Hospice and Palliative Care Association of NYS
Clinical Services Annotated Literature Review
Summer 2007

Ambuel, PhD., B and Weissman, M.D., D. (2005). Delivering Bad News Part I, 2nd Edition. *Fast Facts and Concepts #6.* End of Life Physician Education Resource Center. Retrieved August 2, 2007 from www.aahpm.org/resources

As delivering bad news is one of the hardest jobs healthcare providers face, the author of this component of the Fast Facts and Concepts series sets out guidelines in an attempt of easing this burden. Step-by-step instructions include the key components necessary in delivering bad news so as to ensure that patients and family members fully understand what the situation is, and the options left to them.

Ambuel, PhD., B. and Weissman, M.D., D. (2005). Delivering Bad News Part II, 2nd Edition. *Fast Facts and Concepts #11.* End of Life Physician Education Resource Center. Retrieved August 2, 2007 from www.aahpm.org/resources

This document is the second part of the Fast Facts and Concepts series that deals with delivering bad news to patients and their families. While this document is similar to its counterpart, Delivering Bad News Part I, this second part gives examples of specific language that can be used when faced with this particular challenge. As is the case with Delivering Bad News Part I, Part II provides instructions so as to ensure that patients and family members fully understand what the situation is, and the options left to them

Ambuel, PhD., B. (2005). Moderating an End-of-Life Family Conference, 2nd Edition. *Fast Facts and Concepts #16.* End of Life Physician Education Resource Center. Retrieved August 2, 2007 from www.aahpm.org/resource

This component of the Fast Facts and Concepts series addresses the often difficult task of moderating a meeting with the family of a dying patient. While a necessary occurrence, these meetings are often emotionally draining on both the family and the healthcare provider. This document attempts to ease the burden of such meetings by providing an outline to ensure that all essential components are included so family members are well informed of their loved one's condition, and healthcare providers are aware of the family's wishes.

Ambuel, PhD., B. (2005). Responding to Patient Emotion, 2nd Edition. *Fast*

***Facts and Concepts #29.* End of Life Physician Education Resource Center.**

Retrieved August 2, 2007 from www.aahpm.org/resources

As one of many pieces of the Fast Facts and Concepts series, this document guides healthcare providers in responding to the emotions of their patients. This is particularly important in cases of patients with life-limiting illnesses, for which this document is directed. The author of this piece walks the healthcare provider through mock scenarios that illustrate how best to acknowledge and react to a patient's emotions.

American Thoracic Society. (1999). Dyspnea, Mechanisms, Assessment, and Management: A Consensus Statement. *American Journal of Respiratory and Critical Care Medicine,* 159, 321-340.

This document is the official statement of the American Thoracic Society's position on the management of dyspnea. The Society defines dyspnea, and then proceeds to detail the mechanisms that cause dyspnea in the majority of patients. Procedures are given to assess the symptoms of dyspnea in order to make an accurate diagnosis, and suggested treatments are elaborated on so as to effectively manage the condition.

Bartlett, J., M.D. (2006). Planning for Avian Influenza. *Annals of Internal Medicine,* 145(2), 141-145.

In looking at the experiences of the 1918-1919 Influenza outbreak as well as the Avian Influenza outbreak thus far, the author of this article describes what lessons have been learned and what precautions need to be taken in order to prepare for the spread of Avian Influenza H5N1 around the world to the human population. Dr. Bartlett discusses background from the 1918-1919 outbreak, as well as how an outbreak of Avian Influenza in the human population today would affect healthcare workers and hospitals. Illustrating lessons learned from past experience, this author gives detailed guidelines for the preparations that should be made to plan for future outbreaks of Avian Influenza.

Baylor University Medical Center. (2004). Withdrawal of Treatment Policy. Dallas.

Baylor University Medical Center does not have a specific policy on the withdrawal of mechanical ventilation, rather it feels that this topic is addressed sufficiently in its Withdrawal of Treatment Policy. This policy encompasses the topics of surrogate decision-making, Advanced Directives, family involvement, goals of treatment, ethics, and symptom management, among many others. Also outlined in Baylor's Policy

is how to evaluate a patient's decision-making capacity, and how to proceed in the event of disagreement about medical treatment.

