





# End of Life – Palliative Care

# Welcome to our Training Modules

After completing each module there will be an exam that you will take to test your knowledge of what you have learned. To pass the exam you must achieve an 80% score or greater.

Throughout these modules you will notice several things:

- The module name along with the slide number you are current on will show on the left side.
- An arrow at the bottom on the slide indicates that the content of the slide continues unto the next slide. 
- A Continued Arrow on top of the slide indicates that the content of the slide is a continuation of the previous slide. 
- Good Luck.



# Hospice Palliative Care

- Hospice palliative care aims to relieve suffering and improve the quality of living and dying.
- Hospice palliative care strives to help patients and families:
  - Address physical, psychological, social, spiritual and practical issues, and their associated expectations, needs, hopes and fears.
  - Prepare for life closure and the dying process.
- Cope with loss and grief during the illness and bereavement. Hospice palliative care aims to:
  - Treat all active issues.
  - Prevent new issues from occurring.
  - Promote opportunities for meaningful and valuable experiences, personal and spiritual growth, and self-actualization.



# Hospice Palliative Care

## Continued

- As the client's health deteriorates, they may experience:
  - Changing emotions, hopes and needs.
  - Increasing fear, yearning, anxiety, edginess, irritability and sadness.
  - Feelings such as confusion, powerlessness and uncertainty about what to do.
  - Mood swings between periods of denial and acceptance, hopefulness and hopelessness.
  - Withdrawal from normal life activities and people due to increased tiredness.
  - Changing physical appearance that causes reluctance to be with others.
  - Concerns about increasing care needs and being a burden.

# Spiritual Comfort

- How you can offer spiritual comfort to your client:
  - Consider your comfort level with your own as well as your client's spirituality.
  - Be sure to respect and support your client's spiritual needs.
  - Help a client who wishes to pray but doesn't remember how, even if prayer doesn't come easily. Knowing that prayers can be offered in that person's name may be a consolation.
  - Reach out to the client's spiritual community and their clergymen
  - Do not feel obligated to offer your own answers to any searching questions the person asks of a spiritual power. It is most important to be there as a caring listener and understanding supporter.
  - If your client is feeling doubt, guilt, anger, disbelief, uncertainty, a sense of resignation, acceptance, healing or peace, etc. Reassure them that these and other mixed feelings can be normal at this time.
  - Be prepared to listen, support and accept the person who expresses a need to do some life review, talk about death, and prepare to say goodbyes.

# Personal Care

- Your client may need assistance getting a shower or bath depending on the resources available in the house.
- If your client is bedridden, it is important to give a bath every day or as required. Ensure areas of excess sweat are cleansed well such as underarms, under breasts and folds of skin, and the groin.
- Mouth care is an important part of personal care when the person is no longer able to assist themselves. Brush their teeth, or what remains, and clean any dentures that they may have with the appropriate cleansing agents.

# Positioning Someone in Bed

- If someone is completely bedridden, too weak to move, paralysed or unconscious, changing the position in bed will become one of your most important tasks. Long periods without moving can lead to pressure sores, which is a serious problem. Also, changing position helps keep the lungs free of mucus longer and can help ease pain.
- Ensure that the person is repositioned on each side and back every 2 hours minimum to improve comfort.

# Toileting

- The person may need help to use the toilet, a commode, a urinal or a bedpan depending on mobility.
- When helping with toileting needs, respect the clients dignity.
- Be sensitive to the need for privacy.
- Be matter-of-fact about the activity to reduce embarrassment.
- Have environmentally friendly air freshener nearby if scent is tolerated and no scent sensitivities exist.
- As much as possible, ensure that bowel habits follow the same pattern of frequency as before the illness.
- There are many devices available to help with toileting. This includes commodes, urinals, bedpans, and depends if they are unable to control their bladder/bowels.



# Food & Fluid Changes

- A decreasing appetite is usually normal because the illness is advancing.
- The body is often unable to tolerate, digest, absorb, process or metabolize food as it once did.
- The person may eventually refuse solids, only tolerating liquids or ice chips.
- Noticeable weight loss may be caused by the advanced disease, no matter how much has been eaten.
- A changing sense of taste may alter the enjoyment of food. If it is connected to a treatment or medication, this may be temporary or could become permanent.
- Food may taste too sweet or in some cases too bitter.
- Even when eating and drinking is reduced, attention is still needed to ensure regular bowel patterns and interventions.
- When clients become very sick, it may be necessary for you to feed them.

