

# Aultman Hospice and Palliative Care

Education for Nursing Facility Staff



# Objectives

The purpose of this education is to orient nursing facility staff to the following:

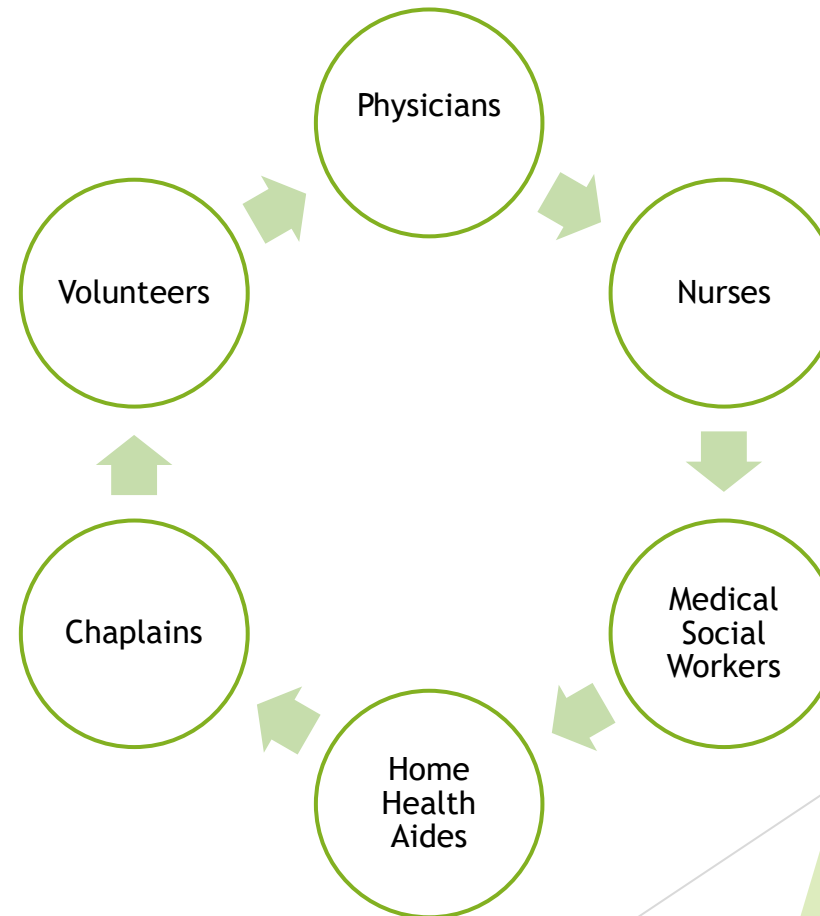
- ▶ Hospice mission
  - ▶ Hospice philosophy
  - ▶ Pain and symptom management
  - ▶ Principles of death and dying and individual responses to death and dying
  - ▶ Required forms
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- ▶ We appreciate the opportunity to provide care to residents in your facility. The hospice interdisciplinary team is available to answer any of your questions and will provide additional education upon request.

# Aultman Hospice and Palliative Care

## Mission

Our goal is to bring the highest care, so our patients have the best quality of life during times of serious illness. Our interdisciplinary team helps manage their diseases by educating patients and caregivers in how to successfully care for symptoms associated with serious disease and offer support to patients and caregivers as they learn to live with and manage their illness.

Aultman Hospice will communicate with your facility and document all communications to ensure that the needs of patients are addressed and met 24 hours a day.



# Philosophy of Care

Our philosophy of care is to improve the physical, psychosocial and spiritual quality of life for people living with serious illness and their families. This occurs in any setting the patient calls home.

- Caring for the whole person, not just the disease
- Addressing physical, emotional, social and spiritual needs
- Focusing on the patient and their family
- Providing the best possible quality of life for whatever time remains

Our team can help patients and families maximize living even as they grieve the coming loss, ensure freedom from pain and recognize their gifts and blessings even as the final days approach. Many families and facilities wait until a patient's final days to contact hospice; however, we encourage families to contact Aultman Hospice as soon as possible so we can provide months of patient care and family support – rather than just days.



# Artificial Nutrition and Hydration at the End of Life

Most doctors agree that artificial nutrition and hydration can increase suffering in patients who are dying and no longer have the ability or interest to eat food and drink liquids themselves. Artificial nutrition and hydration can add more discomfort to a dying person's physical symptoms, including bloating, swelling, cramps, diarrhea and shortness of breath. Please visit [ArtificialNutritionAndHydration.pdf \(nhpco.org\)](#) for more information.

