HammondCare
Champion Life

HammondCare Palliative Care

End of life flip chart

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HammondCare Palliative Care

End of life flip chart

This resource has been designed by HammondCare for use in Residential Aged Care Homes (RACH)

- Who requires a Palliative Approach? Refer to the **Surprise Question** and the **SPICT Tool**
- Do you have the necessary equipment? Refer to the **Equipment Stock List** and **Personal Hygiene Stock List** in the End of life resource booklet
- Please refer to the **Quick Links** in the End of life resource booklet and lanyard card to ensure you are aware who you can call upon to help you care for people in your RACH

Note the terms that are highlighted in bold will be available in the End of life resource booklet

The End of Life Project is funded by the SNPHN (Sydney Northern Primary Health Network).

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End of life care

Depression | anger | sadness

Possible causes

- Illness and pain
- Not wanting to be in the nursing home
- Missing family members
- Symptoms especially pain
- Unfinished business
- Grief

Questions to ask

- How are you feeling?
- Are you feeling depressed?
- You seem a little flat, are you ok?

What to do?

- Ask the family what they think. Is this a change in their behaviour?
- Complete a Cornell Depression Scale on ACFI and contact the GP using **ISBAR Tool**
- Handover using **ISBAR Tool**

Non medical treatments

- Smile, offer reassurance
- Massage therapy
- Reminiscing
- Diversional activities
- Change of scenery, sitting in the sunshine

Note the terms that are highlighted in bold will be available in the End of life resource booklet

End of life care

Anxiety

Possible causes

- Long-term anxiety exacerbated by their illness
- Medication side effects
- Financial concerns
- Adjusting to their situation/illness/ nursing home
- Fear of death

Questions to ask

- How are you feeling?
- What makes it better?
- What makes it worse?
- Are you finding it difficult to breathe?

What to do?

- Ask family about the person's history, have they felt anxious in the past?
- Contact GP using **ISBAR Tool** and address any reversible causes

Non medical treatments

- Find out what they enjoy doing
- Are they religious?
- Do they require Pastoral Care?
- Are there any spiritual or religious practices that may reduce anxiety?
- Offer reassurance and support

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End of life care

Poor appetite or refusal to eat

Possible causes

The person's metabolism slowing down: the body is shutting down and not needing nourishment as before

Nausea

Increased drowsiness

Questions to ask

Are you not eating because of nausea or vomiting?

Do you feel sick or have you been vomiting?

Is your mouth sore?

What to do?

If the cause is nausea contact the GP using the **ISBAR Tool** and ensure an antiemetic is charted

If the person is hungrier early in the morning, offer breakfast as the main meal of day

Open and honest communication with the family that this is normal when someone's condition is deteriorating

Handover using **ISBAR Tool**

Non medical treatments

Supplement drinks and puddings as tolerated

Good mouth care every 4 hours

Note the terms that are highlighted in bold will be available in the End of life resource booklet

End of life care

Nausea and vomiting

Possible causes

Constipation

Medication side effects

Anxiety

Brain tumour

Liver & kidney disease

Questions to ask

Do you feel sick?

What makes it worse:

- smell?
- seeing or thinking about food?
- eating?

Are you vomiting – how much and when?

What to do?

Contact the GP using **ISBAR Tool**

Constant nausea requires a regular antiemetic. Occasional nausea requires a PRN antiemetic. Is it charted?

Please refer to the **Palliative Care Medications - Initial Suggested doses**

Non medical treatments

Visualisation and relaxation

Fan in the room or open a window

Wet sponge to the back of neck

Close monitoring of bowels

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Nausea and vomiting

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End of life care

Profound weakness and fatigue

Possible causes

- Disease progression
- Weight loss
- Decreased food intake
- Organ failure
- Depression

Questions to ask

- Are you feeling very tired and wanting to remain in bed all of the time?
- Do you find it hard work to even have a shower?
- Do you feel tired even when you wake up from sleep?

What to do?

- Reassure the person and family that this is common and that the person requires rest
- Ensure the person has allocated uninterrupted quiet time during the day
- It is usual for someone to be very tired at the end of life

Non medical treatments

- Reassurance and support
- Limit activity
- Shower every second day or attend bed sponges only
- Ensure there is an air mattress on the bed

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End of life care

Spirituality, religious and/or cultural needs

Possible causes

Guilt, worry, regret, uncertainty, anger, fear, grief and despair

Loneliness

Loss

Questions to ask

What do I need to know about you to care for you best?

Are you at peace?

Tell me about your faith?

What religious practices, rituals and beliefs are important to you?

What brings you strength when times are difficult?

What has brought you strength in the past when times have been tough?

What to do?

