

# HammondCare Palliative Care

End of life flip chart



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# End of life care resource

This flip chart forms part of the End of Life Palliative Care resource tool

## HammondCare Palliative Care

### End of life flip chart

**This resource has been designed by HammondCare for use in Residential Aged Care Homes (RACH)**

- Who requires a Palliative Approach? Refer to the **Surprise Question** (page 1) and the **SPICT Tool** (page 2)
- Do you have the necessary equipment? Refer to the **Equipment Stock List** (page 4) and **Personal Hygiene Stock List** (page 5) in the End of life resource booklet
- Please refer to the **Quick Links** (page 6) in the End of life resource booklet and lanyard card to ensure you are aware who you can call upon to help you care for people in your RACH

Note the terms that are highlighted in bold will be available in the End of life resource booklet

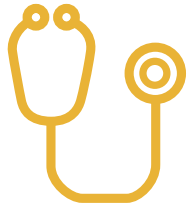
The End of Life Project is funded by the SNPHN (Sydney Northern Primary Health Network).

If required please refer on to the Specialist Palliative Care Team. See the Palliative Care Referral Form on page 3 of the End of life resource booklet.

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# End of life care

Depression | anger | sadness



## Possible causes

Illness and pain  
Not wanting to be in the nursing home  
Missing family members  
Symptoms especially pain  
Unfinished business  
Grief

## Questions to ask

How are you feeling?  
Are you depressed?  
You seem a little flat, are you ok?  
Ask the family what they think

## What to do?

Complete a Cornell Depression Scale on ACFI and contact the GP using **ISBAR Tool** (page 7)  
Handover using **ISBAR Tool** (page 7)

## Non medical treatments

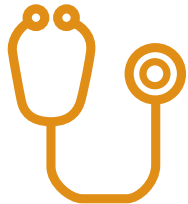
Smile, offer reassurance  
Massage therapy  
Reminiscing  
Diversional activities  
Change of scenery, sitting in the sunshine

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**Depression | anger | sadness**

# End of life care

## Anxiety



### Possible causes

- Long-term anxiety exacerbated by their illness
- Medication side effects
- Financial concerns
- Adjusting to their situation/illness/nursing home
- Fear of death

### Questions to ask

- How are you feeling?
- What makes it better?
- What makes it worse?
- Ask family about the person's history, have they been anxious in the past?
- Is the person short of breath?

### What to do?

- Contact GP using **ISBAR Tool** (page 7) and address any reversible causes
- Refer to the **Palliative Care End of Life Medications – Initial Suggested Doses** (page 9)

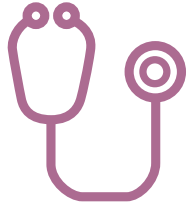
### Non medical treatments

- Find out what they enjoy doing
- Are they religious?
- Do they require Pastoral Care?
- Are there any spiritual or religious practices that may reduce anxiety?
- Offer reassurance and support

Note the terms that are highlighted in bold will be available in the End of life resource booklet

## End of life care

### Poor appetite or refusal to eat and drink



#### Possible causes

The person's metabolism slowing down: the body is shutting down and not needing nourishment

Nausea

#### Questions to ask

Are they not eating because of nausea or vomiting?

#### What to do?

If the cause is nausea contact the GP using the **ISBAR Tool** (page 7) and ensure an antiemetic is charted

Refer to the **Palliative Care End of Life Medications – Initial Suggested Doses** (page 9)

If the person is hungrier early in the morning, offer breakfast as the main meal of day

Open and honest communication with the family that this is normal when someone's condition is deteriorating

Handover using **ISBAR Tool** (page 7)

#### Non medical treatments

Supplement drinks and puddings as tolerated

Good mouth care every 4 hours

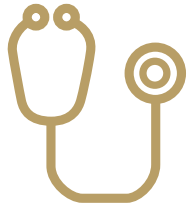
Reassure family and inform them of why subcutaneous or intravenous fluids are not recommended.

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### Poor appetite or refusal to eat and drink

# End of life care

## Nausea and vomiting



### Possible causes

- Constipation
- Medication side effects
- Anxiety
- Brain tumour
- Liver & kidney disease

### Questions to ask

- Do you feel nauseas?
- What makes it worse:
- smell?
  - seeing or thinking about food?
  - eating?
- Are they vomiting – how much and when?