What we can do:

- Use mouth swabs to keep mouth moist and provide good mouth care.
- If the patient is alert, ask them if there is a favorite drink or food they would like.
- Educate the family/caregiver about the natural progression of the end of life and that it is normal for their loved one to not want to eat.

# Symptom Management at the End of Life

## Objectives:

- Identify issues and symptoms that occur at the end of life.
- Identify what you can do to address symptoms when they arise.

# Pain Management

- Pain is whatever, wherever and whenever the patient says it is.
- Always ask the patient about their pain and assess for non-verbal symptoms – just because a patient does not say they are in pain, does not mean they are not in pain.
- Pain should be assessed regularly and addressed with the hospice team for any needed changes in the patient's pain medication regimen.
- Scheduled pain medications are used for persistent or chronic pain. As needed (PRN) medications should be used for breakthrough pain and can be given when needed, regardless of when the scheduled pain medication was last administered.
- PRN pain medications are monitored for appropriate dosage and usage and are to be given along with a scheduled pain medication if needed for breakthrough pain.
- The Aultman Hospice interdisciplinary team includes a clinical pharmacist that reviews all hospice medications for any interactions or inappropriate dosages. This medication review is one more step Aultman Hospice takes to assure safe and effective use of pain medications for our patients.



# Facts About Morphine

- When used appropriately, morphine is one of the most effective medications for pain and symptom management at the end of life.
- A normal part of the dying process is to spend more time asleep, but caregivers may attribute this to the sedative effects of morphine. Signs of imminent death such as somnolence and/or alterations in respiration may be attributed to effects of morphine when it is likely due to the underlying illness.
- Addiction is rare at the end of life when morphine is used for symptom management.
- Morphine does not hasten death, but it allows the patient to be free of pain and suffering at the end of life.
- For terminally ill patients, morphine has many advantages over other prescription pain medications. In addition to its effectiveness and reliability, it can be administered easily in multiple ways (through tablet, liquid or injection). Morphine liquid is especially effective for patients who are no longer able to swallow tablets. It has relatively fast onset of delivery, and doses can start low and be adjusted in small increments.
- Our Aultman Hospice physicians have extensive training in hospice and palliative care, including certification in hospice care, and years of experience in effective use of morphine for symptom management.
- Please ask the hospice nurse if you have any questions or concerns about the administration of morphine.

# Pain Assessment Questions

Please consider “PQRSTU” when assessing your patient’s pain:

- P = Provokes “What causes your pain? What relieves it?”
- Q = Quality “What does it feel like?”
- R = Radiates “Does your pain start in one place and move somewhere else?”
- S = Severity “How severe is the pain on a scale of 1-10?”
- T = Time “When did this pain start?”
- U = You “How does the pain affect you?”

# Pain Assessment in the Nonverbal Patient

Observe for the following behaviors that may indicate pain:

- Mental status changes such as tearfulness, crying
- Verbalization such as crying out with moans, whimpering
- Facial expression such as grimacing
- Changes in body movements such as grimacing, brow furrowing and rigidity
- Changes in interactions, becoming more withdrawn
- Changes in routines and activity such as refusing to eat and drink; changes in sleeping patterns
- Protective mechanisms such as bracing, guarding, rubbing, massaging and splinting

# Management of Secretions

Secretions can be very distressing to family members. Some family members may think the patient is “drowning” in secretions or unable to breathe due to the secretions.

