The following inpatient protocols are to be followed by the inpatient nursing staff when a High Peaks Hospice (HPH) patient is admitted for SYMPTOM CONTROL.

An HPH nurse may accompany the patient to the hospital, or be visiting or calling on daily basis regarding the patient’s condition and to answer any questions that arise. A copy of the care plan and physician’s orders, medication list will be placed in the inpatient chart within 24 hours of the inpatient admission.

Often questions arise about vital signs, suctioning, and other tests or treatments to be implemented during the admission. Some guidelines follow for consideration by the staff. An HPH nurse can be reached at any time to answer your questions. Please call the number provided by the HPH staff.

**VITAL SIGNS** are appropriate in situation where the care/treatment provided will depend on their values. For instance: a fever and dehydration where the patient is receiving Tylenol for relief of fever. The inpatient care plan (See attached Interdisciplinary Team (IDT) care plan) provided by HPH will be reviewed with the inpatient facility staff regarding this and other needs during the hospital stay.

If the patient is admitted for a diagnosis or treatment for a condition unrelated to the terminal illness as noted on the plan of care, care is provided per routine acute care admission. (Please refer to section: UNRELATED HOSPICE ADMISSION)

**SUCTIONING** may be necessary to keep the patient (or the family) comfortable in some situations. Limit unnecessary aggressive treatments as much as possible. When a patient is actively dying and has increased lung congestion, the physician’s order is to reduce secretion and therefore avoid frequent deep endotracheal suction. Oral suctioning (Yankauer) can be a comfort and may be used as needed.

**DIAGNOSTIC TESTS** are ordered by the HPH attending physician to assist in determining the treatment plan, not for general workup. Routine tests such as CBC, U/A, etc, would not be appropriate if the patient is admitted for pain management. Other work-up tests such as CXR, CAT scans are also inappropriate. Ask the question “Will the test impact on the treatment of this condition?” Please call the number provided by HPH staff if you have concerns related to treatments or tests ordered.

**DISCHARGE PLANNING** begins immediately as frequently the patient/family goal is to die at home. The HPH social worker and nurse will work closely with the attending physician and the patient/family to assure there is a smooth transition back home and all home care needs are in place.