



**COHESIVE HEALTHCARE MANAGEMENT & CONSULTING
MANGUM REGIONAL MEDICAL CENTER**

TITLE		POLICY
Limits of Care		NUR-015
MANUAL	EFFECTIVE DATE	REVIEW DATE
Nursing	02/2020	
DEPARTMENT	REFERENCE	
Nursing	See below	

SCOPE

This policy applies to all patients of Mangum Regional Medical Center.

PURPOSE

To provide practice guidelines for healthcare professionals to ensure patients and/or the patient’s representative right to self-determination in health care decisions are communicated and protected in conjunction with the Patient Self-Determination Act of 1990. To ensure patients make informed decisions about their treatment and the services they receive.

DEFINITIONS

Comfort Care - A patient care plan that is focused on symptom control, pain relief, and quality of life. It is typically administered to patients who have already been hospitalized several times with further medical treatment unlikely to change matters.

Competent Patient - A competent patient is defined to be an adult under applicable state law who is conscious, alert, oriented and able to understand the nature and severity of his or her illness or condition and who has not been declared incompetent by a court. Such a patient can make informed and deliberate choices about the treatment or non-treatment of the illness or condition and is able to understand the probable consequences of such decisions.

Palliative Care - Patient care that focuses on relief from physical suffering. The patient may be being treated for a disease or may be living with a chronic disease and may or may not be terminally ill. Palliative care addresses the patient’s physical, mental, social, and spiritual well-being, is appropriate for patients in all disease stages, and accompanies the patient from diagnosis to cure. The attending physician may treat the patient with life-prolonging medications.

Patient Representative - A patient representative is an attorney-in-fact for health care decisions acting in accordance with the Uniform Durable Power of Attorney Act, a health care proxy

acting in accordance with the Oklahoma Advance Directive Act, or a guardian of the person appointed under the Oklahoma Guardianship and Conservatorship Act.

POLICY

To inform all patients about their illness, prognosis and care options in a timely manner to make treatment decisions based on reasonable expectations. It is the responsibility of the medical and clinical staff to respect the patient's right to autonomy and his or her right to determine what happens to them in accordance with his or her personal values, health beliefs and right to medical decision-making and in accordance with an advanced directive if the patient has one.

PROCEDURE

1. The attending physician or other healthcare provider shall establish ongoing communication with the patient or the patient's representative, as applicable, in order for the patient or patient's representative to make informed decisions regarding care. The attending physician or other healthcare provider shall discuss the following:
 - a. Health Status;
 - b. Disease and expected course;
 - c. Treatment options;
 - d. Patient preferences;
 - e. Spiritual, cultural beliefs and values that influence preferences;
 - f. The right of the patient to choose and to change his or her choices at any time; and
 - g. The legal requirements for expressing desires and the meaning of the documents and or directives.
2. The attending physician or other healthcare provider will validate the patient's and/or patient's representative's understanding of the information and introduce new information and choices as the patient's condition changes.
3. If the patient or patient's representative chooses to limit or refuse treatment options, such decisions will be honored and supported by the medical and clinical staff. In order for the patient to consent to the limitation of treatment options, the patient must be competent.
4. The attending physician or other health care provider will discuss with the patient and/or the patient's representative what treatment options and interventions may be continued, discontinued, or added in order to assist with symptom management and other issues related to end of life decisions.
5. Limitations of care may include:
 - a. Managing pain aggressively and effectively;
 - b. Providing treatment of symptoms according to the wishes of the patient or family;
 - c. Respecting the patient's privacy, values, religion, and philosophy;

- d. Involving the patient and family in every aspect of care, including the decision-making process for end of life issues;
 - e. Responding to the psychological, social, emotional, spiritual and cultural concerns of the patient and family; and
 - f. Assuring that all staff members caring for the patient are aware of the patient's wishes and respectful of the patient's decisions.
6. Orders must be written by the attending physician defining and specifying the care, treatment, and interventions the patient and/or the patient's representative has chosen. The attending physician may choose to implement the "Limits of Care" order set. In addition, the attending physician must specify by an order what interventions and medications will be discontinued, continued, or added.
 7. The attending physician or other healthcare provider will document the patient's wishes and his or her discussions with the patient and treatment plan in the progress notes.
 8. The patient or patient's representative may choose to contact his or her clergy of choice.
 9. If the patient is competent, the patient shall make his or her own healthcare decisions. Family members cannot make healthcare decisions on behalf of a competent patient. If issues arise regarding differences of opinion among the patient, family, or health care team members about the suitability of the treatment plan, the attending physician or other healthcare provider may consult with the Hospital Administrator, the Chief Clinical Officer, Quality Manager, Case Manager, Medical Director, the hospital chaplain, and other appropriate personnel. In the event a patient voices a concern that the hospital's chaplain, if available does not represent his or her beliefs, the patient may request that a specific chaplain also be included in the meetings related to that patient.

REFERENCES

Joint Commission
 COP Appendix A §482.13(a)(1), Patient Self Determination Act 1990

ATTACHMENTS

NUR-015A Limits of Care Order Set

REVISIONS/UPDATES

Date	Brief Description of Revision/Change