Belsch, M.D., R. B. (2005). The Origins of Pandemic Influenza-Lessons from The 1918 Virus. ***New England Journal of Medicine,*** **353(21), 2209-2211.**

Through examination of the progression of the 1918 Influenza outbreak and its genetic components, the author of this article makes the case that current pandemic influenza strains originate in the 1918 influenza strain. The author clearly explains how the disease characteristics of past influenza outbreaks are linked to current cases. Also discussed is the likelihood of transmission within and among species based on the course taken by earlier influenza counterparts.

The Center for Hospice and Palliative Care Hospice Buffalo. (2005). Ventilator Withdrawal Policy. Buffalo.

This document outlines Hospice Buffalo's ventilator withdrawal policy, including a component on palliative care, which is seen as integral to providing patients with the highest quality of care during the end stages of life. This policy includes protocols for ventilator withdrawal itself, as well as symptom control, and details when ventilator withdrawal is an option for patients.

Cherny, MBBS, FRACP, FRCP, N.I. (2007). Palliative Care in Situations of Conflict: Lessons from Jerusalem, ***American Journal of Hospice and Palliative Medicine,*** **23(6), 469-474.**

In examining case studies of Israeli physicians providing palliative care to Palestinian patients in a Jerusalem hospital, the author of this article examines the difficulties of treating patients with life-limiting illnesses in times of crisis and turmoil. War, violence, and animosity between different religious, political, and social groups make providing any kind of medical care, but in particular palliative care difficult as is described in this piece. As the author of this article points out, when good palliative care is provided, the act often allows for understanding across factions.

The Community Hospice. (2007). ***Algorithm for Determination of the Need for Oxygen.*** **Rensselaer, New York.**

The Community Hospice based out of Rensselaer, New York developed this algorithm to guide healthcare workers in making the decision to provide oxygen assistance to their patients. In addition to providing guidance to determine when oxygen

therapy is required, this algorithm also indicates the different levels of appropriate oxygen flow.

The Community Hospice. (2007). ***Pharmacologic Management of Irreversible Dyspnea.*** **Rensselaer, New York.**

This document is an algorithm developed by The Community Hospice based out of Rensselaer, New York, and is intended to guide in the management of irreversible dyspnea. In addition to directing management through the listing of different symptoms of dyspnea, The Community Hospice algorithm also identifies key medications that can be used to treat both the symptoms and the condition.

Dartmouth. (2006). Withdrawal of Mechanical Ventilation to Allow Natural Death. Hanover.

This document outlines the policy on withdrawing mechanical ventilation for patients of Dartmouth's Bioethics Committee. The policy lists certain circumstances where withdrawal of mechanical ventilation is indicated, as well as explaining the various ways in which natural death can be allowed to take place. Also listed in this policy is a detailed description of how mechanical ventilation withdrawal can be performed by respiratory providers. Several definitions are also given to explain key concepts to this topic, including futility, near death, and next-of-kin.

De Jong, M. D., et al. (2005). Fatal Avian Influenza A (H5N1) in a Child Presenting with Diarrhea then Coma. ***New England Journal of Medicine,*** **352(7), 686-691.**

The authors of this article describe in detail the medical conditions of two children in Vietnam who died of conditions not diagnosed at the time of death, but later determined to be Avian Influenza A (H5N1). The two children, a boy four years of age, the other a girl nine years of age, were siblings who died two weeks apart. The symptoms, progression of illness, and attempted treatments were discussed in the paper, as well as the living conditions of the family in an attempt to locate the source of the exposure. This document is significant as it outlines the disease progression in children, as well as examining the conditions in which infected people reside. Also significant is the fact that these children were incorrectly diagnosed upon admission to the hospital due to the common nature of their symptoms in this area of the world. Even more important is the fact that the first child showed no respiratory symptoms and the second only showed respiratory symptoms on the last day of life. This is significant because respiratory symptoms are thought to be typical in Avian Influenza A (H5N1) patients.

