



PALLIATIVE & END OF LIFE CARE

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WHAT IS PALLIATIVE CARE?

- A medical specialty that holistically focuses on providing comfort for individuals of all ages with serious, chronic and life-threatening diseases (Kam, 2012).
- Hospitals and hospice utilize palliative care services.
- Important to note that palliative care does not mean end-of-life care.



WHAT DOES HOLISTIC MEAN?

- Includes physical, emotional, mental, social and spiritual.
- For example, the following diseases are treated holistically (Kam, 2012):
 - Congestive heart failure
 - Kidney failure
 - AIDS
 - Alzheimer's
 - Chronic obstructive pulmonary disease



PALLIATIVE CARE VS END-OF-LIFE CARE

- **End-of-life care is used to describe the support and medical care given during the time surrounding death (What is End-of-Life Care, 2017).**
- **Happens in the days, weeks, or months leading to death.**
- **Usually associated with hospice:**
 - **Each state decides the length of the life expectancy a patient must have to receive hospice care under Medicaid. In some States it is up to 6 months; in other States, up to 12 months (Palliative vs Hospice, n.d.)**

PALLIATIVE CARE VS END-OF-LIFE CARE CONT'D

- Palliative care differs from end-of-life/hospice care in that the patients can receive palliative care at any stage of the disease whether it is curable or not curable.
- Palliative care focuses on improving quality of life and reduce suffering.
- Palliative care can incorporate end-of-life care.
 - In other words, hospice always incorporates palliative care but palliative care does not incorporate hospice (Antoni,n.d.)

Some Differences Between Palliative Care and Hospice

	Palliative Care	Hospice
Who can be treated?	Anyone with a serious illness	Anyone with a serious illness whom doctors think has only a short time to live, often less than 6 months
Will my symptoms be relieved?	Yes, as much as possible	Yes, as much as possible
Can I continue to receive treatments to cure my illness?	Yes, if you wish	No, only symptom relief will be provided
Will Medicare pay?	It depends on your benefits and treatment plan	Yes, it pays all hospice charges
Does private insurance pay?	It depends on the plan	It depends on the plan
How long will I be cared for?	This depends on what care you need and your insurance plan	As long as you meet the hospice's criteria of an illness with a life expectancy of months, not years
Where will I receive this care?	<ul style="list-style-type: none"> • Home • Assisted living facility • Nursing home • Hospital 	<ul style="list-style-type: none"> • Home • Assisted living facility • Nursing home • Hospice facility • Hospital



STATION TOPICS:

- **Station 1: Advanced directives**
- **Station 2: Stress management**
- **Station 3: Grieving**
- **Station 4: Perideath Care**

ADVANCED DIRECTIVES

- What is an advanced directive?
 - Definition:
 - Legal document or procedure whereby a person specifies what actions should be taken if they are no longer able to make medical decisions because of debilitating illness or incapacity
(Advanced Directives, n.d.)
- Examples of advanced directives:
 - Living will
 - Power of Attorney
 - POLST





Physician Orders for Life-Sustaining Treatment (POLST)

EMSA #111 B
(Effective 4/1/2017)*

First follow these orders, then contact Physician NP/PA A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. POLST complements an Advance Directive and is not intended to replace that document.

Patient Last Name: _____	Date Form Prepared: _____
Patient First Name: _____	Patient Date of Birth: _____
Patient Middle Name: _____	Medical Record #: (optional) _____

A Check One

CARDIOPULMONARY RESUSCITATION (CPR): *If patient has no pulse and is not breathing. If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.*

Attempt Resuscitation/CPR (Selecting CPR in Section A **requires** selecting Full Treatment in Section B)

Do Not Attempt Resuscitation/DNR (Allow Natural Death)

B Check One

MEDICAL INTERVENTIONS: *If patient is found with a pulse and/or is breathing.*

Full Treatment – primary goal of prolonging life by all medically effective means. In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.
 Trial Period of Full Treatment.

Selective Treatment – goal of treating medical conditions while avoiding burdensome measures. In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
 Request transfer to hospital **only** if comfort needs cannot be met in current location.

