



NURSING CARE OF PATIENTS AT THE END OF LIFE

Chapter 17 Williams/Hopper
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A GOOD DEATH

- Patients Want
 - Pain and Symptom Management
 - Ability to Make Own Decisions
 - Avoidance of Prolonged Dying Process
 - Minimal Burden on Family
 - Remaining Time for Relationships
- Help the terminally ill client define their goals of care



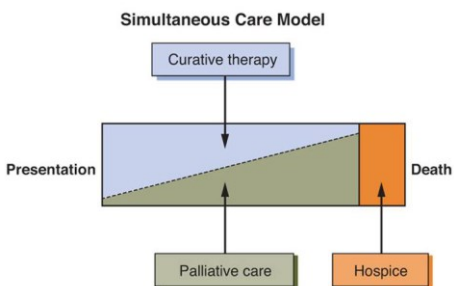
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IDENTIFYING IMPENDING DEATH

- Weight Loss
- Increased Pain and/or Dyspnea
- Increasing Weakness
- Increasing Dependence for ADLs
- Difficulty Swallowing
- Poor Renal or Cardiac Function



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SIMULTANEOUS CARE MODEL

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PALLIATIVE/HOSPICE



- Palliative care is comfort care with or without curative intent.
- Hospice is comfort care without curative intent; the patient no longer has curative options or has chosen not to pursue treatment because the side effects outweigh the benefits. Help families keep the client comfortable until death.

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ADVANCE MEDICAL DIRECTIVE



- Living Will
 - Spells out the client's wished if they are unable to communicate this
- Durable Medical Power of Attorney
 - Appoints a person to carry out client's wishes
- POLST
 - Physician Orders for Life-Sustaining Treatment

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END OF LIFE CHOICES



- Cardiopulmonary Resuscitation (CPR)
- Do Not Resuscitate Orders (DNRs)
- Artificial Feeding and Hydration
- Hospitalization
- Hospice Care

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COMMUNICATION

- Take Time to Listen
- Answer Questions Honestly
- Help to Identify Choices
- Allow Verbalization of Fears
- Remember Nonverbal Behaviors



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PSYCHOSOCIAL AND SPIRITUAL ASPECTS OF DYING



- As individuals approach death, their spiritual needs take on greater importance
- Do not impose your religious beliefs on dying patient and family; instead assist patients to find comfort and support in their own belief systems
- Be aware of remarks you make in the presence of unresponsive patients because they DO hear

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NURSING DIAGNOSES

- Impaired Gas Exchange
- Ineffective Airway Clearance
- Imbalanced Nutrition
- Impaired Oral Mucous Membrane
- Impaired Comfort
- Hypo or Hyperthermia
- Acute Confusion
- Disturbed Sensory Perception
- Anticipatory Grieving



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NURSING CARE AT THE END OF LIFE



- Impaired Gas Exchange
 - S/S: Dyspnea, decreased O₂ sat, decreased RR rate
- Nursing Interventions:
 - Monitor RR
 - Administer meds as ordered
 - Place patient with HOB elevated
 - Place fan in room
 - Administer morphine if needed

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NURSING CARE



- Ineffective Airway Clearance
 - Increased secretions, "death rattle"
- Nursing Care:
 - Place in Fowler's or semi-Fowler's position
 - Humidifier in room
 - Administer meds to help dry secretions
 - If the client cannot swallow, obtain an order for a different route (IV or IM)
 - Morphine prn
 - Suction
 - Education of family

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NURSING CARE

- Imbalanced Nutrition: Less than Body Requirements
 - Inability to swallow, lack of appetite
- Nursing Care
 - Let patient choose when and what to eat
 - Sit patient upright when eating
 - Educate family

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NURSING CARE

- Impaired Oral Mucous Membranes
 - Related to dehydration, not eating, meds
- Nursing Care:
 - Offer ice chips or water if patient is alert
 - Oral care often
 - Apply lanolin to lips

