

END-OF-LIFE CARE

Objectives:

Upon completion of this section, the employee will be able to:

1. Discuss the principles of end-of-life care
2. Differentiate hospice from palliative care
3. Identify nursing interventions for the terminally ill
4. Describe the importance of communication during end-of-life care
5. List the available resources at Harbor-UCLA for the terminally ill and their families

Instructions to the Employee:

Please read the following section, then answer the study questions at the end of this section.

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In general, the issue of death and dying is a topic that most healthcare professionals tend to avoid because of their desire to “save lives.” However, death is a reality and most terminally-ill patients do not survive. Therefore, it is important for healthcare professionals to evaluate their attitudes about death and their approach to care for dying patients. Nurses have a vital role in providing compassionate, competent and quality care that supports the physical, psychological, social and spiritual needs of terminally-ill patients and their families.

I. DEFINITION OF TERMS

A. Hospice

Hospice is a program of care provided across a variety of settings and based on understanding that dying is a part of normal life cycle. Hospice promotes the idea of “living until you die” (NHPCO, 2004). Hospice supports the patient through the dying process and the surviving family through the dying and bereavement process and also it provides comprehensive medical and supportive services. The hospice care can be provided either at home, in residential facilities, hospitals and nursing facilities.

B. Palliative Care

Palliative care is an approach to healthcare which improves the quality of life of patients and their families, facing life-threatening illness, through the prevention, assessment and treatment of pain among other physical, psychological and spiritual problems (Coyle & Ferrell, 2006). According to Institute of Medicine, “Palliative care seeks to prevent, relieve, reduce or soothe the symptoms of disease or disorder without affecting a cure” (Coyle & Ferrell, 2006)

II. PHILOSOPHY AND PRINCIPLES OF HOSPICE AND PALLIATIVE CARE

Hospice and palliative care are blended together and represented as “Palliative Care.” This allows for increased access to care and ensures that palliative treatments and support are available in all settings throughout the illness/dying trajectory.

A. Philosophy

1. Palliative care provides support and care for persons facing life-threatening illnesses across many settings.
2. Palliative care is based on the understanding that dying is a part of the normal life cycle.
3. The process of dying is recognized as a profound individual and family experience.
4. Care is focused on enhancing the quality of remaining life by integrating physical, psychological, social and spiritual aspects of care.
5. Use of an interdisciplinary team is the key to addressing the many needs of the dying and their families.
6. Through appropriate care and the promotion of a caring community, patients and families may realize a degree of satisfaction and closure in preparing for death.

B. General principles of palliative care

1. The patient and family is the unit of care.
2. Patient and family-centered care is based on the view that quality can only be defined subjectively.
3. Care is given in a manner that reflects the personal, cultural and religious values, wishes and goals of the patient and family.
4. Palliative care is appropriate at any stage of the disease regardless of whether or not the patient is seeking curative treatment.

5. Interdisciplinary teams share information and work interdependently to develop goals with the patient and family, who are central members of the team. The unique needs of patient and family members drive the decisions regarding care.
6. The members of the interdisciplinary team include:
 - a. Patient and family
 - b. Clinical support: Physician, nurse, social worker, chaplain, nurse's attendant, physical/occupational/speech/massage/music and art therapists, pharmacist, dietician, volunteer
 - c. Administrative support

III. NURSING INTERVENTIONS

According to Desbiens and Wu (2000), "Fifty percent of hospitalized terminally-ill patients spend most of their time in moderate to severe pain." Pain and symptom management are the 1st priority in end-of-life care.

A. Assist patients in relieving the following physiological symptoms:

1. Pain
2. Shortness of breath
3. Nausea
4. Vomiting
5. Confusion
6. Restlessness
7. Itching
8. Incontinence
9. Disrupted sleep
10. Decreased energy
11. Cachexia

B. Assist patients in relieving the following psychosocial symptoms:

1. Depression
2. Anxiety
3. Ineffective coping (life role transition, caregiver distress)
4. Ineffective communication

C. Assist patients in relieving the following spiritual symptoms:

1. Despair/Hopelessness
2. Powerlessness
3. Loneliness
4. Need for reconciliation

D. Educate patient and family about available community resources

IV. COMMUNICATION

Communication is an ongoing, continuous dynamic process that involves both verbal and nonverbal signals, eighty percent of which is nonverbal (Eriksen, 1992). The roles of the nurse in the communication process for the terminally-ill include but are not limited to:

- A. Listening and supporting patients and families in the process of coping, grief and bereavement.
- B. Providing and clarifying information to patients and families that will aid in decision-making.
- C. Advocating for the patient and family.

D. Facilitating communication between patient/family and the health care team.

V. HARBOR-UCLA MEDICAL CENTER RESOURCES – AVAILABLE RESOURCES INCLUDE:

- A. Interdisciplinary healthcare team
 - B. Verbal Directives may be given to the physician and are to be documented in the chart
 - C. Advance Directives for Healthcare Decisions forms are available from Clinical Social Work Dept. Room 1-N-1 ext. 3278
 - D. Clinical Social Work Dept. ext. 3278 or access through Hospital Information System (HIS)
 - E. Bioethical Committee ext. 4175
 - F. Chaplain services for Pastoral Care and spiritual support upon request.
1. Non-emergent – call ext. 2166 or enter in HIS “Pastoral Care Evaluation and Referral”
 2. Emergent – call the Senior Chaplain at ext. 2166 – available 24 hours a day

PLEASE COMPLETE THE STUDY QUESTIONS ON THE NEXT PAGE

END-OF-LIFE CARE Study Questions

Select the best answer to each question. **DO NOT** write in the manual.

1. One of the philosophies of palliative care for dying patients is:
 - a. Procurement of aggressive curative care
 - b. Reliance on physician's preferred treatment and plan of care
 - c. Provision of financial assistance for the dying patients and their families
 - d. Use of an interdisciplinary team to address the needs of the dying patients and their families

2. Some of the common symptoms that need to be managed during end-of-life care are:
 - a. Fever, delirium and dry skin
 - b. Headache, seizures and hearing loss
 - c. Anxiety, weakness and vision problems
 - d. Shortness of breath, secretions and nausea/vomiting

3. Which of the following statements about communication is true:
 - a. Continuous dynamic process that involves only verbal signals
 - b. Continuous dynamic process that involves both verbal and nonverbal signals
 - c. Static process between two parties that involves nonverbal and verbal signals
 - d. Continuous discussion of one party to the other with verbal and nonverbal signals

4. The terminally-ill patient requested to see the hospital's chaplain as soon as possible. Which of the following statements made by the nurse is appropriate?
 - a. "What is so urgent that you need a chaplain right away?"
 - b. "The chaplain is busy with another patient; he'll see you when he gets a chance."
 - c. "I called the Chaplain services and it was busy. Why don't you ask your son to get your family chaplain?"
 - d. "I called the Chaplain services and left a message that you needed to see a chaplain immediately. I'll do a follow-up call in a few minutes and let you know."

CHECK YOUR ANSWERS TO THE STUDY QUESTIONS

Answers to Study Questions

1. d 2. d 3. b 4. d

If you answered all questions correctly, go on to the next section. If you missed one or more, read the content again and repeat the study guide questions.

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