Doyle, D., Hanks, G., Cherny, N., & Calman, K. (Eds.). (2005). ***Oxford Textbook of Palliative Medicine (3rd Ed.).*** **London: Oxford University Press.**

This book functions as a reference for those working in the field of palliative care. This resource deals comprehensively with the many issues and topics that are involved in palliative care of patients including ethics, communication, research, patient evaluation, drug usage and dosing, family and friend involvement, and pain and other symptom management. This latest edition includes chapters on palliative care in patients with AIDS, and other non-malignant conditions.

Goldman, A., Hain, R., & Liben, S. (2006). ***Oxford Textbook of Palliative Care for Children.*** **London: Oxford University Press.**

Much like the Oxford Textbook of Palliative Care, this reference acts as a guide to carrying out palliative care in patients with life-limiting illnesses. However, this is the first guide to address the unique needs of children suffering from such illnesses. Specifically, this book recognizes that to effectively provide palliative care for children for whom care of the underlying disease is not possible, healthcare providers must take a teamwork approach that includes not only treating the symptoms, but also including the family and their spiritual needs.

Hospice Buffalo. The Center for Hospice and Palliative Care. (2007). Infection Control Program. Buffalo.

Detailed in this document are the infection control procedures to be followed at Hospice Buffalo's Center for Hospice and Palliative Care. Dealing with a wide variety of infectious pathogens, this document outlines methods of surveillance, prevention, control, and proper reporting of contamination. In addition, factors for recognizing and addressing potential terrorist attacks within the healthcare facility setting are outlined, as well as specific antidotes listed for biologic attacks.

Hospice Buffalo. The Center for Hospice and Palliative Care. (2005). Infection Control in the Home Care Setting. Buffalo.

This document was written by healthcare providers at Hospice Buffalo's Center for Hospice and Palliative Care to outline the infection control policies of its staff members when practicing in the home care setting. Addressed in this policy are guidelines dealing with personal protection for providers as well as methods of preventing transmission of infectious material on inanimate objects. Methods of disposing of contaminated materials are listed, as well as specific instructions on how to deal with hazardous spills.

Kane, J. R., M.D., and Primomo, M., M.D. (2001). Alleviating the Suffering of Seriously Ill Children. ***American Journal of Hospice and Palliative Medicine, 18(3), 161-169.***

The authors of this article recognize that modern medicine has largely focused on the physical aspects of disease and aggressively attacking the disease, which sometimes comes at the expense of managing pain and suffering. The authors point out how serious this approach is to the comfort of terminally ill children. This article focuses on the importance of taking into account a child's emotional and psycho-social wellbeing as well as physical, as well as the important role of the child's family. Emphasis is placed on a dynamic group to care for terminally ill children including the child's physician and family, but also the need to introduce hospice and palliative care at an earlier stage in the illness progression than is currently the norm.

Lo, M.D., B. and Rubenfield, M.D., M.S.C., G. (2005). Palliative Sedation in Dying Patients. ***Journal of the American Medical Association,*** **294(14), 1810-1816.**

This article illustrates through case study the different circumstances in which palliative sedation is appropriate. In addition, palliative sedation is well-defined, along with symptoms that warrant this form of treatment. Detailed information is outlined with regard to family-provider discussion leading up to the decision to perform palliative sedation. The concept of double-effect is described and examples are given to illustrate when this is taking effect and when it is not.

Massachusetts General Hospital. (2003). Ventilator Withdrawal Policy. Boston.

This document presents guidelines for the withdrawal of ventilator assistance for patients of Massachusetts General Hospital. These guidelines begin with preparation for ventilator withdrawal with both the patient and the family explaining what needs to be done to make both the patient and the family more comfortable. Steps are outlined for how the clinical team can prepare for ventilator withdrawal in terms of getting the patient ready, and how to communicate with the patient's family. Guidelines are explained in this document for the procedure of ventilator withdrawal, as well as appropriate after death courses of action.

Medical Center of Central Georgia. (2006). Withdrawal of Life Support Policy. Macon.

This document presents guidelines for the withdrawal of life support for patients of the Medical Center of Central Georgia. At the outset, Medical Center of Central

Georgia set out to define key concepts relating to withdrawal of life support, and to give brief supportive data to assist in making the decision to end life-sustaining therapies. In addition, the document explains pertinent ethical principles and guidelines on when and how to involve a patient's family. A step-by-step protocol is outlined for the procedure itself, along with rationale for each step. A separate section is included that deals with pharmacotherapy usage in withdrawal of life support.