# Pain

- When someone complains of physical pain, it is usually at a particular location in the body. However, a general feeling of not being well is sometimes experienced and described as pain or discomfort
- Assessing pain is an ongoing process. You need to ask and know as much as you can about the person's pain at any given time.
- The feeling of pain may be worse if the person is having other physical symptoms such as nausea.
- Feelings such as worry, fear, boredom and loneliness may make the experience of pain worse. In most cases, families assume the responsibility of adjusting/administering of pain medications as needed. It is important for Home Support Workers to realize they cannot administer medications unless delegated prior to by the agency RN.
- Understanding more about the pain will help you to provide comfort and let you know if the help you are giving is working.



# Pain

## Continued

- The goal of pain management is to keep the client comfortable, with the pain under control as much as possible. It takes time and testing to arrive at the exact combination of medications that will keep a person feeling more comfortable. You can shorten this process by regularly recording positive or negative effects of a new medication and talking to the home care nurse and doctor about the results.
- When pain is constant, and if delegated give the medication on schedule as ordered by Physician. This helps make sure the pain stays controlled.
- Ensure documentation is complete following administration of medications.



## Continued

- Plan to give physical care after a medication has started to work in order to reduce discomfort. Most pain medications take effect within approximately 30-40 minutes. This is useful to know, especially if you must change a dressing or move a person around more in bed.
- Pain medication can be administered in various ways determined by the health care provider. Some of these routes are by mouth, injections, suppositories, patches or pumps (Intravenous /subcutaneous).

# Shortness of Breath (Dyspnea)

- Severe shortness of breath can be frightening for both the person experiencing it and anyone watching. Knowing what to expect may make it less disturbing.
- The skin around the mouth and nail beds may become blue-tinged.
- There may be large amounts of thick mucus that the person can or cannot cough up.
- Respirations may sound moist and gurgling.
- Breathing may be difficult when moving, talking, or even resting.
- Depending on the cause of the shortness of breath and the stage of the progressive illness, some treatment may be considered by the health care provider. Medication and other interventions may also be offered.



# Shortness of Breath (Dyspnea)

## Continued

- The client may have less trouble breathing if the surroundings are calm and you follow certain guidelines.
- Plan frequent rest periods between activities if the shortness of breath is worse with movement, washing, dressing or talking.
- The family will ensure medications and other interventions prescribed for shortness of breath are taken as directed. Remember the HSW is required to be delegated before performing any medical task including medications.
- To assist the client with coughing a humidifier may be used in the room near the client. Remove tight or constricted clothing and cover with a lightweight blanket as bedding.
- Remember to remain calm in the person's presence. Your distress can make your client more anxious, increasing the breathlessness.



# Shortness of Breath (Dyspnea)

## Continued

- Help the person to a position that makes breathing easier. Lying flat often makes shortness of breath worse. Sitting at a 45 degrees angle or higher position is best. Put several pillows or a special seat support pillow at the back. Another helpful position involves leaning on a bed table or high table with the head resting on crossed arms/pillows.
- Try a recliner chair for sleep as it keeps the body in a semi-upright position.
- Do whatever you can to help the person remain relaxed, as tense muscles add to breathlessness.
- Medications such as opioids may be prescribed to relieve shortness of breath.

# Nausea & Vomiting

- Many things can cause nausea and vomiting. These can include the illness, medications, irritation of the digestive system, certain foods, constipation, pain, bowel obstruction, infection, anxiety, movement, and some treatments. Sometimes the cause has nothing to do with the illness and is as simple as having the flu.
- Everyone experiences nausea and vomiting at some point. For a person with an advanced illness, the difference may be the frequency and intensity, made worse by the weakness that accompanies the illness.
  - The person may feel sick and unable to eat.
  - Vomiting may happen occasionally or often.
  - Any medications taken by mouth may not be effective because of the vomiting.
  - The person may be comfortable at rest but feel sick with movement





# Nausea & Vomiting

## Continued

- The comfort you can offer is aimed mostly at reducing any triggers that might cause nausea and/or vomiting and providing doctor-ordered medications by different routes to try to ease or relieve it.
- If relieved:
  - Try offering small amounts of favorite foods and fluids as tolerated.
  - Try cold foods because they have less odour.
  - Keep a supply of clear fluids, ice chips, frozen juice chips, and ginger ale to offer in small quantities.
  - Cooking smells may stimulate nausea. Try to keep these away from the client.



# Nausea & Vomiting

## Continued

- Do not offer greasy or spicy foods. Try bland foods such as crackers, toast, angel food cake, soft fruits and yogurt.
- Encourage the person to take the anti-nausea medication regularly, as directed by the health care provider.
- Freshen the mouth with a non-alcohol-based mouthwash or club soda.
- Always keep clean basins close by. If vomiting occurs, replace the basin right away.