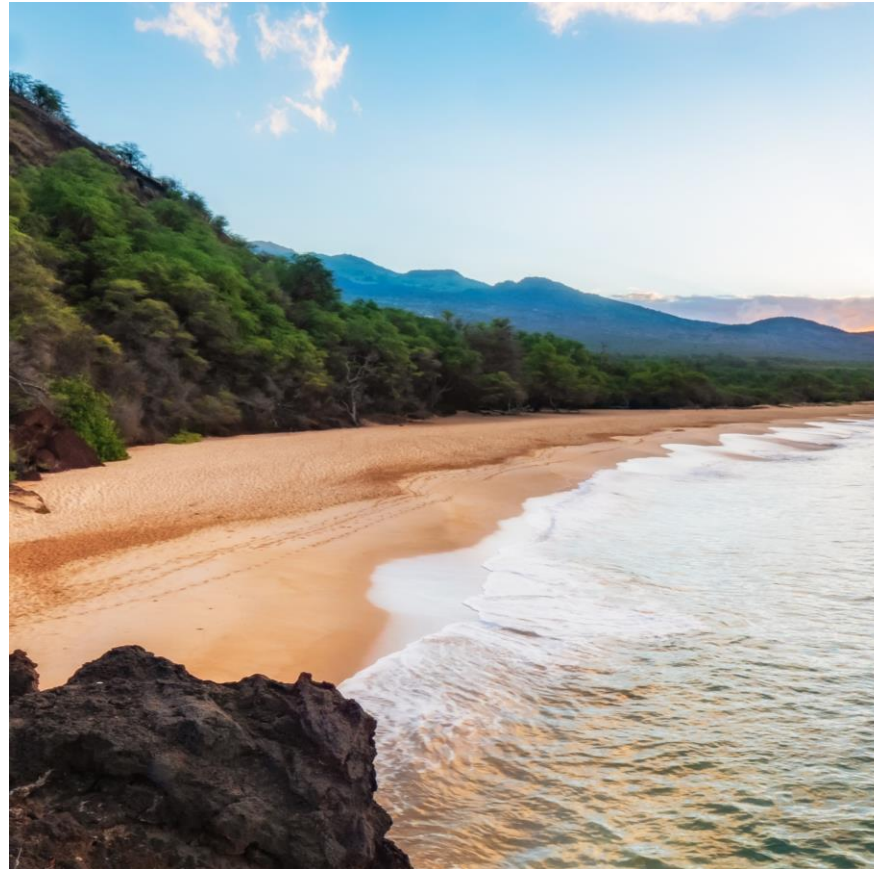
- Research shows the most effective management for patients with secretions is positioning the patient on their side.
- The patient may be suctioned, but this may cause even more secretions.
- Families may have been told that medications can help dry up secretions, but research shows anticholinergic medications ordered for secretions are not usually effective and may have side effects, including delirium.
- Most healthcare professionals agree that secretions are not distressing to the terminal, unresponsive patient and is a normal part of the dying process.
- Education and support is needed for the family when secretions are present.

# Restlessness

- Some patients may experience restlessness (pulling at tubing or clothes, aimless fidgeting), increased confusion or agitation at the end of life.
- This is a normal part of the dying process.
- Make sure there are no precipitating factors, such as urinary retention, pain or incontinence, and that basic care needs are being met.
- Involve the family to determine the patient's likes and dislikes regarding care and their environment.
- There are medications that can help with this restlessness.
- Notify your hospice nurse so they can contact the patient's physician for appropriate medications to help treat restlessness at the end of life.

# Patient Rights

- A hospice patient has the right to be informed of his or her rights. Aultman Hospice informs all patients and their families of their rights on admission and protects and encourages using these rights.
- Patients who elect the hospice benefit have the right to:
  - Receive information about the services that the hospice will provide and any limitations on those services.
  - Participate in their treatment plan.
  - Receive pain management and symptom control.
  - Choose their own physician.
  - Refuse care or treatment.
- For a complete list of patient rights or for any questions, please contact Aultman Hospice.



# Death and Dying

## Principles of Death and Dying

Factors that affect views on death and dying:

- Social factors
- Cultural factors
- Religious factors
- Spiritual factors
- Psychological or emotional factors

## Individual Responses to Death and Dying

- ▶ Each person has their own view on death.
- ▶ Fear is a common attitude toward death.
- ▶ Cultural and social factors can significantly affect a patient's reaction to death.
- ▶ American society tends to deny the reality of death.
- ▶ There are many different religions and belief systems that can impact an individual's attitude toward death.

# Our Goals for End-of-Life Care

- ▶ Promote individuality
- ▶ Ensure dignity and respect
- ▶ Encourage choice and control
- ▶ Support a 'good death'
- ▶ Meet religious and spiritual needs
- ▶ Meet cultural needs





# Required Forms

Hospice regulations require hospice to provide the following records to the nursing facility:

- ▶ Coordinated Plan of Care
- ▶ Election of Benefits
- ▶ Advance Directives
- ▶ Physician Certification of Terminal Illness
- ▶ Names and contact information of all hospice personnel involved in the patient's care
- ▶ Instructions on how to access the hospice 24-hour on-call nurse
- ▶ Hospice medication information specific to each patient
- ▶ Hospice physician and attending physician (if any) orders specific to hospice

The records will be maintained in a binder labeled with the Aultman Hospice logo so that they are easy for you to locate.

- ▶ In addition, the binder will include dates and times for all visits from hospice interdisciplinary team members.

# Aultman Hospice and Palliative Care

If you or your staff have any questions or need more education about the information provided, please do not hesitate to reach out to our offices. Our goal is always to work with your staff to provide the best quality hospice care for our patients.

Alliance Office: 330-596-7480  
Canton Office: 330-479-2378

**THANK YOU**