Medicorp Health System. (2004). Policy and Procedural Guidelines of Withdrawing or Withholding Life-Sustaining Treatments. Fredericksburg.

This document outlines Medicorp Health System's policy on withdrawing or withholding life-sustaining treatments. This also includes the procedural guidelines for carrying out the withdrawal or withholding of these treatments. Medicorp Health System is a non-profit regional system of healthcare facilities and wellness services, therefore this policy extends not only to Mary Washington Hospital, the organization's primary hospital, but to all amenities under the Medicorp System.

Morens, D.M. et al. (2007). The 1918 Influenza Pandemic: Insights for the 21st Century. *The Journal of Infectious Diseases,* 195, 1018-1028. Retrieved June 14, 2007 from http://www.journals.uchicago.edu/J ID/journal/ Issues/v195n7/37599/37599.html

In this article, the authors investigate what can be learned from the 1918-1919 influenza pandemic that killed millions all over the world. This investigation focused on the lessons from this catastrophic event that can be applied to future pandemics, in particular avian influenza. While the authors found that much can be learned from the mistakes made in such earlier pandemics, they note that more questions are left to answer. In particular, scarcity of resources is projected to be as big a concern in future pandemics as it was in the past. The authors note that hope can be found in realizing that the vast medical innovations since the 1918-1919 pandemic are likely to lower a future pandemic death rate in comparison.

Morita, M.D., T., Bito, M.D., S., Kurihara, C.S.W., Y., and Uchitomi, M.D., Ph.D., on behalf of Sedation Guideline Task Force in Japan. (2005). Development of a Clinical Guideline for Palliative Sedation Therapy Using the Delphi Method. *Journal of Palliative Medicine,* 8(4), 716-729.

This article describes and outlines a summary of clinical guidelines for palliative sedation compiled by a Japanese Clinical Taskforce. Palliative Sedation is important for preserving the comfort of terminally ill patients, but is often used unpredictably as is detailed in this article. The article attempts to establish a list of guidelines so as to make clear when and how best to use this form of symptom management.

New York State. NYSDOH/NYS Task Force on Life & the Law. (2007). Allocation of Ventilators in an Influenza Pandemic: Planning Document. Albany, N.Y. Retrieved May 26, 2007 from www.health.state.ny.us/diseases/communicable/influenza/pandemic/ventilators/docs/ventilator_guidance.pdf

The authors of this Planning Document, medical and professional consultants, use what is currently known about pandemic disease outbreaks and historical experience to formulate recommendations with regards to ventilator distribution and supply in the case of outbreak of pandemic influenza. This workgroup recommends several key elements in order to formulate a clinically sound and ethical manner of distributing ventilators to those deemed eligible, recognizing that in the event of pandemic flu there will be a ventilator shortage.

New York State. NYSDOH. (2006). Pandemic Influenza Plan. Albany, N.Y.

This document is the official plan of the New York State Department of Health detailing how the state of New York plans to address an outbreak of pandemic influenza. Topics included in the plan include: Command and Control, Surveillance and Laboratory Testing, Healthcare Planning, Infection Control, Clinical Guidelines, Vaccine Procurement, Distribution and Use, Antiviral Medication Procurement, Distribution and Use, Travel-Related Disease Control and Community Prevention, Communications, Training and Education, Workforce Support, Highly Pathogenic H5N1 Avian Influenza in Non-Human Animals, and Public Health Informatics.

National Hospice & Palliative Care Organization. Children's International Project on Palliative/Hospice Services. (2000). *Compendium of Pediatric Palliative Care*.

This piece serves as a comprehensive reference on pediatric palliative care. The compendium is divided into four sections covering the major elements of the field: Communication, ethics and decision-making; Management of pain and other symptoms in children; Psychosocial and spiritual care of children living with life-threatening conditions. It includes an extensive appendix on materials to assist hospices and others in creating pediatric palliative services.

Orme, Jr., J. (2003). Pulmonary Function and Health-Related Quality of Life in Survivors of Acute Respiratory Distress Syndrome. *American Journal of Respiratory and Critical Care Medicine,* 167, 690-694.

