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An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

**OPINION: Palliative Sedation at End of Life**  
**DATE APPROVED: 1/07**  
**REVISED DATE: 03/10, 9/13**  
**ORIGINATING COMMITTEE:**  
**SCOPE OF PRACTICE COMMITTEE**

Within the Scope of Practice of  RN  LPN

### **ADVISORY OPINION PALLIATIVE SEDATION AT END OF LIFE**

It is within the scope of practice of a Registered Nurse to administer medications that provide palliative sedation at the end of life. This may include medications classified as anesthetic agents, but not to be administered to provide an anesthetic as in A.R.S. 32-1661.

For the purpose of this advisory opinion, palliative sedation is defined as follows: the monitored use of medications intended to provide relief of refractory symptoms but not to intentionally hasten death.

A refractory symptom is one that cannot be controlled in a tolerable time frame despite use of therapies, and seems unlikely to be controlled by further therapies without excessive or intolerable acute or chronic side effects/complications.

#### **I. GENERAL REQUIREMENTS**

- A. Written Policy and Procedure is maintained by the employer.
1. Administration of medications must be on the order of a person licensed in this state to prescribe such medications.
  2. The patient must have sufficient level of nursing care to maintain sedation.
  3. The agency has identified medications allowed for palliative sedation, preferably by an interdisciplinary committee including nurses.
  4. Pre-sedation symptom assessment is performed by the RN.
  5. Post-sedation symptom assessment and ongoing assessments performed by the RN
  6. Documented supervised clinical practice and competency prior to unsupervised administration of palliative sedation medication.

#### **II. RATIONALE**

Patients at the end of life may experience physical, psychological, spiritual and existential distress which in most cases can be relieved by optimal end of life care. However, some patients at times may suffer from intractable symptoms. For those patients who are

imminently dying and whose suffering is unrelenting and unendurable, palliative sedation may offer relief. The intent of palliative sedation is to relieve suffering in dying patients but not to deliberately hasten death. This distinction separates it from euthanasia and/or assisted suicide where the intent is solely to end life.

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