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NURSING CARE



- Impaired Comfort
 - Pain, restlessness
- Nursing Care
 - Assess for reversible causes of agitation
 - Reposition every 2 hours
 - Measure O₂ saturations
 - Administer O₂ as needed
 - Discontinue all uncomfortable procedures
 - Needle sticks, vital signs
 - PRN Medications
 - Pericare

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NURSING CARE



Hypothermia/Hyperthermia

Fever



Nursing Care

Administer Tylenol as needed

Keep patient clean and dry

If cold, add blankets. Do not use a heating pad

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NURSING CARE



- Acute Confusion
- Nursing Care
 - Assure family some confusion is common
 - Do not try to correct the patient
 - Keep a dim light on in the room. Reassure patient

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NURSING CARE

- Anticipatory Grieving
 - Impending death
- Nursing Care
 - Be present and patient
 - Show appropriate concern
 - Provide a quiet environment
 - Consult minister of family's choice
 - Ask about religious or cultural beliefs

Dying

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THE DYING PROCESS

- Eating and Drinking
- Breathing Changes
- Oral Secretions
- Temperature
- Bowel and Bladder
- Mental Status
- Terminal Restlessness
- Unconsciousness



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POSTMORTEM (AFTER DEATH) CARE



- An LVN cannot pronounce death!
- A coroner is a person with legal authority to determine cause of death
- A death certificate is completed by the physician, the undertaker, and a pathologist if an autopsy is done
- The nurse is responsible for postmortem (after death) care of the body. No matter your role in death pronouncement, a final nursing assessment should be performed and documented.
- Family members may assist with or perform the preparation of the body or the nurse may prepare the body for the family to come say goodbye and for removal to the morgue or undertaker

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POST MORTEM CARE

- Check Cultural Preferences
- Ask family if they want the client's face covered or uncovered
- Remove Tubes and Equipment
- Bathe and Dress Patient
- Replace Dentures
- Use Dressings or Briefs PRN
- Allow Family Time with Deceased



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STAGES OF GRIEF

- Shock and Disbelief
- Experience the Loss
- Reintegration



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THE NURSE AND LOSS

- Informal support system
- Formal support system



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- 1. One part of an advance directive includes a document instructing caregivers in patients' medical preferences at end of life, called a _____.
- 2. A _____ document specifies who can make decisions for a patient when the patient can no longer make decisions.
- 3. Patients qualify for _____ care when their prognosis is 6 months or less.
- 4. Care of the body after death is called _____ care.
- 5. The nurse who communicates patients' and families' wishes to the health care team is acting as a patient _____.

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- Your patient, Mrs. Brown, is actively dying from end-stage lung cancer. List at least two nursing interventions that may be helpful to treat each symptom she is experiencing:
- 1. Dyspnea
- 2. Bowel and bladder incontinence
- 3. Copious oral secretions
- 4. Body temperature changes
- 5. Restlessness

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- What question can be most effective in finding out the patient's understanding of the severity of the illness the patient is experiencing?
- 1. "How do you feel about your illness?"
- 2. "How is your family coping with your illness?"
- 3. "What has the doctor told you about your illness?"
- 4. "What would you like to do about your illness?"

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- A dying patient appears confused and keeps saying he sees his wife who died 10 years earlier. The family appears upset by this. What teaching should the nurse provide?
- 1. Teach them to redirect the patient and gently remind him that his wife died long ago.
- 2. Explain that this happens because of the medications that the patient is receiving.
- 3. Explain that this is a common occurrence and encourage them to allow him to talk about his experience.
- 4. Explain that this can occur when the brain is deprived of oxygen and then get an order for oxygen if the patient does not already have it.

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- Case Study: Mr. Sellers
- What is a durable medical power of attorney? A living will?
- 2. When do these documents take effect?
- 3. What signs did Mr. Sellers exhibit that indicated he was approaching the end of life?

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