This study investigates the quality of life and pulmonary function of survivors of acute respiratory distress syndrome placed on mechanical ventilation one year after recovery. Pulmonary function, emotional function, and health-related quality of life were measured, as well as the relationship between pulmonary function and quality of life. Two different mechanical ventilation strategies were compared to investigate whether or not one form has a better long-term outcome. The study's strengths included a high rate of follow-up, but was weak in the fact that it lacked an appropriate non-acute respiratory distress syndrome control group.

Poland, G. A. M.D. (2006) Vaccines Against Avian Influenza-A Race Against Time. *New England Journal of Medicine,* 354(13), 1411-1413.

This editorial seeks to inform and persuade the medical community on the need to stockpile vaccines for Avian Influenza A (H5N1) in preparation for the event of the spread of this disease to humans. The author begins by providing statistics on the projected toll Avian Flu will have on the United States, including the shortage of healthcare personnel it will cause. Information is also stated that supports the beneficial role vaccines can play in reducing the severity of this disease's impact on the population. Stressed in this editorial is the time constraint on preparing for the transmission of Avian Influenza A (H5N1) to humans. The author highly recommends that action be taken in a timely manner so as to adequately take precautions against disaster.

Powazki, R. D., MSW, and Walsh, D., MSc, FACP, FRCP (Edin). (2002). Family Distress in Palliative Medicine: A Pilot Study in the Family APGAR Scale. *American Journal of Hospice and Palliative Medicine,* 19(6), 392-396.

This study evaluates a five-item questionnaire called the Family APGAR scale. This scale's intended use is to determine the level of family functioning for patients admitted to palliative and hospice care. The inception of this Scale came from the realization that while family members and caregivers are essential to patients with advanced stages of disease, family distress can also impair optimal care and support. Evaluating this Scale seeks to provide an effective tool to measure a families ability to cope with life-limiting illness.

Quill, M.D., T. (1993). *Death and Dignity Making Choices and Taking Charge.* New York: W.W. Norton and Company, Inc.

The author of this book gives his personal accounts of helping terminally ill patients in the most compassionate manner possible keeping in mind the patients' own wishes. This book examines the concepts of comfort care, public policy, physician-assisted suicide, advanced directives, and the fundamentals of being a physician in today's society, including the oath new doctors take to do their best to preserve their patients' lives. From the standpoint of one who has cared for dying patients and faced the difficult decisions that go along with treating them, the author openly discusses the different scenarios that arise when life-limiting illnesses are involved.

Regehr, PhD, C. and Sussman, MSW, T. (2004). Intersections Between Grief And Trauma: Toward an Empirically Based Model for Treating Traumatic Grief. *Brief Treatment and Crisis Intervention,* 4(3), 289-309.

This article combines two concepts surrounding grief: bereavement and trauma and its aftermath. Rather than keeping these two separate, the authors of this article show that by looking at the two as deeply related, traumatic grief can be better understood and treated. The process of mourning, as well as responses to trauma and life-threatening events are outlined in an attempt to show how the concepts of grief and trauma are so closely related. The intersection of grief and trauma are explained to illustrate where the two merge in traumatic grief. This also feeds into the different treatment options for helping a person come to terms with a traumatic grief situation.

Rothberg, M. B., M.D., MPH., et al. (2005). Management of Influenza Symptoms in Healthy Children. *Archives of Pediatric and Adolescent Medicine,* 159(11), 1055-1062.

In this study, the management of influenza symptoms through the use of anti-virals and rapid testing are investigated to determine their cost-efficiency as well as effectiveness in treating the disease. It was determined that not only is this type of symptom management the best at controlling the progression of symptoms, it is also the most cost-effective manner of doing so. Sick children account for poor attendance in school, as well as absenteeism on the part of their parents at work.

Rousseau, M.D., P. (2006). Allegations of Euthanasia. *American Journal of Hospice and Palliative Medicine,* 23(5), 422-423.

This physician commentary discusses the accusation of euthanasia of dying patients by a doctor and two nurses in the wake of Hurricane Katrina. Desperate living and dying conditions surrounding Hurricane Katrina forced many healthcare providers to make difficult decisions. One can expect that in the case of pandemic influenza, circumstances will be no less desperate. This commentary forces readers to think about what they would do in such a dire situation.