### What to do?

- Contact the GP using **ISBAR Tool** (page 7)
- Constant nausea requires a regular antiemetic. Occasional nausea requires a PRN antiemetic. Is it charted?
- Refer to the **Palliative Care End of Life Medications – Initial Suggested Doses** (page 9)

### Non medical treatments

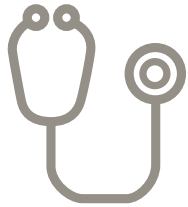
- Visualisation and relaxation
- Fan in the room or open a window
- Wet sponge to the back of neck
- Close monitoring of bowels

Note the terms that are highlighted in bold will be available in the End of life resource booklet

## Nausea and vomiting

## End of life care

### Profound weakness and fatigue



#### Possible causes

Disease progression  
Weight loss  
Decreased food intake  
Organ failure  
Depression

#### Questions to ask

Are they very lethargic and wanting to remain in bed all of the time?  
  
Do they find it hard work to even have a shower?

#### What to do?

Reassure the person and family that this is common and that the person requires rest  
  
Ensure the person has allocated uninterrupted quiet time during the day

#### Non medical treatments

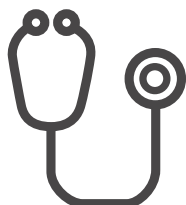
Reassurance and support  
  
Limit activity  
  
Shower every second day or attend bed sponges only  
  
Ensure there is an air mattress on the bed

Note the terms that are highlighted in bold will be available in the End of life resource booklet

## Profound weakness and fatigue

## End of life care

### Spirituality, religious and/or cultural needs



#### Possible causes

Anger  
Despair  
Fear  
Grief  
Guilt  
Loneliness  
Loss  
Regret  
Uncertainty  
Worry

#### Questions to ask

What do I need to know about you to care for you best?

Are you at peace?

What spiritual or religious practices are important to you?

#### What to do?

Get to know the person

Handover anything that will contribute to good care using **ISBAR Tool** (page 7)

#### Non medical treatments

Sit with them and talk with them

Offer reassurance and support

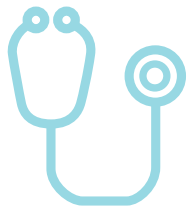
Refer to pastoral care if available

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**Spirituality, religious and/or cultural needs**

# End of life care

## Hallucinations | vivid dreams | delirium



### Possible causes

Infection  
Liver or kidney failure  
Medication side effects  
Lack of oxygen  
Blood disorders  
Vitamin deficiency  
Dementia and pain  
Excessive stimuli

### Questions to ask

Are you seeing or hearing things that possibly aren't there?  
Are you having vivid dreams where you wake up and you are confused if the dream was real or not?  
What are you seeing?  
Is it bothering you?

### What to do?

Check for infection  
Make sure the environment is safe  
Make sure you remove anything from the room that may be contributing to the hallucinations: marks on the wall, turn off talk back radio  
Handover using **ISBAR Tool** (page 7)  
Contact GP using **ISBAR Tool** (page 7) and address any reversible causes

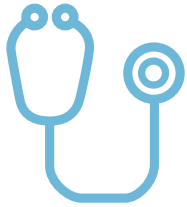
### Non medical treatments

Reassurance and support  
Maintain a quiet and familiar environment  
Ask family to stay when person is restless or distressed  
Lower the bed and ensure crash mat is in place

Note the terms that are highlighted in bold will be available in the End of life resource booklet

# End of life care

## Shortness of breath



### Possible causes

Lung cancer  
 Lung disease  
 Fluid in the lungs  
 Anxiety and fear  
 Heart disease  
 Terminal secretions

### Questions to ask

What makes it worse:
 

- showering?
- walking short distances?
- getting dressed?
- going to the toilet?

 What makes it better?  
 Is difficulty breathing making you feel panicked or anxious?

### What to do?

Make sure the person has a **Breathlessness Action Plan** (page 12), and follow those instructions  
 Have a room fan close to the person and make sure it is directed to their face  
 Opioid for severe breathlessness as first line - dosing is the same as for pain - refer to the **Palliative Care End of Life Medications – Initial Suggested Doses** (page 9)  
 Handover using **ISBAR Tool** (page 7)  
 Contact the GP using **ISBAR Tool** (page 7)  
 Does sublingual (under the tongue) medication need to be charted for anxiety related to breathlessness?