Get to know the person

Handover anything that will contribute to good care using **ISBAR Tool**

Non medical treatments

Refer to pastoral care if available

Sit with them, talk with them and listen to them

Offer reassurance and support

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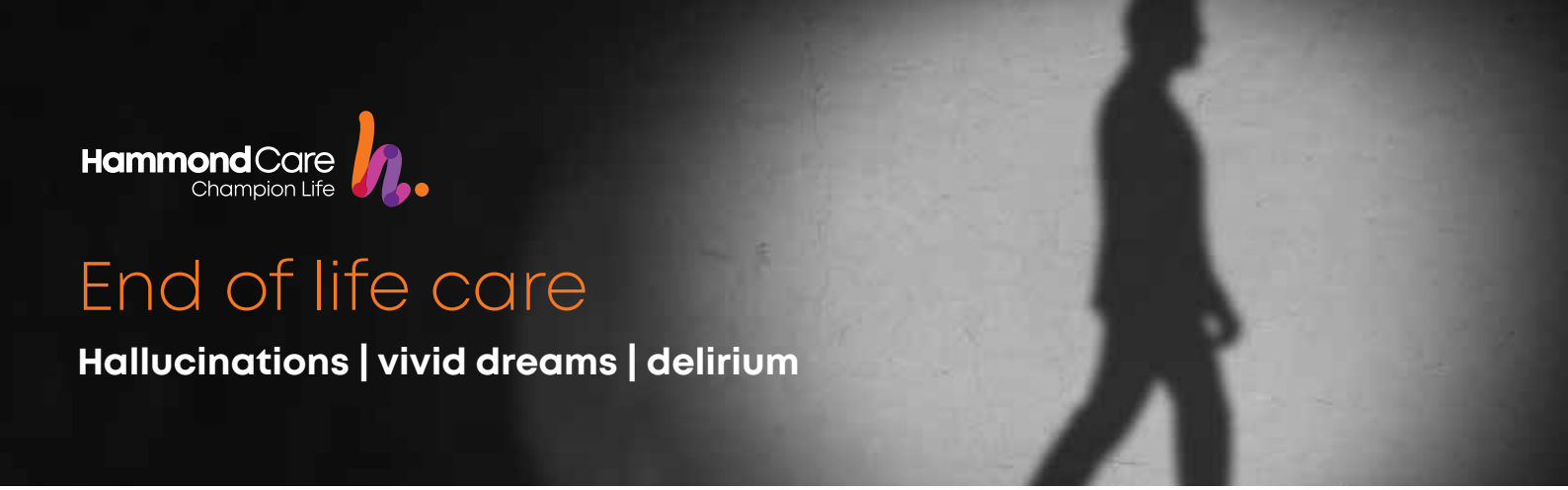
Spirituality, religious and/or cultural needs



End of life care

Hallucinations | vivid dreams | delirium

Possible causes

- Infection
- Liver or kidney failure
- Medication side effects
- Lack of oxygen
- Anaemia
- Vitamin deficiency
- Dementia and pain
- Excessive stimuli

Questions to ask

- Are you seeing or hearing things that possibly aren't there?
- Are you having vivid dreams where you wake up and you are confused if the dream was real or not?
- What are you seeing?
- Is it bothering you?

What to do?

- Check for infection
- Make sure the environment is safe
- Make sure you remove anything from the room that may be contributing to the hallucinations: marks on the wall, turn off talk back radio
- Handover using **ISBAR Tool**
- Contact GP using **ISBAR Tool** and address any reversible causes

Non medical treatments

- Reassurance and support
- Maintain a quiet and familiar environment
- Ask family to stay when resident is restless or distressed
- Lower the bed and ensure crash mat is in place

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End of life care

Shortness of breath

Possible causes

Cancer

Lung disease

Fluid in the lungs

Anxiety and fear

Heart disease

Questions to ask

What makes it worse:

- showering?
- walking short distances?
- getting dressed?
- going to the toilet?

What makes it better?

What is making you feel anxious?

What to do?

Make sure the person has a **Breathlessness Action Plan**, and follow those instructions

Opioid for severe breathlessness as first line dosing is the same as for pain

Have a room fan close to the person and make sure it is directed to their face

Handover using **ISBAR Tool**

Contact the GP using **ISBAR Tool**

Does sublingual (under the tongue) medication need to be charted for anxiety related to breathlessness?

Non medical treatments

Open a window

Make sure the fan is close and directed towards face

Offer reassurance and support

Relaxation exercises

Positioning

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End of life care

Terminal restlessness | agitation

Possible causes

- Pain
- Constipation
- Urinary retention
- UTI
- Insomnia
- Uncomfortable bed or environment
- Life regrets or unfinished business
- Medication side effects
- Terminal secretions
- Noise and light

Questions to ask

- Is the person safe?
- Is there a possibility they could injure themselves?
- Is the cause of the agitation reversible?

