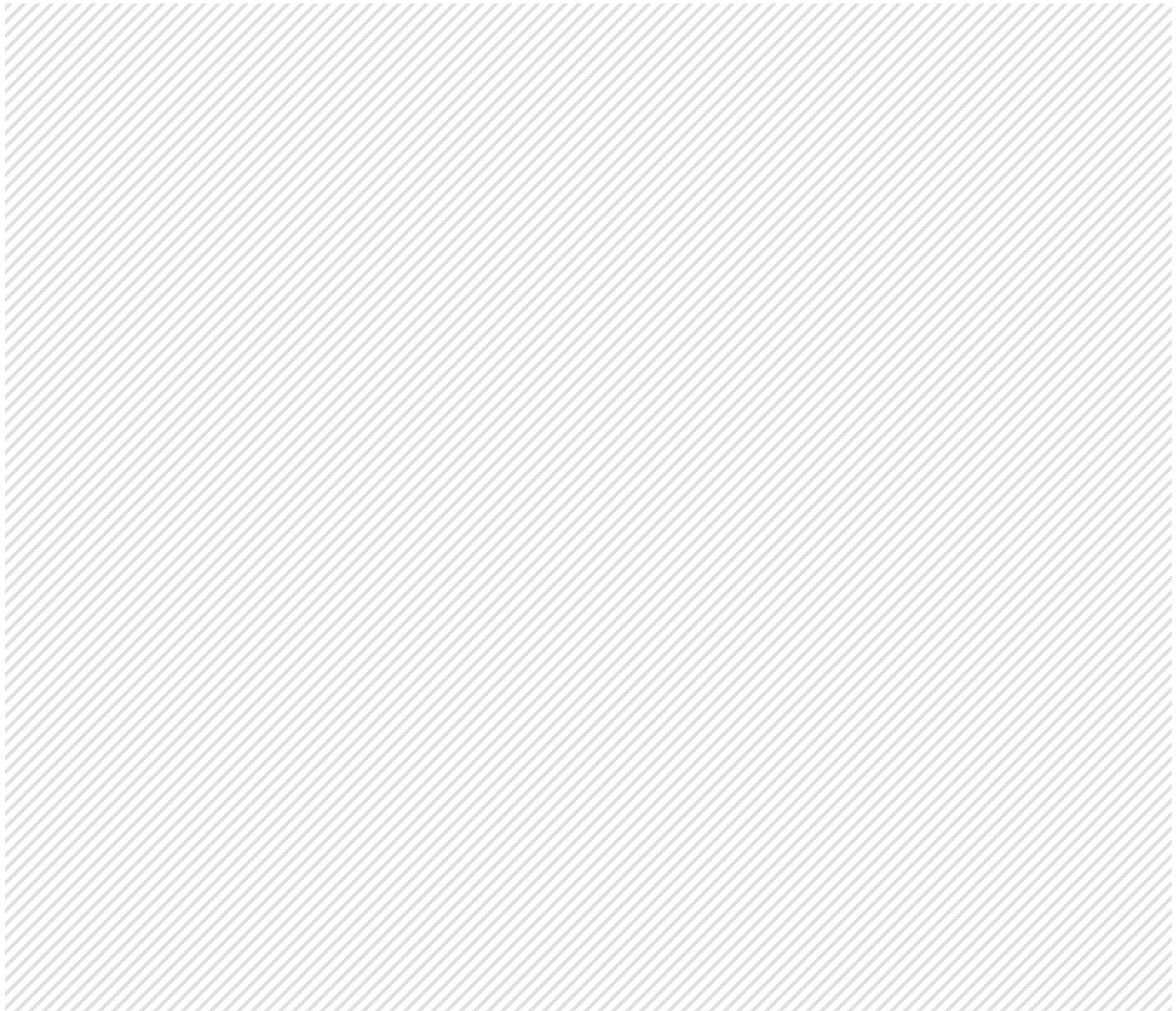


End of Life Care

Core Competency Inservice

January 2020



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Hospice or Palliative Care

Considered to be the model for quality, compassionate care for people facing a life-limiting illness or injury, hospice care involves a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is provided to the patient's loved ones as well. At the center of hospice and palliative care is the belief that each of us has the right to die pain-free and with dignity, and that our families will receive the necessary support to allow us to do so.

Palliative care is care given to improve the quality of life of patients who have a serious or life-threatening disease, such as cancer. The goal of palliative care is to address the impact of serious illness by managing symptoms, providing emotional support and ensuring that the plan of care aligns with patient and family goals. The goal is not to cure. Palliative care is also called comfort care, supportive care, and symptom management.

