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Care of the Dying

Patient name: _____

NRS
DATE INITIAL

- I. The client/caregiver can define hospice.**
- Hospice is a coordinated program of palliative services delivered to terminally ill clients and their families.
 - The client usually has a prognosis of 6 months or less to live.
 - Palliative care serves to control pain or symptoms without curing.
 - Hospice stresses quality of life—peace, comfort, and dignity.
 - Interventions of the hospice team provide for the physical, psychological, social, and spiritual needs of the dying client and their caregivers.
 - These interventions can take place in variety of settings such as the home, hospice centers, a long-term care facility, or an acute-care facility.
- II. The client/caregiver can state purpose of hospice.**
- The focus of hospice is on care not cure.
 - To provide pain relief and symptom control.
 - To support a comfortable and humane death.
 - To provide physical assistance and emotional support for client and caregiver.
 - To provide an understanding of the meaning of life.
 - To provide bereavement follow-up and counseling to families and caregivers.
- III. The client/caregiver can recognize signs and symptoms of imminent death.**
- Color and temperature changes in hands, arms, feet, and legs
 - Weak, rapid pulse rate and drop in blood pressure
 - Increased amount of time sleeping and less responsive to stimuli
 - Restlessness and/or confusion about time, place, and person

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- E. Difficulty in handling oral secretions and possible lung congestion**
- F. Change in breathing patterns and apnea (periods of no breathing)**
- G. Little or no urinary output**
- H. Loss of bladder and bowel control**
- I. Perspiration**
- J. Decreased intake of food and liquids (Do not force client to eat or drink.)**
- IV. The client/caregiver can list and recognize the five stages of grief.**
- Denial
 - Anger
 - Bargaining
 - Depression
 - Acceptance
- V. The caregiver can promote comfort for the client.**
- Give pain medication as needed.
 - Monitor closely for signs of pain (i.e., restlessness, anxiousness, moaning, irritability, and sweating).
 - Give the medication preventively or at the first onset of pain.
 - Provide medication in form most easily taken by client as progression of the disease advances.
 - Provide a quiet, calm atmosphere. Reduce unnecessary external stimulation to client.
 - Control temperature of room. Promote comfort and privacy as client desires.
 - Give Tylenol suppositories if temperature is elevated and the client is unable to swallow.
 - Provide complementary methods of pain control (i.e., massage, soft music, guided imagery, and therapeutic touch).
 - Give medications for nausea as needed.
 - Provide general comfort measures.
 - Provide daily bath with lubrication of skin. Assess for any redness or breakdown on skin.

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2. Reposition at least every 2 hours.
 3. Provide good oral care by frequent cleansing, and keep lips and oral mucosa moist and lubricated.
 4. Provide eye care to cleanse, and use of artificial tears as needed.
 5. Cleanse perineal areas after any incontinence.
 6. Keep client warm and comfortable by adjusting clothing or bedding as needed.
 7. Conserve the client's energy, and allow rest periods.
- H. Teach and involve family in client care.

VI. The caregiver provides spiritual and emotional needs of client.

- A. Allow the client to discuss death and any end of life issues.
- B. Request pastor or clergy to provide spiritual support.
- C. Spend time with client to assure him or her that he or she is not alone.
- D. Talk to the client even when nonresponsive because hearing is the last sense to leave.

VII. The caregiver can provide nutrition/fluids as tolerated.

- A. Give nutritional supplements such as Ensure, Boost, and so forth.
- B. Give small, frequent meals.

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- C. Give ground or pureed food as needed.
- D. Do not attempt food or liquids if unable to swallow.
- E. Vitamins and antinausea medications may increase appetite.
- F. Refer to increased calorie diet suggestions.

RESOURCES

National Hospice and Palliative Care Organization
www.nhpco.org

American Cancer Society
www.cancer.org

American Medical Association Advance Directives

REFERENCES

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