# WLSM checklist

*Review checklist with team early, in advance of initiating withdrawal of life-sustaining measures (WLSM).*

Decision making and documentation

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| Action | | Notes |
|  | The patient’s capacity to make decisions and legally correct substitute decision maker has been recorded. |  |
|  | A multidisciplinary team meeting has occurred and the outcome has been documented in the medical record. Any consulting services with a pre-existing or close relationship (e.g. surgical services, oncology) were involved in the meeting or the decision. |  |
|  | The plan of care has been documented in the chart and the patient, where possible, and family is aware of this plan. |  |
|  | An order to WLSM and an order not to provide cardiopulmonary resuscitation upon death is recorded in the chart. |  |
|  | A description of WLSM has been provided to the family and translation offered, where required. |  |

Preparing for WLSM

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| Action | | Notes |
|  | Liberalized family visiting has been offered and, where possible, a space for the family to gather privately has been arranged. The family has been offered an opportunity to participate in patient care during WLSM. |  |
|  | The organ donation organization (ODO) has been notified of the patient’s imminent death. | *Notification* to ODO prior to a planned withdrawal of life support conversation.  *Referral* to ODO for collaborative planned approach should occur after the decision to WLSM. |
|  | Ensure patient and/or family have been offered the opportunity to donate organs and tissues according to regional best practice. | The inter-professional team members will jointly develop a plan for approaching and discussing donation options. |

Consultative supports

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| Action | | Notes |
|  | Spiritual care, religious and culture supports are offered, including involvement of the patient’s own clergy. |  |
|  | The opportunity for social/religious/cultural observances has been offered, including an attempt to accommodate any last wishes of the patient. |  |
|  | A social work consultation has been considered and offered, where appropriate. |  |
|  | Respiratory therapist is aware of WLSM plans. |  |
|  | Palliative care consultation is considered and offered, where appropriate. |  |
|  | ***For cDCDD cases:***  Where indicated, the Coroner or Medical Examiner service has been contacted, role explained to the family and appropriate authorization for donation obtained prior to WLSM. |  |

Family and team review

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| Action | | Notes |
|  | WLSM order set completed by physician and placed on the chart. An approach for modification of these orders following WLSM is reviewed with the nurse, physician and respiratory therapist to ensure clear approach when the ordered medications fail to obtain goals. |  |
|  | The specific goals of symptom management are reviewed. |  |
|  | Approach to symptom management reviewed with health care team, including:   * possible symptoms which may occur after WLSM * medications used to treat possible symptoms * medication used to treat any anticipated symptoms not yet present |  |
|  | Orders reviewed. ICU nurse, respiratory therapist and other team members who will be present during WLSM are comfortable with treatment plan. |  |
|  | Orders written for discontinuation of all non-comfort medications, blood transfusions, dialysis, vasopressors/inotropes, nutrition, antibiotics, intravenous fluids and laboratory work. |  |
|  | Orders written for pace and sequence of WLSM, including mechanical ventilation and artificial airway. |  |
|  | The offer is made to have family present for WLSM and end-of-life care. |  |
|  | The room preparation and location of WLSM is reviewed and planned, including removing as much equipment and technology as possible from the room. Ambiance room setup preferences are considered. |  |
|  | Approach to monitoring has been reviewed with the family and healthcare team. Monitoring flowsheet at bedside. |  |
|  | Team huddle occurs prior to withdrawal of life support and this includes the family, ensuring everyone understands their roles and actions that will occur prior to and following death. |  |
|  | Post an unobtrusive signal to other ICU team members that WLSM is occurring. |  |

During withdrawal of life support

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| Action | | Notes |
|  | Symptom management is provided according to the order set and documented on the WLSM documentation tool. |  |

Donation after circulatory determination of death ONLY

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| Action | | Notes |
|  | The necessity of monitoring for cDCDD death declaration is reviewed with the family. |  |
|  | Procedure for death declaration (an organ and/or tissue donation, where required) has been reviewed. |  |
|  | The possible outcomes, including not dying in a manner which allows organ donation are reviewed. | Patients and families are reminded the gift of life is given in the decision to donate. |
|  | The administration of heparin for cDCDD, where applicable, has been reviewed, including consent, and a dose has been ordered in consultation with the organ donation organization (ODO). |  |

**Registered Nurse:**

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| Name | Signature | Date  YYYY / MM / DD |

**Physician**

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| Name | Signature | Date  YYYY / MM / DD |