Sine, M.D., D., Sumner, R.N., L., Gracy, M.D., D., and von Gunten, M.D., C.F. (2001). Pediatric Extubation: "Pulling the Tube." *Journal of Palliative Medicine,* 4(4), 519-524.

This article begins with a case discussion of an infant patient treated for a life-limiting condition that ultimately ended in his being withdrawn from mechanical ventilation. Followed with a discussion of the circumstances surrounding pediatric extubation, this article outlines the steps that take place that make the process of ventilator withdrawal the most peaceful for the patient, their family, and the medical staff. The article explains why taking these steps to ensure an uneventful extubation is important in preserving the emotional wellbeing of those closest to the pediatric patient.

Steffey. M.D., J. (1963). The Complications of Hypodermoclysis in Infants and Children. *Journal of Iowa State Medical Society,* 53, 393-396.

This article discusses the use of subcutaneous fluid administration in pediatric patients. While this article is dated, it provides several case studies to illustrate the ineffectiveness and problems with this type of procedure in children. The article provides a good discussion of the pros and cons of this type of therapy, and points out the unique characteristics of pediatric patients that must be taken into account before such a procedure is performed.

Storey, P. (2006). Palliative medicine: Lessons for pandemic preparedness [Electronic version]. *AAHPM Bulletin*, 7(3), 8. Retrieved June 14, 2007 from www.aahpm.org/sites/Pandemic.pdf.

In addressing the unique needs of patients and their families in the case of a pandemic, the author of this article suggests that palliative care providers can and should play a crucial role in patient and family care. The article focuses on the strengths palliative care providers have given the nature of caring for patients with life-limiting

illnesses on a day-to-day basis, and how important that kind of experience will be in a situation like a pandemic where many of the patients will be facing a bleak prognosis. The author suggests strengthening community ties and methods of communication that will not only benefit patients, but also healthcare providers and members of the community.

Storey, P. Thomas, J. C. PhD, MPH, Dasgupta, N., MPH & Martinot, A., DVM. (2007). Ethics in a Pandemic: A Survey of the State PandemicInfluenza Plans. ***American Journal of Public Health,*** **97(Supplement 1), S26-S31.**

The authors of this article, Epidemiologic researchers, investigate existing protocols dealing with Pandemic Influenza. This article came about from a recognition on the part of the authors that in the face of a pandemic, many difficult, sometimes unjust and regrettable decisions will need to be made. Keeping that in mind, the authors compiled existing federal and state influenza plans and analyzed them for content of ethical terms and references. In general, the authors found that while most protocols insist on the ethical treatment of patients and decision-making, few give detailed descriptions of how that will take place.

Twycross, R. and Wilcox, A., (eds). (2006). Hospice and Palliative Care Formulary USA. ***Palliativedrugs.com, Ltd.,*** **Nottingham.**

This text serves as a resource detailing medications used to manage the symptoms of life-limiting illnesses often found in hospice and palliative care settings. The Hospice and Palliative Care Formulary details routes of administration, drug side effects, and off-label uses.

Ungchusak, K., M.D., et al. (2005). Probable Person-to-Person Transmission of Avian Influenza A (H5N1). ***New England Journal of Medicine,*** **352(4), 333-340.**

This article features the work of several researchers who investigated the possible human-to-human transmission of Avian Influenza A (H5N1) in a family cluster of the disease in Thailand. Researchers studied the case of one woman in particular who contracted Avian Influenza A (H5N1) through contact with diseased poultry. Her mother and aunt traveled from a different location to care for her, with no previous known contact with diseased poultry. Both the mother and aunt developed Avian Influenza A (H5N1) after caring for the woman, and subsequently passed away. This article explains the methodology behind the conclusion that human-to-human transmission of this disease

is possible, as well as detailed facts regarding this particular case of Avian Influenza A (H5N1) from the conditions this particular woman lived in, to the traveling patterns of her family.

