

A Position Statement does not carry the force and effect of law and rules but is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

Issue:

Palliative Sedation (differentiated from Procedural Sedation) is defined as the controlled and monitored administration of medications at the end-of-life to reduce the client’s level of consciousness to the extent necessary, up to and including unconsciousness, to provide relief of intolerable and refractory symptoms but not to intentionally hasten death. Palliative Sedation is not euthanasia or assisted suicide. (Note: “Monitored” in the context of Palliative Sedation refers to monitoring by a nurse to maintain ordered level of sedation but may or may not include electronic physiologic monitoring modalities.)

Palliative Sedation is indicated for both adults and children with advanced incurable (i.e., terminal) illness. It is administered in settings including, but not limited to, inpatient hospice, home hospice, assisted living facilities, skilled nursing facilities, and hospitals.

Palliative Sedation includes minimal (anxiolysis), moderate (conscious), and deep (unconscious) levels based upon effectiveness in relieving refractory symptoms. Palliative Sedation may be administered intermittently or continuously, based on Physician, Nurse Practitioner (NP), or Physician Assistant (PA) orders.

Refractory or intractable client symptoms indicative of the need for Palliative Sedation are those for which:

- aggressive efforts have failed to provide relief;
- additional invasive /noninvasive treatments are incapable of providing relief;
- additional therapies are associated with excessive/unacceptable morbidity; or,
- additional therapies are unlikely to provide relief within a reasonable time frame.

Refractory or intractable client symptoms indicative of the need for Palliative Sedation include, but are not limited to, agitated delirium, dyspnea, pain, bleeding, seizure, uncontrolled myoclonus, or any symptom that is refractory to treatment and declared by the client or their surrogate to have risen to the level of intolerable suffering. In addition to medical assessment, determination of the need for Palliative Sedation may include psychological assessment by a skilled clinician and/or spiritual assessment by a skilled clinician or clergy.

When Palliative Sedation is implemented, informed consent is obtained from client or surrogate and “Do Not Resuscitate (DNR)” is ordered. The administration or discontinuance of routine medications is specified in Physician, NP, or PA orders or protocols. Nutrition and/or hydration, based on changing client status and needs, are addressed through Physician, NP, or PA orders or established protocols.

RN Role:

It is within Registered Nurse Scope of Practice to administer medications and monitor Palliative Sedation (including minimal, moderate, and deep levels) at the end-of-life. This includes administration of all medications ordered by physicians, NPs, or PAs, including those classified as anesthetic agents (e.g., propofol). In contrast to Procedural Sedation, RN administration of moderate and/or deep Palliative Sedation does not require the presence of a physician, NP, or PA.

LPN Role:

Licensed Practical Nurse Scope of Practice is limited to the administration and monitoring of Physician, NP, or PA medication orders (e.g., opioids), for minimal sedation (anxiolysis). The administration of Palliative Sedation at moderate and deep levels, including the administration of anesthetic agents, are not within LPN Scope of Practice.

Both RN and LPN Roles:

All appropriate medication administration routes are within RN and LPN scope of practice. The nurse must:

- a. Possess knowledge, skills, and abilities including but not limited to:
 - o pain assessment and treatment,
 - o dying and death,
 - o ethical and practical issues surrounding use of palliative sedation for end-of-life care, and
 - o pharmacology for sedating and anesthetic agents;
- b. Demonstrate applicable competencies; and
- c. Ensure agency policies and procedures are in place before administering palliative sedation.

RN and LPN delegation of the technical task of administering medications for routine sedation and pain relief, or for minimal Palliative Sedation, must be evaluated by assessing all elements as required in the NCBON Position Statements: [Delegation of Medication Administration to UAP](#) and the NCBON [Decision Tree for Delegation to UAP](#).

Delegation of the technical task of administering medications for moderate or deep Palliative Sedation to Unlicensed Assistive Personnel (UAP) is not permitted.

References:

- NC GS 90-171.19 – [Nursing Practice Act](#)
- [21 NCAC 36.0224 – Components of Nursing Practice for the Registered Nurse](#)
- [21 NCAC 36.0225 – Components of Nursing Practice for the Licensed Practical Nurse](#)
- [NCBON Procedural Sedation/Analgesia Position Statement](#)
- [NCBON Position Statement Delegation of Medication Administration to UAP](#)
- [NCBON Decision Tree for Delegation to UAP](#)

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