1. **PREPARING FOR PALLIATIVE CARE IN THE HOME**
   - Explore with the patient and family their understanding of the serious illness diagnosis and expectations.
   - Guide the family in their role to support person to die at home.
   - Assist to create schedule for vigil; involve Indigenous End of Life Guide.
   - Ask about traditional practices. Seek guidance and direction from family or an Elder.
   - Anticipate that home might be difficult for family or patient (ie. lives alone), plan for another location.
   - Determine equipment and supply needs and how to access (bed, SC butterfly, syringes, commode etc.).
   - Ask if burial site/cremation arranged; name and contact information of funeral director.
   - Coordinate forms with GP or NP:
     - BC Palliative Care Benefits form completed, signed and faxed (# on form).
     - BC No CPR form, or MOST (Medical Order for Scope of Treatment) with DNR.
   - Discuss with GP about turning off implanted cardiac defibrillator (ICD), in advance (if person has one).

2. **PLANNING FOR CARE IN THE LAST HOURS AND DAYS**
   - Develop a care plan for comfort in the last days.
   - Refer to an Indigenous End of Life Guides (hospice volunteers) if available: record contact information.
   - Record contact information for:
     - Palliative care nurse consultant from regional health authority
     - Primary prescriber
     - Primary family spokesperson
     - Other health care providers involved in circle of care.
   - Review non-essential medications.
   - Anticipate the PRN medications for potential end of life symptoms; work with GP/ NP for orders.
   - Plan for loss of ability to swallow. Ensure subcutaneous supplies are available.
   - Foley catheter order if needed for comfort. Ensure supplies are available.
   - Family has a phone number if there are questions or changes after hours, as available.
   - Prepare family for changes in last days/ hours (see pamphlet in additional resources below).
3. **PLANNING FOR AN EXPECTED DEATH IN THE HOME**

___ Notification of Expected Death in the Home form signed within past 3 months is required if there is no nurse to pronounce and to move the body without pronouncement.

___ Prepare the family for when the death occurs, including who to call for support at that time. Remind them not to call 911. If 911 is called, coach family to report it is an expected death or the person is palliative.

___ Prepare home support workers for time of death (if involved)

___ If no nurse pronouncement:
   - Teach family what to observe and instruct to wait at least one hour before calling funeral director. (The Expected Death in the Home form is also required)

___ If nurse pronunciation:
   - Auscultate over apex of heart for at least one minute (on rare occasions patients with a pacemaker may have an audible beat for a few minutes after death).
   - Check that pupils are fixed and dilated.
   - Observe for absence of respirations for at least one minute. Death should not be pronounced for several minutes until other signs are evident and periodic apnea is ruled out.

4. **PREPARING FOR AFTER A DEATH**

___ Follow requested traditional practices. Seek guidance and direction from family or an Elder.

___ Prepare the body (remove subcutaneous butterfly and Foley catheter; apply clean dressing).

___ Document:
   - Physical examination
   - The time at which the family stated the patient stopped breathing, even though the nurse may arrive at the home later to pronounce death. For example: Client stopped breathing at 1935 hours on February 20, 1996 and was pronounced dead at 2020 hours, signed by the nurse.

___ If transporting the body: permit is obtained online from the BC Consumer Protection branch, and is only valid in BC. The body must be transferred in an enclosed, rigid and leak proof container not visible to the public. [https://www.consumerprotectionbc.ca/wordpress/wp-content/uploads/2017/08/Private-Transfer-Permit-Application.pdf](https://www.consumerprotectionbc.ca/wordpress/wp-content/uploads/2017/08/Private-Transfer-Permit-Application.pdf) Contact local funeral director if you have questions.

___ GP or NP to issue medical certificate of death; Vital statistics to issue death certificate.

5. **ADDITIONAL RESOURCES**

For more information, see Joint protocol for Expected Home Deaths.

In cases of suspicious circumstances, the nurse notifies the coroner: **1 855.207.0637**

BC Centre for Palliative Care: [Symptom Management Guidelines](https://www.consumerprotectionbc.ca/wordpress/wp-content/uploads/2017/08/Private-Transfer-Permit-Application.pdf)

BC Bereavement Help line or 604-738-9950.

[Advance Care Planning (My Voice)](https://www.consumerprotectionbc.ca/wordpress/wp-content/uploads/2017/08/Private-Transfer-Permit-Application.pdf), including forms for Enduring Power of Attorney for finances, Advance Directives, Representation Agreement or temporary substitute decision maker (TSDM) name and contact information

BC funerals: where communities do not have a funeral home or physician, arrangements need to be discussed ahead of time. [https://www.bcfunerals.com/planning-services-when-death-occurs/procedures-planned-home-death](https://www.bcfunerals.com/planning-services-when-death-occurs/procedures-planned-home-death)

[Information for Families when End of Life is Near](https://www.consumerprotectionbc.ca/wordpress/wp-content/uploads/2017/08/Private-Transfer-Permit-Application.pdf) (First Nations Health Authority brochure)

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*Adapted with permission from: Vancouver Island Health, Northern Health & Fraser Health Authority*