Comfort-Focused Treatment – primary goal of maximizing comfort. Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Request transfer to hospital **only** if comfort needs cannot be met in current location.

Additional Orders: _____

C Check One

ARTIFICIALLY ADMINISTERED NUTRITION: *Offer food by mouth if feasible and desired.*

Long-term artificial nutrition, including feeding tubes. Additional Orders: _____

Trial period of artificial nutrition, including feeding tubes. _____

No artificial means of nutrition, including feeding tubes. _____

D

INFORMATION AND SIGNATURES:

Discussed with: Patient (Patient Has Capacity) Legally Recognized Decisionmaker

Advance Directive dated _____, available and reviewed → Health Care Agent if named in Advance Directive:
 Advance Directive not available Name: _____
 No Advance Directive Phone: _____

Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA)
My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition and preferences.

Print Physician/NP/PA Name: _____	Physician/NP/PA Phone #: _____	Physician/PA License #, NP Cert. #: _____
Physician/NP/PA Signature: (required) _____		Date: _____

Signature of Patient or Legally Recognized Decisionmaker
I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Print Name: _____	Relationship: _____
Signature: (required) _____	Date: _____
Mailing Address (street/city/state/zip): _____	Phone Number: _____

Source: POLST California
California POLST Form

Your POLST form is in a secure electronic registry to be accessible by health providers, as permitted by HIPAA.



HOW DO YOU DEAL WITH STRESS?

Providing this kind of care to a loved one at the end of life can contribute to increased stress, health problems and decreased quality of life

- **What are the psychological and physiological signs of stress?**
 - **Depression, anxiety, anger, frustration**
 - **Headaches, tight muscles, fatigue, skin irritation**
 - **Possible long term side effects: heart disease, ulcers, high blood pressure**

TENDING TO BASIC HEALTH NEEDS

- **Eat well:** nourishing our body is one way to reduce the side effects of stress (low fat yogurt, nuts, fruits and vegetables)
- **Exercise:** Physically active adults have lower risk of depression and loss of mental functioning. It helps release stress hormones. (a 30-minute jog or walk, swimming)
- **Sleep:** it might be hard to get enough sleep. Taking short naps throughout the day might help.

- **Yoga**
- **Reading a favorite book**
- **Music**
- **Nature**
- **therapy**
- **Meditation and deep breathing**
 - **Proven to reduce blood pressure**
 - **Helps with improving depression, anxiety, insomnia**
 - **Supports the immune system**



SUPPORT GROUPS

Remember that we are all human and have limits. Have realistic self-expectations

- **Keep in touch with family/friends and ask for help**
- **Join online or community based support groups**
- **Use resources such as hospice**