What to do?

- Rule out possible reversible causes such as constipation and urinary retention. Refer to 'Constipation'
- Contact the GP using **ISBAR Tool**
- Clear explanation to family members that this can be a common problem when people are deteriorating and the cause is 'multifactorial'
- Handover using **ISBAR Tool**
- Contact the GP using **ISBAR Tool**
- Does S/C medication need to be charted?
- Refer to the **Palliative Care Medications- Initial Suggested doses**

Non medical treatments

- Quiet and familiar environment
- Re-positioning
- Address any pain concerns
- Limit interruptions or limit interaction
- Music
- Touch
- Reassurance and support
- Ask family members to stay

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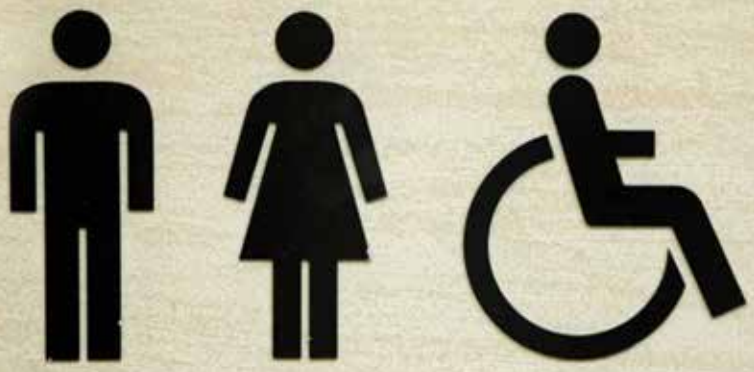
End of life care

Constipation



Possible causes

Dehydration

Decreased mobility

Unable to go to the toilet themselves when needed

Pain medication side effects

Questions to ask

What are your regular bowel habits?

- frequency
- amount
- consistency

Do you feel you are emptying your bowels completely when you go to the toilet?

Are you straining when opening your bowels?

What to do?

See the **Bristol Stool Chart** and **Bowel Management Guidelines**

Strict bowel charting

Contact the GP using **ISBAR Tool** and ensure:

- regular stool softening medication is charted especially if someone is taking pain medication
- if they are unable to swallow is a Microlax enema charted PRN

Make sure PRN stool softening medications are also charted PRN and give if bowels are not opening regularly according to bowel history

Non medical treatments

Offer drinks frequently

Ensure you give the person time and privacy in the bathroom

Prune or pear juice

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End of life care

Problems swallowing

Possible causes

Deterioration in condition

End-stage dementia

Questions to ask

Is the person having problems swallowing tablets?

How long does it take for you to swallow your tablet/s?

Is it painful when you swallow?

Do you cough everytime you swallow?

Do your tablets get stuck?

What to do?

Make sure the person is alert and sitting upright before offering food or drinks

If the person coughs, stop and try again later

Check their **impaired swallowing reflex**?

Open and honest communication with family members that problems with swallowing is normal when someone's condition is deteriorating

Contact the GP using **ISBAR Tool**

The GP will need to reassess all oral tablets and convert them to subcutaneous

Non medical treatments

Puréed diet and thickened fluids

Only offer oral intake if it is safe

If the person is not able to eat or drink, make sure you attend regular mouth care every 4 hours

Show the family how to do mouth care and encourage them to do it if they want to

GP to cease any non-essential oral medication

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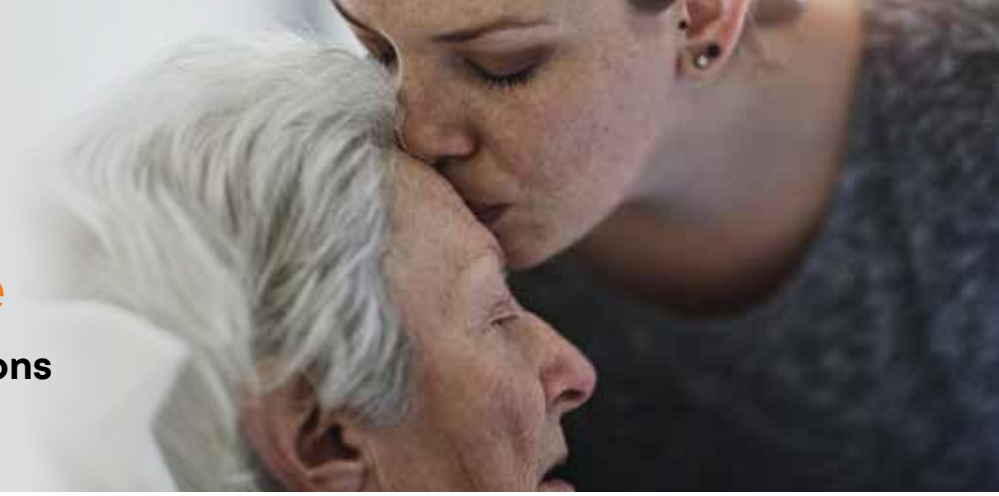

End of life care

Respiratory | moist secretions

Possible causes

Inability to clear phlegm /saliva from the back of throat or chest

Questions to ask

Are the moist secretions causing a rattle or gurgling noise?