United States of America. Department of Homeland Security. (2006). Pandemic Influenza Preparedness, Response, and Recovery Guide for Critical Infrastructure and Resources. Washington, D.C. Retrieved May 26, 2007 from http://www.pandemicflu.gov/plan/pdf/cikrpandemicinfluenzaguide.pdf

The United States Government wrote this document in preparation for an outbreak of pandemic flu, in particular influenza. Primarily, this document serves as a guide to prepare U.S. citizens and governmental personnel for pandemic flu listing the most important resources and infrastructures that will be needed in the event of an outbreak. After describing scenarios likely to occur in the event of an outbreak, this document outlines the critical roles businesses will play during this time, as well as the economic impact a pandemic is projected to have on both international and domestic commerce. Suggestions are made for how to minimize the negative impact on trade. Finally, the U.S. Government has outlined various means of communicating vital information across the country in times of crisis.

United States of America. Department of Health and Human Services. Centers for Disease Control and Prevention. (1998). Guideline for Infection Control in Hospital Personnel. Atlanta.

The Centers for Disease Control and Prevention wrote this document as a guide to infection control for personnel in hospital settings. General guidelines are given to prevent the spread of disease among patients and hospital staff, as well as precautions and procedures to be taken for specific diseases. Explained in the document are ways to handle cases of contamination and hazardous spills, as well as procedures for proper record keeping, immunizations, health counseling, and confidentiality.

United States of America. Department of Labor. Occupational Safety and Health Administration. (2007). Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers. Washington.

This document was designed by the United States federal government in collaboration with state and local officials to serve as a tool to protect healthcare workers from contamination in the event of an outbreak of pandemic influenza. Likewise, this document serves as an educational piece to teach healthcare providers the recommended

infection control procedures to protect themselves and their patients. The document is divided into four categories: clinical background information on influenza, infection control, pandemic preparedness, and OSHA standards of special importance.

University of Pittsburgh Medical Center. (2006). Guidelines on Life-Sustaining Treatment. Pittsburgh.

The policy and procedure manual of the University of Pittsburg Medical Center seeks to address the issues of refusal of treatment, implementation of advanced directives, decision-making for treatment in the absence of advanced directives, out-of-hospital do-not-resuscitate orders, and patients without a surrogate. Outlined in this document are scenarios for each category, along with policies for how discontinuation of life-sustaining treatment should progress in each. There is particular focus on Advanced Directives and the role that they play in a person's end of life.

Von Gunten, C.F. Weissman, D.E. Information for Patients and Families About Ventilator Withdrawal. *Fast Facts and Concepts # 35*. February 2001. End of Life Education Resource Center. Retrieved May 21, 2007 from www.eperc.mcw.edu

The last in the series of Fast Facts on ventilator withdrawal, # 35 gives recommendations on how to make the process of ventilator withdrawal easier on family and friends of the patient. This part in the series speaks of the critical role physicians and nurses play in counseling family members during this time. Recognizing the important role family members play in the decision making process, this document illustrates how healthcare workers can help family members make decisions in the best interest of their loved one. Fast Facts # 35 emphasizes how important it is that family members understand what will happen during and after ventilator withdrawal. Similar to the two proceeding documents in the series, this document is written to give instruction to healthcare personnel dealing with both the terminal patient and their family.

Von Gunten, C.F. and Weissman, D.E. Symptom Control for Ventilator Withdrawal in the Dying Patient. *Fast Facts and Concept # 34*. February 2001. End of Life Education Resource Center. Retrieved May 21, 2007 from www.eperc.mcw.edu

As the second part in a series of three, Fast Facts and Concept # 34 details the various ways to control symptoms in a patient in ventilator withdrawal. Doctors von Gunten and Weissman list the various symptoms common to patients in ventilator

withdrawal, and follow them up with specific medications that can be utilized to manage them. This Fact Sheet gives step-by-step instructions on how medications should be administered, both before and after ventilator withdrawal takes place. As was the case in Fast Facts and Concept # 33, this document is written with healthcare workers in mind.

Von Gunten, C.F. and Weissman, D.E. Ventilator Withdrawal Protocol, Part 1. *Fast Facts and Concept # 33*. 2nd Edition, July 2005. End of Life Physician Education Resource Center. Retrieved May 21, 2007 from www.eperc.mcw.edu

Doctors Charles von Gunten and David E. Weissman wrote Fast Facts and Concepts # 33 as the first part of a series of three documents on ventilator withdrawal protocols. In this particular section, the authors review the protocols for ventilator withdrawal, with particular care to describe in detail the events that are likely to unfold prior to, during, and after ventilator withdrawal. Discussion is carried out as to the two main forms of ventilator withdrawal, and which is the most appropriate in various situations. Fast Facts and Concept # 33 is specifically written for the guidance of healthcare personnel, with particular focus on physicians and nurses.

