27
End-of-Life Care

1. Define important words in this chapter
2. Describe palliative care
3. Discuss hospice care
4. Discuss the grief process and related terms
5. Explain the dying person’s rights
6. Explain how to care for a dying resident
7. Discuss factors that influence feelings about death and list ways to meet residents’ individual needs
8. Identify common signs of approaching death
9. List changes that may occur in the human body after death
10. Describe ways to help family and friends deal with a resident’s death
11. Describe ways to help staff members cope with a resident’s death
12. Describe postmortem care

Supplemental Tools
TRANSPARENCY 27-1 RIGHTS TO REMEMBER WHEN CARING FOR THE TERMINALLY ILL
TRANSPARENCY 27-2 SIGNS OF APPROACHING DEATH
HANDOUT 27-1 THE DYING PERSON’S BILL OF RIGHTS
CHAPTER 27: EXAM

Assignments
TEXTBOOK READING, PP. 469-480
WORKBOOK EXERCISES, PP. 143-147

Overview of Teaching Strategies
It is important for NAs to understand the stages and signs of dying, as well as the grieving process, so that they may be a support system for the resident and the family. Exploring their own attitudes about death will be a part of the teaching approach. This will facilitate a deeper understanding of how others feel about death, especially the residents themselves. Hospice may be a career direction for some of the students, so a clear overview of the philosophy and goals of hospice care is included in this chapter. An instructor who has never been involved with hospice may wish to invite a representative from the local hospice organization to speak to the students. The emphasis here, as with hospice itself, is to maintain as much dignity as is possible for the resident going through the dying process. The “Dying Person’s Bill of Rights,” on p. 473 of the textbook, helps illustrate this.

Most students will voice difficulty with the prospect of caring for a body during postmortem care. This is a common human response, and the instructor should first discuss why this creates anxiety and fear in the students. Encourage the class to discuss their feelings, which will lower their levels of anxiety about care of the dying resident and care of the body after death.

1. Define important words in this chapter

Meeting the Learning Objective
TEXTBOOK PP. 469-470
WORKBOOK P. 143

Lecture
Pronounce and define each of the key terms listed in the Learning Objective on pages 469-470.
2. Describe palliative care

*Meeting the Learning Objective*

**Textbook** p. 470

**Workbook** p. 143

**Lecture**

Pronounce and define the following key term:

- Palliative care

Review the following goals of palliative care:

- Control symptoms
- Reduce suffering
- Prevent side effects
- Maintain quality of life
- Emphasize holistic approach

Emphasize that palliative care works to manage symptoms, not cure the disease.

3. Discuss hospice care

*Meeting the Learning Objective*

**Textbook** pp. 470-471

**Workbook** p. 143

**Lecture**

Pronounce and define the following key terms:

- Terminal illness
- Death

Review the following points and goals of hospice care:

- Ordered by a doctor for a person who has six month or less to live
- Can be given in a hospital, care facility, or in the home
- Uses a holistic approach
- Provides alternative to traditional care
- Offers medically-directed, team-managed care
- Focuses on resident and family as a unit
- Offers compassionate care
- Offers assistance for psychosocial needs
- Helps family obtain financial counseling and legal assistance

Emphasize that not every resident goes through all these stages or in this order.

4. Discuss the grief process and related terms

*Meeting the Learning Objective*

**Textbook** pp. 471-472

**Workbook** pp. 143-144

**Lecture**

Pronounce and define the following key term:

- Grief

Discuss Dr. Kubler-Ross’s five stages of grief (On Death and Dying):

- Denial: refusal to believe they are dying
- Anger: “Why me?”
- Bargaining: “Yes me, but...”
- Depression: need to mourn and review their lives
- Acceptance: preparing for death

Emphasize that not every resident goes through all these stages or in this order.

Pronounce and define the following key terms:

- Anticipatory grief
- Bereavement
- Complicated grief
- Grief process
- Grief therapy
- Mourning
- Unresolved grief

5. Explain the dying person’s rights

*Meeting the Learning Objective*

**Textbook** pp. 472-473

**Workbook** pp. 144-145

**Display Transparency**

27-1 RIGHTS TO REMEMBER WHEN CARING FOR THE TERMINALLY ILL
Discuss the rights listed on the transparency. Ask the following questions and make the following points to lead a discussion about rights.

1. The right to have visitors
   • It may be inconvenient to have visitors coming and going at odd hours, but when death is close, it is an emotional time for all those involved.
   • Saying goodbye can be a very important part of dealing with a loved one’s death.
   • It may also be very reassuring to the dying person to have someone in the room, even if they don’t seem to be aware of their surroundings.
   • Only report a visitor if he is disruptive or he becomes a threat.

2. The right to privacy
   • Privacy is a basic right, but why may privacy for visiting be even more important now?

3. The right to be free from pain
   • It is very important to monitor dying residents for signs that they are in pain. If they can no longer speak, how else can you tell if a resident may be in pain?