Hospice care, care at the end of life, focuses on caring, not curing. The goal of hospice is comfort care to include symptom control, pain management, education on what to expect during the dying process and emotional and spiritual support. Hospice Services can be delivered to patients at home, in a skilled nursing facility or in a hospital.

Advanced Directives

A living will is a written, legal document that spells out medical treatments you would and would not want to be used to keep you alive, as well as your preferences for other medical decisions, for example, in the event of brain death or terminal illness.

Durable Power of Attorney for healthcare, on the other hand, covers all health care decisions, and lasts only as long as the patient is incapable of making decisions for themselves. However, specific provisions can be declared in the Power of Attorney outlining how the patient wants the agent to act regarding deathbed issues.

End of Life Symptoms

Physical Changes

For most dying persons, activity decreases significantly in the final days and hours of life. You will notice:

- They will speak and move less
- They may not respond to questions or show little interest in their surroundings
- They have little, if any, desire to eat or drink
- Their body temperature can go down by a degree or more, so as you hold his or her hand, they may feel cold
- Their blood pressure will also gradually lower and blood flow to the hands and feet will decrease

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- The skin of their knees, feet, and hands may become purplish, pale, grey, and blotchy. These changes usually herald death within hours to days. When death does occur, the skin turns to a waxy pallor as the blood settles
 - The sound of noisy breathing

Level of Consciousness

Because the central nervous system is directly impacted by the dying process, your loved one may sometimes be fully awake and other times be unresponsive. **Caregivers, family, and physicians should always act as if the dying person is aware of what is going on and is able to hear and understand voices.** In fact, hearing is one of the last senses to lapse before death.

Often before death, people will lapse into a coma. A coma is a deep state of unconsciousness in which a person cannot be aroused. Persons in a coma may still hear what is said even when they no longer respond. They may also feel something that could cause pain, but not respond outwardly.

Sensory Changes

It is not unusual for dying persons to experience sensory changes, which are misperceptions that can be categorized as illusions, hallucinations, or delusions.

Illusions - They may misperceive a sound or get confused about some physical object in the room. They might hear the wind blow but think someone is crying, or they may see the lamp in the corner and think someone is standing there. Illusions are misunderstandings about something that is actually in their surroundings.

Hallucinations - Dying persons may hear voices that you cannot hear, see things that you cannot see, or feel things that you are unable to touch or feel.

Delusions of persecution and delusions of grandeur - Some dying persons confuse reality and might think that others are trying to hurt them or cause them harm. Or, they can come to believe that they are much more powerful than they really are and think that they can accomplish things that are not possible.

Pain Management

Near the end of life, patients may experience a range of discomforts, including pain, shortness of breath, nausea, anxiety, constipation, swelling, and insomnia, among others. A key goal of hospice care is to reduce these symptoms and increase the patient's comfort level as much as possible.

Holistic Care for the Patient and Family

Compassion is an element of care often referred to as a major indicator on the quality of care that patients receive. The patient and family need to be approached as a UNIT, and their care needs to include physical,

psychological, social, and spiritual aspects. Patients and their families need compassion, support and education along the health-illness continuum from a time of wellness to chronic illness to advancing illness and frailty to death. Those facing serious life-threatening illness and approaching death deserve to be treated with dignity, respect and compassion and receive care that is focused on the individual's goals for care.

Studies show patients need compassion, acceptance, to be treated as a whole person and not to be abandoned. They need clear information that enables identification of the person they trust to make decisions when they are unable to do so and help in the determination of goals of care.

Patients and their family want quality end-of-life care that includes:

- Receiving adequate pain and symptom management
- Avoiding inappropriate prolongation of dying
- Achieving a sense of control
- Relieving the burden on loved ones
- Strengthening the relationship with loved ones
- Respecting the uniqueness of the individual
- Providing an appropriate environment
- Addressing spiritual issues
- Recognizing cultural diversity
- Effective communication between the dying person, family and professionals

References

Cara Livernois. "Study: Compassion and its importance in healthcare." Health Exec, May 5, 2016
<https://www.healthexec.com/topics/care-delivery/study-compassion-and-its-importance-healthcare>

Get Palliative Care, Frequent Asked Questions. Accessed March 2015.
<http://getpalliativecare.org/whatis/faq/>.

"Quality end-of-life care: A global perspective." U.S. National Library of Medicine, National Institutes of Health. Accessed July 15, 2019. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC122082/>.

"Resources for Palliative & End-of-Life Care." www.aacn.org. Accessed July 15, 2019.
<https://www.aacn.org/clinical-resources/palliative-end-of-life>

"Signs of Approaching Death." Hospice Foundation of America. Accessed July 15, 2019.
<https://hospicefoundation.org/Hospice-Care/Signs-of-Approaching-Death>.