# Nausea & Vomiting

## Continued

- Open windows or use a fan to see if air helps to reduce the sensation of nausea.
- Help the client to rest sitting up for an hour to aid digestion after meals.
- Encourage anyone who will be close to the client to avoid using perfumes, aftershaves or deodorants with strong fragrances.
- Families may ask their health care providers if complementary care suggestions such as herbal remedies might help.

# Trouble Sleeping (Insomnia)

- Insomnia means the inability to sleep properly when sleep would normally be expected. It may range from disturbed sleep to being fully awake
- A person who has a serious illness may sleep a lot during the day. When the usual time to sleep arrives at night, insomnia may be present.
  - Allow the person to sleep whenever, and as much as needed, without staying to a schedule.
  - Provide warm, non-caffeinated drinks such as warm milk with honey before sleep.
  - Spend quiet times with the person, listening and talking. The opportunity to express feelings will do much to relieve a person's emotional concerns.



# Trouble Sleeping (Insomnia)

## Continued

- Try to make the person comfortable. Close contact such as holding a hand, sitting or lying nearby on the bed may give comfort.
- Offer backrubs or massage the feet to help with relaxation.
- Keep sheets clean and as free from wrinkles as possible.
- Be sure the area is quiet when the person wants to sleep.
- Families may ask their health care providers if any medications or other therapies could help.

# Do Not Resuscitate (DNR)

- At times, you may hear health professionals say or write DNR or No Code. This simply means **DO NOT** Resuscitate.
- The client and/or proxy (usually family) have decided that death at this stage will follow a natural process.
- The goal of the care is not to prolong life but to provide comfort in the final days. Some clients have prepared an advance direction that contains their wishes. This is called an Advanced Healthcare Directive and the client would have appointed a substitute decision maker. This is completed by the client at an earlier time.
- Therefore, CPR will not be done when there is a DNR or No Code Order.
- You may not always agree with the client's decision, but you must **always** follow the client's or proxy's wishes and the doctor's orders.

# Medically Assisted Dying

What is medical assistance in dying? Medical assistance in dying means:

- The administering by a doctor or nurse practitioner of a substance to a patient, at their request, that causes their death; or,
- The prescribing or provision by a doctor or nurse practitioner of a substance to a patient, at their request, so that they may self-administer the substance and in doing so cause their own death.

# Is medical assistance in dying legal?

Yes. Following a Supreme Court of Canada ruling, medical assistance in dying became legal on June 6, 2016 and is governed under federal law.

For more information, visit:

Government of Canada information on Medical Assistance in Dying

<https://www.canada.ca/en/health-canada/services/health-services-benefits/medical-assistance-dying.html>

and

Federal Bill C-14: Medical Assistance in Dying <https://www.parl.ca/DocumentViewer/en/42-1/bill/C-14/royal-assent>



# Who is eligible for medical assistance in dying?

A patient may receive medical assistance in dying only if they meet all the following criteria:

- Possess a provincial health card.
- At least 18 years of age.
- Capable of making decisions with respect to their health.
- Have a grievous and irremediable medical condition.
- Have made a voluntary request for medical assistance in dying that was not made from external pressure.
- Give informed consent to receive medical assistance in dying after having been informed of the means that are available to relieve their suffering, including palliative care.

# What does capable mean?

A capable client has decision making capacity as determined by the health care providers involved in the medical assistance in dying program. They ensure that the client understands all the information that is relevant to making the decision about their health.

## What does grievous and irremediable medical condition mean?

Legislation states that a patient has a grievous and irremediable medical condition only if they meet the following criteria:

- The patient has a serious and incurable illness, disease or disability.
- The patient is in an advanced state of irreversible decline in capability.
- That illness, disease or disability, or the state of decline causes the patient enduring physical or psychological suffering that is intolerable to the patient and that cannot be relieved under conditions that the patient considers acceptable.
- The patient's natural death has become reasonably foreseeable.

# Medically Assisted Dying Continued

What is enduring suffering?

*Enduring suffering is physical or psychological pain or distress that the patient has lived with for a long time.*

What is intolerable suffering?

*Intolerable suffering is physical or psychological pain or distress that the patient finds unbearable.*

How does a patient know whether they meet the criteria?

*In Newfoundland and Labrador, doctors and nurse practitioners are legally authorized to assess whether a patient meets the criteria. The patient will be assessed by two or more doctors or nurse practitioner independent of one another. The two physicians or nurse practitioners will have to agree that the patient meets the criteria.*

## More Resources

For more information on medical assistance in dying:

**Central Health:**

Questions: t: 709.533.2374 or 709.292.2151

f: 709.292.2249

Referrals: t: e: [maid@centralhealth.nl.ca](mailto:maid@centralhealth.nl.ca)

**Contacts for palliative care and end of life regional services:**

Central Health End of Life Home Care Coordinator

394-412 Main Street

P.O. Box 1209

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