What to do?

Reposition the resident to help drain their secretions:

- from side to side
- or elevate head of bed

Don't suction:

- it can be very uncomfortable
- it can cause distress for the patient
- it can cause further secretions to build up

Reassure the family that this happens often at end of life and is not bothering the person, but it is not nice to hear

Open and honest communication with the family that when this happens; it is likely the person is in the terminal phase of their illness and death is likely within days

Try not to focus on the noise

Handover using **ISBAR Tool**

Non medical treatments

Good mouth care every 4 hours

Music in the room

Repositioning every 4 hours

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End of life care

Sore dry mouth and eyes

Possible causes

Mouth:

Medication

Mouth breathing

Dehydration

Weight loss

Ill-fitting dentures

Eyes:

Dehydration

Inability to clean their own eyes and blink

Infection

Questions to ask

Mouth:

Look in their mouth, is it:

- dry, cracked?
- discoloured?
- furry?

Is there any food or medication left over in the mouth?

Are you constantly thirsty?

Eyes:

Are your eyes:

- dry and sticky?
- yellow discharge?

Do you have scratchy or itchy eyes?

What to do?

Mouth:

Contact the GP using **ISBAR Tool** and request mouth care to be charted 4 times a day with:

- sodium bicarb mouth swabs
- oral balance gel
- lip balm

If the resident has oral thrush (furry) ensure Nilstat is charted 4 times a day until it clears

Eyes:

Contact the GP using **ISBAR Tool**

Ensure lubricating eye drops are charted twice a day

If there is an infection, antibiotic eye drops are required

Non medical treatments

Mouth:

Make sure the mouth is cleaned well after meals

Eyes:

Saline-soaked gauze used as eye pads for 5 minutes will moisten and clean eyes

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End of life care

Pain

Possible causes

- Disease progression
- Mood disorders
- Pressure injuries
- Poor positioning
- Constipation
- Osteoarthritis
- Nerve pain

Questions to ask

- Be creative if they deny pain – ask 'are you uncomfortable / does anywhere feel tight or sore'?
- Where is the pain?
- What makes it worse?
- What makes it better?
- How would you describe the pain?
- Is it: sharp, dull, achy, shooting, feel like pins and needles?
- Can you score the pain out of ten?
- Is it worse when you move?
- Does it keep you awake at night?

What to do?

- Record pain assessments 4/24
- If results indicate pain give PRN analgesia
- Make sure you ask the family if they think the resident has pain?
- Handover using **ISBAR Tool**
- Contact the GP using the **ISBAR Tool** and request a review
- Does pain medication need to be charted?
- Constant pain requires regular medication. Occasional pain requires PRN medication.
- Explain to the family the results of the pain assessments and what you are doing about it.
- Refer to the **Palliative Care Medications & initial suggested doses**
- If the person can't tell you, use the **Abbey Pain Scale**

Non medical treatments

- Heat pack
- Reposition
- Diversional therapy
- Reassurance
- Gentle massage

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End of life care

After death care

What to do?

Inform the family (nominated person). If they were not present when the person died, ask the family if they would like to come in and spend time with the person and say goodbye

Inform the GP

Inform the funeral Director

Follow any cultural or religious practices or beliefs

Attend a full bed sponge and ensure the person looks as nice as possible. This image of the person will remain with loved ones forever

Ensure the person is:

- laid flat on their back with the head of the bed slightly elevated which will assist with keeping the mouth closed
- close eyes
- hair combed
- clean, fresh clothes
- clean pillow case and sheets. Bedding is made so the persons arms and hands are available for loved ones to hold the persons hands if they would like to
- any religious symbols or significant ornaments are placed close to the person
- the room is cleared of any medical equipment or rubbish

Ensure there is soft lighting, fresh water, chairs are by the bedside and tissues are available in the room

Before moving the person include staff and family members in a bedside memorial using a blessing, for example the **Aboriginal Blessing** and share memories together of the person

Self care

Use the **Gibbs' Reflective Cycle Tool** and the **Death Audit Tool** in your next team meeting to debrief and learn from this experience

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