRN **DO NOT USE Vaseline***
- □ Hair care: comb hair, offer to braid if hair is long. Place scarf provided by family or with consent to use traditional program scarf.

Skin Care

□ Reposition patient and change incontinence products if required every 2 hours – Ensuring no wrinkle underneath skin

- □ Apply lotion to elbows, heels, and back BID and PRN.
- □ Barrier cream to pelvis/coccyx area BID and PRN
- □ Obtain wedge pillows from PT/OT to offload as necessary
- □Consult MD if foley required

Palliative Care Cart

- □ Fill out Palliative Care Cart form Located in filing cabinet
- \Box Fax to Kitchen fax to 737-5295
 - Call 4162 to confirm fax was received

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Comfort Care Bags

□ Located in Summer/Discharge Planners Office, offer one bag per patient. If a patient has a young child visiting, offer children's activity bag from manager.

Pronouncing Time of Death

RN (RPN may pronounce if MD order in chart) to pronounce time of death after 60 seconds of absent breath sounds and 60 seconds of absent heart rate. Inform family and MD and document in chart.

After Death Care

- □ Provide Family with Emotional support,
- \Box Ask if you can prepare the body.
- □ Turn heat down in room to slow decomposition
- \Box Close eyes
- \Box Support closed mouth with a rolled towel or face cloth under jaw.
- □ Remove IV lines, Foley catheter, SC Butterflies, PICC lines
- □ Clean body of any bodily fluids, Put on fresh gown with incontinence pad under bottom
 - Ask Family if they have clothes that they would like to send to funeral home with the body for viewing.
 - If they are from Pikangikum or Poplar Hill and require a dress, the Traditional Program has a few of these dresses in hand.
- □ Place personal Bible or other book of worship in hands if at bedside, cross hands over chest.

□ Place Northern Lights Picture found in filing cabinet on door (signifies to staff that a person has passed) as long as body is in room . Keep door closed

 \Box Allow family to visit as long as needed, many people may show to view the body, some travelling from far distances (contact manager or Admin on call if extending past 8 hours)

□ Obtain Form 16 and Death Certificate signed by Physician.

- Photo Copy form 16, Original go with body of the deceased, copy to chart.
- ✤ Death Certificate stays on chart

Get holding room key from med room, go retrieve stretcher from holding room, place body on stretcher cover entirely head to toe, move to holding room. Slide door marker to occupied.

 \Box Contact Funeral Home (737-3300) to pick up the deceased from holding room.

□ Place patient all belongings in Belonging Box, located in Nursing Supply Room. Label box with deceased name, Return to Family.

Date:

Signature: