

Answers

CHAPTER 17 NURSING CARE OF PATIENTS AT THE END OF LIFE

AUDIO CASE STUDY

Mr. Sellers at the End of His Life

1. A durable medical power of attorney is a person appointed to make decisions for someone who is no longer able to make decisions. An advance directive details exactly what the patient would want when he is no longer able to make decisions.
2. These documents take effect only when the patient is no longer able to make her own decisions.
3. Progressive weakness, weight loss greater than 10% in 6 months, sleeping a lot, stating he was “ready to go.”
4. This is one example of an SBAR report. Your report may be different.
 - S:** Mr. Sellers has appeared short of breath, and sublingual morphine has been helping. His last dose was at (state time).
 - B:** He has terminal lung cancer. His respiratory rate has been getting as high as 30/minute but drops to 10 to 12 when he has morphine. It also seems to calm him. He is unconscious much of the time.
 - A:** He appears to be in his final hours to days of life.
 - R:** Keep an eye on him in case he needs more morphine.

VOCABULARY

Sample sentences will vary for the Vocabulary problems.

1. compassion fatigue
2. durable power of attorney
3. hospice
4. postmortem
5. advocate

TRUE OR FALSE?

1. False. They usually lose weight.
2. False. Most companies provide a hospice benefit.
3. True
4. True
5. False. They will only be discharged if they are no longer terminal.
6. False. Cardiopulmonary resuscitation (CPR) must be started within 3 to 5 minutes.

7. True
8. True
9. False. Many patients are not aware of their prognosis or decisions that need to be made.

CLINICAL JUDGMENT

1. Collect data regarding the fall, including pain level, orientation, and vital signs. If there is no sign of injury, help the family get her back to bed. If she is injured, call the registered nurse (RN) or health-care provider (HCP) before moving her. The priority is to keep her comfortable and provide teaching to the family about safety in the home. Consider whether Mrs. Brown needs a fall mat or another form of assistive device and order these. Report to the RN or HCP and complete an incident report per agency protocol.
2. Talk to your supervisor with an update. See if you have time or if another nurse is available to make a home visit to assess the patient. If possible, go see the patient to support the family and provide teaching about administering medication for her symptoms. Explain to the family that these are common symptoms patients have at the end of life. Assess to see if the patient needs oxygen or has been wearing oxygen. Teach calming techniques such as deep breathing, decrease stimuli, and encourage rest. If printed resources are available (e.g., a booklet called “Gone From My Sight”), provide these to the family. This type of resource will walk through common symptoms at the end of life. Handouts related to comfort medications should also be given to the family so they have a quick reference to use when they are in a crisis.

If you are unable to go immediately, instruct the family how to handle the situation (as recommended above). They may need reminders of how to administer oral morphine or other medication, as anxiety can interfere with remembering what they have been taught. Provide reassurance and offer to have a nurse come for a visit as soon as possible.

3. Visit the patient and collect data to confirm whether the patient appears to be in her final days or hours. Report your findings to the RN and collaborate to determine a plan of care. If appropriate, explain to the family that while antibiotics may be appropriate for some situations such as infection, her symptoms are likely signs that death is near. Administer PRN medication as ordered to dry her secretions and position her with head elevated to reduce the gurgling and to open her airway for comfort. Administer rectal acetaminophen for the fever

and to keep her comfortable. Remind the family that if the patient cannot swallow, do not force fluids, as this can increase risk for aspiration and cause undue distress for Mrs. Brown. Family can use oral swabs to moisten mouth and apply lip balm if the patient's mouth is dry.

REVIEW QUESTIONS

*The correct answers are in **boldface**.*

1. **(3)** is correct. It is not the nurse's role to explain the illness, but to reinforce the HCP's explanation. (1, 2, 4) do not address the question of understanding.
2. **(1)** is correct. The nurse's role is to listen and answer questions. (2, 3, 4) don't focus on the family's concerns and will likely be distressing to them.
3. **(2)** is correct. (1, 4) are also effects of morphine but are not the reason it is given to a dying patient. (3) Morphine will not affect temperature.
4. **(3)** is correct. (1) Redirecting a patient is appropriate only if the patient is expected to improve. (2) The medications may play a part, but this statement does not help the family. (4) Oxygen may be used for comfort but may not improve the thought processes of a dying patient.
5. **(4)** is correct and validates the daughter's feelings. This may help her make a decision. (1) may be appropriate if she needs clarification but is not the best response while she is upset. (2, 3) may be true but do not address her feelings.
6. **(2)** is correct. Cultural traditions should be supported if at all possible. (1, 3, 4) ignore the importance of the family's cultural tradition.
7. **(3)** is correct. Difficulty swallowing and weight loss are evidence that the patient is near death. (1, 2, 4) are signs of illness but are not signs that the end of life is near.
8. **(4)** is correct. A durable power of attorney (DPOA) is a person who can make decisions for a patient when the patient is no longer able to speak for him or herself. (1) An advance directive or living will outlines a patient's wishes. (2) may be part of the advance directive. (3) the DPOA takes effect only when the patient can no longer make decisions, not when the document is signed.
9. **(1)** A good death is possible if the patient's wishes are followed and the patient is comfortable. (2, 3, 4) do not describe a good death.
10. **(4)** There is no one "right" thing to say to a grieving person. Listening is important. (1, 2, 3) do not use therapeutic communication.
11. **(1, 2, 4)** Hyoscyamine, scopolamine, and morphine all have anticholinergic properties that will dry secretions. Morphine will ease breathing. (3, 5) will not help secretions or breathing.
12. **(5, 3, 1, 2, 4)** Checking for heartbeat and respirations confirms suspected death; then the provider will pronounce the patient dead. Remove the lines prior to cleaning the patient, since the lines may drip or soil the sheets. Allow the family time with the patient.
13. **(1)** A patient can change their mind at any time. (2, 3, 4) The patient can change their mind at any time.