4. The right to honest and accurate information
   • Residents have the right to honest information about what is happening and what their diagnosis is. Refer medical questions that are outside your scope of practice to the nurse.

5. The right to refuse treatment
   • Have you ever cared for someone who did not want more treatment? How did you feel about that?
   • We need to remember that whether we agree or disagree with the decisions, the choice is not ours, but belongs to the person involved.
   • Sometimes, when residents are not capable of making a decision, they have told their family how they wish things to be done. Be supportive of family members; do not judge them. They are probably following the person’s wishes.

Distribute Handout 27-1

THE DYING PERSON’S BILL OF RIGHTS

Go over each right on the handout and ask students why they think these rights are important for a dying person.

6. Explain how to care for a dying resident

Meeting the Learning Objective

TEXTBOOK PP. 473-474
WORKBOOK P. 145

Lecture

Review the following guidelines for care of the dying resident:

Skin, Nose and Mouth care
   • Give frequent skin care.
   • Bathe often.
   • Change gowns and sheets often.
   • Give incontinence care promptly.
   • Turn and reposition often.
   • Give oral care frequently.
   • Offer ice chips.
   • Use lubricant on nose and mouth.

Pain Control and Comfort
   • Pain relief is critical.
   • Observe and report signs of pain.
   • Adjust blankets for temperature changes.

Diminished Senses
   • Keep room softly lit.
   • Use alternate forms of communication.
   • Speak normally and describe care that is being performed.

Breathing Problems
   • Report gurgling or rattling.
   • Elevate the head of the bed and change positions as ordered.

Food and Fluid Issues
   • Feed residents slowly.
   • Encourage fluids.
   • Do not force residents to eat or drink.
   • Report nausea, vomiting and diarrhea.
   • Elevate head of bed.
7. Discuss factors that influence feelings about death and list ways to meet residents’ individual needs

Meeting the Learning Objective
Textbook pp. 474-476
Workbook pp. 145-146

Lecture and Discussion
Pronounce and define the following key term:
• Cremation

Discuss the factors that influence feelings and attitudes about death:
• Experience with death
• Personality type
• Religious beliefs
• Cultural background

Ask students to share some of their own experiences and backgrounds.

Remind students that it is important to honor individual practices and traditions without judging them.

Review the following guidelines for psychosocial and spiritual needs for dying residents:
• Do not isolate or avoid resident.
• Listen more; talk less.
• Do not judge.
• Do not discuss personal religious beliefs or try to change resident’s beliefs.
• Notify the nurse if resident requests visit from spiritual leader.
• Provide privacy for visits.
• Never share anything private with others, except for the nurse.
• Inform the nurse if resident has expressed fear of dying.

8. Identify common signs of approaching death

Meeting the Learning Objective
Textbook p. 476
Workbook p. 146

Display Transparency
27-2 Signs of Approaching Death

Review the following signs of approaching death:
• Cyanotic, pale, or darkening skin or mucous membranes
• Cold skin
• Skin that looks bruised (mottling)
• Heavy perspiration
• Fever
• Extreme weakness and exhaustion
• Loss of muscle tone
• Fallen jaw, causing the mouth to stay open
• Decreased sense of touch
• Loss of feeling, beginning in the legs and feet
• Loss of vision
• Dilated pupils and staring eyes
• Inability to speak
• Extreme drowsiness
• Disorientation or confusion
• Hallucinations
• Low blood pressure
• Increased pulse
• Cheyne-Stokes breathing
• Gurgling and rattling sound when breathing
• Difficulty swallowing
• Decreased appetite and sense of thirst
• Dry mouth
• Nausea, vomiting, and diarrhea
• Urinary and fecal incontinence
• Decreased urinary output
• Loss of hearing

9. List changes that may occur in the human body after death

Meeting the Learning Objective
Textbook pp. 476-477
Workbook p. 146

Lecture
Review the following points about the body after death:
• No pulse, respiration, or blood pressure
• Jaw drops
• Eyelids partially open
• Urinary and fecal incontinence
• Fixed and dilated pupils

Pronounce and define the following key term:
• Rigor mortis

Review the terms to describe the body after death.

10. Describe ways to help family and friends deal with a resident's death

Meeting the Learning Objective
TEXTBOOK P. 477
WORKBOOK P. 146

Lecture
Discuss some of the feelings family and friends may experience after a loved one dies:
• Feeling numb or being in shock
• Physical reactions or symptoms, such as pain, especially chest pain, nausea, or difficulty breathing
• Feelings of guilt, especially if there were any unresolved problems or issues with the relationship
• Disbelief or denial of the death
• Feelings of relief
• Intense sadness and crying
• Anxiety or fear
• Anger

Remind students that complaints from family and friends should be referred to the nurse.