Vyskocil, M.D., J., Kruse, M.D., J., and Wilson, M.D., R. (1993). Techniques for Vascular Access when Venous Entry is Impossible. *Journal of Critical Illness,* 8(4), 539-545.

This article addresses the different options that are available to gain vascular access when venous entry is not an option. This article is useful in emergency situations to quickly administer fluids and/or medications when time is an issue. Listed in the article are step-by-step instructions on how administration using each technique is carried out, including signs and symptoms of distress.

Wang-Cheng, M.D., FACP, B. (2006.) Dealing with the Angry Dying Patient. *Fast Facts and Concepts #59.* End-of-Life Physician Education Resource Center. Retrieved August 2, 2007 from www.aahpm.org/resources

A component of the Fast Facts and Concepts series, this document was written to assist healthcare workers better interact with angry, dying patients. As anger is a common reaction to make patients faced with dying and many health care professionals are not well equipped to deal with this reaction, the Fast Facts lists techniques to remain calm and positive in a difficult situation.

Ware, M.D., L. and Matthay, M.D., M. (2000). The Acute Respiratory Distress Syndrome. *The New England Journal of Medicine,* 342(18), 1334-1349.

This article defines and explains the acute respiratory distress syndrome, as well as the symptoms, epidemiology, and treatment of this disease. In addition, this article gives updates on what has been learned about the disease since the last publication on the topic in this journal. Detailed information is given to explain the various aspects of the disease itself, as well as characteristics of patients who come down with its symptoms.

White, M.D., D. et al. (2007). Life Support for Patients without a Surrogate Decision Maker: Who Decides? *Annals of Internal Medicine,* 147(1), 34-40.

This article discusses the implications and decisions that must be made when an incapacitated terminally ill patient cannot make decisions regarding their own medical care, and has not designated a surrogate decision maker. Central to this article and the topic it covers are the legal and ethical issues that arise when a surrogate decision maker is not available. This articles stems in part from the fact that hospital policies vary greatly on how to deal with patients in this situation.

Wrede-Seaman, M.D., L. (2005). *Pediatric Pain and Symptom Management Algorithms for Palliative Care.* Seattle: Intellicard, Inc.

The author of this book, a physician, writes a guide containing step-by-step procedures designed to manage the pain and symptoms of children who suffer from life-limiting illnesses. This compilation of finite steps that can be taken to achieve the goal of making sick children more comfortable is widely used by doctors, nurses, and other healthcare staff.

Writing Committee of the World Health Organization. (2005). Avian Influenza A (H5N1) Infection in Humans. *New England Journal of Medicine,* 353(13), 1374-1385.

The Writing Committee of the World Health Organization (WHO) consisting of many authors wrote this review article to describe the features of human infection with Avian Influenza (H5N1), and review recommendations for prevention and case management presented in part at the World Health Organization (WHO) Meeting on Case Management and Research on Human Influenza A/H5 which was held in Hanoi on May 10-12, 2005. Although this document is two years old and further research has been done on Avian Influenza (H5N1), it is a valuable resource detailing the specific nature of this

disease and its transmission, the population most at risk, and recommendations for treatment and prevention.

Zwerdling, T. M.D., Hamman, K.C., M.D., and Kon, A. A., M.D., (2006). Home Pediatric Compassionate Extubation: Bridging Intensive and Palliative Care. ***American Journal of Hospice and Palliative Medicine,*** **23(3), 224-228.**

This study looked at the option of home extubation in pediatric patients. The authors of this study list potential barriers to conducting home extubation, and discuss potential solutions, as well as suggesting a protocol for implementing home extubation. The authors closely examined the case of one particular pediatric patient, and her experience with home extubation. Study of this case prompted the authors to review published literature on this topic, and as a result came to the conclusion that more study needs to be done in this area of pediatric hospice and palliative care as a means of providing parents an additional choice for their child’s end of life experience.