



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Developmental Disabilities Administration

Michael S. Chapman, Director

MEMORANDUM

TO: DDA Licensed Service Providers

FROM: Michael S. Chapman, Director

DATE: July 8, 2008

RE: Hospice Care

All citizens have the right to decide for themselves what type of medical treatment they want when they are terminally ill. If the individual has elected to participate in hospice care, the individual has the right to receive care as directed by the hospice team.

Individuals receiving hospice care in DDA licensed facilities may require access to medications such as Haldol, Ativan, etc. that would be typically used for the purpose of modifying behaviors. Per COMAR 10.22, use of medications to modify behavior requires a Behavior Plan that is approved by the agency's Standing Committee. PRN orders for medications to modify behaviors are prohibited. However, for an individual with a terminal illness, these medications are used to support the individual in and through the dying process, not for modifying behaviors.

The hospice team provides a comfort pack of medications which may include such medications as oral Haldol, Ativan and Morphine. These medications have an impact on behavior; the intent of the use of these medications in hospice is to allow the individual to be free from pain and to comfortably negotiate the emotional roller coaster and delirium that can manifest itself in the dying process. These medications are not used for the primary purpose of behavior modification, but for the purpose of easing both physical and emotional pain as well as confusion. This pain and confusion may be described in behavioral terms. Enabling and supporting a person with a terminal illness to die at home is important. This corresponds with COMAR 10.22.04.02, as follows:

- A. Personal well-being, which includes: (1) Receiving health care services that respond to the individual's needs and are consistent with those of the general population; (4) Having continuity and security; (5) Having one's basic needs met; and
- C. (3) Having one's choices and opinions respected and addressed;

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These medications should be authorized for use for each circumstance by the hospice nurse before the medication is given. The use of these medications is to be communicated to the delegating nurse in a timely manner. The hospice nurse is the team leader in this process though the delegating nurse remains the delegating nurse for the individual and all treatments that may be required. Staff will require training and education on hospice care as well as any medications and equipment that may be utilized. The delegating nurse will need to comply with 10.27.11 Nurse Delegation.

Our objective is to allow the individual with a terminal illness to die in his/her own home with all the comforts and supports available there. Our goal is to assist terminally ill individuals to maintain the dignity and respect that they deserve.

Thank you for your attention to this important issue and your commitment to provide quality services to individuals with developmental disabilities. If you have questions, please contact the regional nurse or Xiaoli Wen, Acting Statewide Quality Assurance Chief, at 410-767-5630.

Cc: DDA Regional Directors
DDA Regional Nurses
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