Make sure students understand that family and friends should be allowed to express their feelings. They should be treated with respect and compassion.

Review guidelines for NAs to follow to help families and friends:
• Be available. Listen when they want to talk.
• Do not be afraid to show your feelings.
• Do not make inappropriate comments or use clichés.
• Report requests for spiritual leaders to the nurse.

11. Describe ways to help staff members cope with a resident's death

Meeting the Learning Objective
TEXTBOOK P. 478
WORKBOOK PP. 146-147

Lecture
Discuss your facility's policies on grief counseling if it is available. Emphasize that NAs have a right to their feelings when someone dies.

Review ways that staff can cope with a resident's death:
• Express your feelings—they are normal.
• Share memories.
• Spend quality time with people you love.
• Do things that make you happy.
• Talk to a counselor.
• Join a support group.
• Take care of yourself.

12. Describe postmortem care

Meeting the Learning Objective
TEXTBOOK PP. 478-480
WORKBOOK P. 147

Lecture
Pronounce and define the following key terms:
• Postmortem care
• Autopsy
• Pathologist

Remind students to be aware of religious or cultural practices that the family wants to observe.

Demonstration
Demonstrate the procedure: Postmortem care. Include all the numbered steps in your demonstration.

Have the students return the demonstration. Procedure checklists are located at the end of the Student Workbook.

Discussion
Discuss the fact that facilities may have special policies on postmortem care. Ask the students to
talk about their feelings regarding this care. Do they think they would have a problem touching a dead body? How can they show respect to families after a loved one has died?

**Chapter Review**

**Exam**

Distribute chapter 27: exam

(Appendix C, pp. 343-344)

Allow students enough time to finish the test. See Appendix D for answers to the chapter exams.

**Answers to Chapter Review in Textbook**

1. Answers include: control symptoms, reduce suffering, prevent side effects, maintain quality of life, and emphasize holistic approach.

2. When a person has approximately six months or less to live.

3. Answers include: uses a holistic approach; provides alternative to traditional care; offers medically-directed, team-managed care; focuses on resident and family as a unit; offers compassionate care; focuses on soothing and comfort care, rather than curative care; emphasizes pain and symptom management; offers assistance for psychosocial needs; and helps family obtain financial counseling and legal assistance.

4. Denial: refusal to believe they are dying; Anger: “Why me?”; Bargaining: “Yes me, but...”; Depression: need to mourn and review their lives; Acceptance: preparing for death.

5. Answers include: The right to have visitors. The right to privacy. The right to be free from pain. The right to honest and accurate information. The right to refuse treatment.


**Pain Control and Comfort**: Pain relief is critical. Observe and report signs of pain. Adjust blankets for temperature changes.

**Diminished Senses**: Keep room softly lit. Use alternate forms of communication. Speak normally and describe care that is being performed.

**Breathing Problems**: Report gurgling or rattling. Elevate the head of the bed and change positions as ordered.

**Food and Fluid Issues**: Feed residents slowly. Encourage fluids. Do not force food or drink on residents. Report nausea, vomiting and diarrhea. Elevate head of bed.

7. Hearing

8. Answers include: Do not isolate or avoid resident. Listen more; talk less. Do not judge. Do not discuss personal religious beliefs or try to change resident's beliefs. Notify the nurse if resident requests visit from spiritual leader. Provide privacy for visits. Never share anything private with others, except for the nurse. Inform the nurse if resident has expressed fear of dying.

9. Answers include: cyanotic, pale, or darkening skin or mucous membranes; cold skin; skin that looks bruised (mottling); heavy perspiration; fever; extreme weakness and exhaustion; loss of muscle tone; fallen jaw, causing the mouth to stay open; decreased sense of touch; loss of feeling, beginning in the legs and feet; loss of vision; dilated pupils and staring eyes; inability to speak; extreme drowsiness; disorientation or confusion; hallucinations; low blood pressure; increased pulse; Cheyne-Stokes breathing; gurgling and rattling sound when breathing; difficulty swallowing; decreased appetite and sense of thirst; dry mouth; nausea, vomiting, and diarrhea; urinary and fecal incontinence; decreased urinary output; and loss of hearing.

10. Answers include: no pulse, respiration or blood pressure; jaw drops; eyelids partially open; urinary and fecal incontinence; fixed and dilated pupils.

11. Answers include: Be available. Listen when they want to talk. Do not be afraid to show your feelings. Do not make inappropriate comments or use clichés. Report requests for spiritual leaders to the nurse.
12. Bereavement therapy is a way to identify feelings to help with grieving.

13. Answers include: Express your feelings. Share memories. Spend quality time with people you love. Do things that make you happy. Talk to a counselor. Join a support group. Take care of yourself.

14. After death

15. To try to determine the cause of death by examining the body