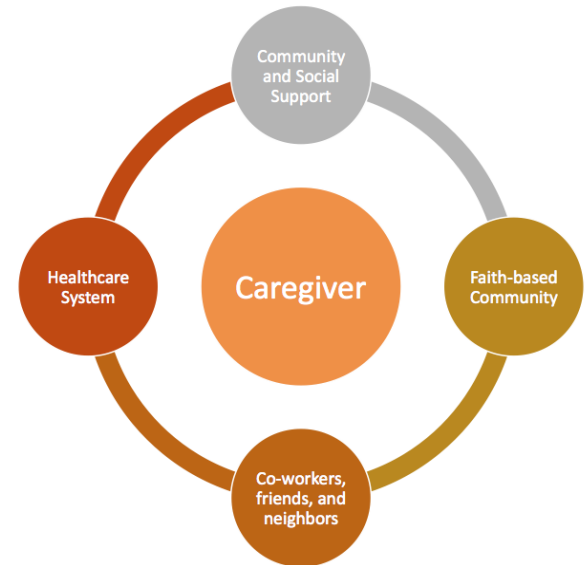


SUPPORT GROUPS

<http://www.caregiveroc.org/Support-Groups.aspx>

<https://www.alzoc.org/services/support-groups/>

<http://www.comfortfinders.com/caregiver-support-groups-in-orange-county-ca/>



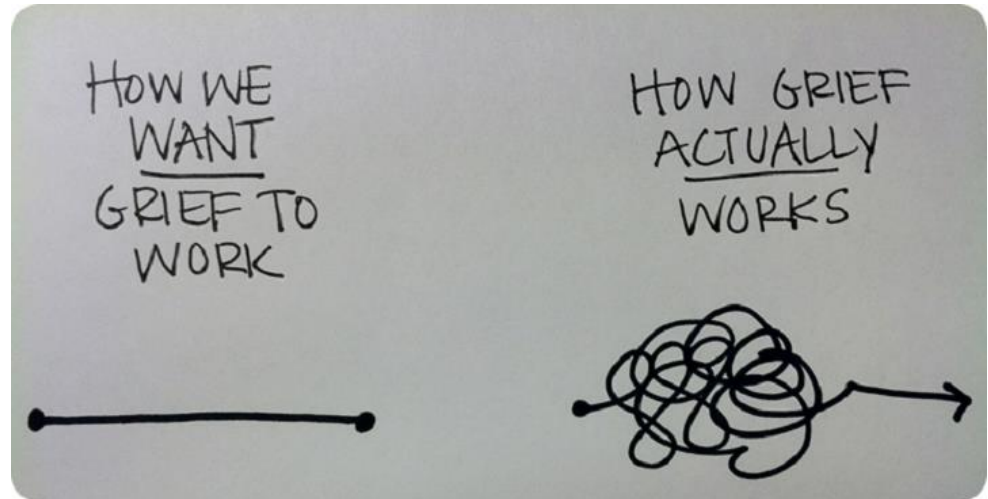


- **What is your experience with grieving and death?**

- **Can begin when someone is chronically ill**
 - families and caregivers are affected
 - difficult time period → impending death
- **Important to identify feelings associated with grieving**
 - left unaddressed → lead to emotional/social issues
 - journal writing, support groups

EXAMPLES OF TYPES OF GRIEF

- Anticipatory grief
- Grief at death
- Prolonged grief



ANTICIPATORY GRIEF

- **Grieving someone before they die**
- **Allows for mental preparation**
- **Individual who is dying may also experience anticipatory grief**

GRIEF AT DEATH

- **Unique experience per individual**
- **Depends on cultural and lived experiences**
- **No concise order in the process**
- **May experience a wide range of emotions → numbness, disbelief, shock, sadness, anger**

PROLONGED GRIEF

- Severe, chronic form of grieving
- Will interrupt an individual's daily life → consuming
- Grows over time instead of diminishing
- What may exacerbate prolonged grief:
 1. Previous history of mood disorders
 2. Past trauma/loss
 3. Anxiety disorders

(Jordan & Litz, 2014)

PREPARING FOR DEATH OF A LOVED ONE

All these signs and symptoms will not occur with everyone, nor will they follow a certain order.

- **Appetite and thirst** - Person's appetite and hunger may decrease
- **Sleep and alertness**-Changes happening in the person's body mean that they may spend a lot of time asleep.
- **Temperature**-At one time the person's hands, feet and legs may be increasingly cool to the touch, and at others they may be hot and clammy.

PREPARING FOR DEATH OF A LOVED ONE

- **Incontinence**
- **Secretions**—Coughing and swallowing reflexes slow down, saliva and mucus may collect in the back of the person's throat, causing a gurgling, bubbling or other noise
- **Breathing**— Breathing may be fast, and at other times there may be long gaps between breaths
- **Restlessness**—Due to the decrease in circulation of blood to the brain and to other changes happening in the body, a person may become restless or agitated.

DEATH IN THE HOME

- **Process of declaring death:**
 - **Registered Nurse/Hospice Nurse**
 - **Physician**
 - **Police Officer/Sheriff/Deputized Persons**
 - **Fire Department/Paramedics**
 - **Medical Examiner/Coroner**
- **Spontaneous death vs. Hospice care death**
- **Removal of deceased from home**

AFTER DEATH CARE

- **Medication disposal**
- **Family regrouping**
- **Relief: One should not feel guilty about the sense of relief.**

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