

Topic guide - usual care and acceptability of sedation monitoring (clinicians)

Preamble

Thank you for coming to this interview/focus group. As you know, we would like to discuss what “usual care” in relation to palliative sedation means to you, and also your thoughts on the acceptability of using a technical device to assess and monitor the depth of sedation. Please be assured that the topics that we discuss today are strictly confidential and any comments you make will be completely anonymous, **except if** you mention something which suggests that patients or clinical staff may be at risk. If this should happen, we will discuss with you the possible need to break confidentiality.

Part 1: Usual care

1. What does sedation mean to you?
2. How frequently do you personally and/or your team typically prescribe/use sedatives?
3. How do you and/or your team usually decide when to use sedatives?
4. How do you and/or your team decide which sedatives to use and at what doses?
 - a. What is the aim of prescribing sedatives?/What are the usual indications for prescribing sedatives?
 - b. Which sedatives are usually/commonly used?
 - c. What doses are generally prescribed for a syringe driver?
5. Do you and/or your team routinely monitor the depth of sedation?
6. If yes, how? If no, why not?
 - a. Does your team/you currently use any observational tools or monitoring devices? If yes, how? If not, why not?
 - b. Have you ever used any structured observation methods or technical equipment to monitor patients receiving sedation?
7. How well do you feel current palliative sedation practice works?
 - a. Do you think current practice could be improved? If so, how?
8. Any other comments?