### Non medical treatments

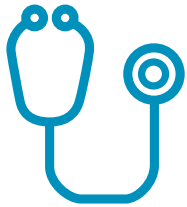
Open a window  
 Make sure the fan is close and directed towards face  
 Offer reassurance and support  
 Relaxation exercises  
 Positioning

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## Shortness of breath

# End of life care

## Terminal restlessness | agitation



### Possible causes

- Pain
- Constipation
- Urinary retention
- UTI
- Insomnia
- Uncomfortable bed or environment
- Life regrets or unfinished business
- Medication side effects
- Terminal secretions

### Questions to ask

- Is the person safe?
- Is there a possibility they could injure themselves?
- Is the cause of the agitation reversible?

### What to do?

- Maintain a safe environment: lower bed, crash mats
- Clear explanation to family that this can be a common problem when people are deteriorating and the cause is 'multifactorial'
- Handover using **ISBAR Tool** (page 7)
- Contact the GP using **ISBAR Tool** (page 7)
- Does S/C medication need to be charted?
- Refer to the **Palliative Care End of Life Medications – Initial Suggested Doses** (page 9)

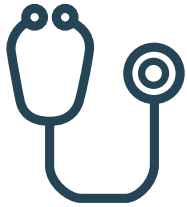
### Non medical treatments

- Quiet and familiar environment
- Re-positioning
- Address any pain concerns
- Limit interruptions or limit interaction
- Music
- Touch
- Reassurance and support
- Ask family members to stay

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# End of life care

## Constipation



### Possible causes

Dehydration  
Decreased mobility  
Unable go to the toilet themselves when needed  
Pain medication side effects

### Questions to ask

Is the person emptying their bowels every three days, even if they are not eating much?

### What to do?

See the **Bristol Stool Chart** (page 13) and **Bowel Management Guidelines** (page 14)

Strict bowel charting

Contact the GP using **ISBAR Tool** (page 7) and ensure:

- regular stool softening medication is charted especially if someone taking pain medication
- if they are unable to swallow is a Micro lax enema charted PRN

Make sure stool softening medication is also charted PRN, and give if bowels are not opened for 2 days

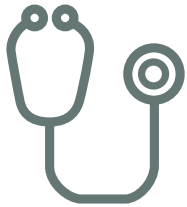
### Non medical treatments

Offer drinks frequently  
Ensure you give the person time and privacy in the bathroom  
Prune or pear juice

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# End of life care

## Problems swallowing



### Possible causes

Deterioration in condition  
 End-stage dementia

### Questions to ask

Does the person cough when drinking or eating?

Have you checked their **swallowing reflex**? (page 15)

Is the person having problems swallowing tablets?

How long does it take for the person to swallow their tablet/s?

### What to do?

Make sure the person is alert and sitting upright before offering food or drinks

If the person coughs, stop and try again later

Explain to the family the risk of aspiration pneumonia and what that means

Open and honest communication with family that problems with swallowing is normal when someone's condition is deteriorating

Contact the GP using **ISBAR Tool** (page 7)

The GP will need to reassess all oral tablets and convert some medication to subcutaneous injections

### Non medical treatments

Puréed diet and thickened fluids

Only offer oral intake if it is safe

If the person is not able to eat or drink, make sure you attend regular mouth care every 4 hours

Show the family how to do mouth care and encourage them to do it if they want to

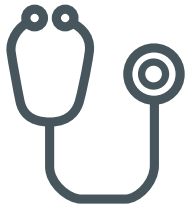
GP to cease any non-essential oral medication

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## End of life care

### Respiratory | moist secretions



#### Possible causes

Inability to clear phlegm from the back of throat or chest

#### Questions to ask

Are the moist secretions causing a rattle or gurgling noise?

#### What to do?

Reposition the resident to help drain their secretions:

- from side to side
- or elevate head of bed

Don't suction:

- it can be very uncomfortable
- it can cause distress for the patient
- it can cause further secretions to build up

Reassure the family that this happens often at end of life and is not bothering the person, but it is not nice to hear

Open and honest communication with the family that when this happens; it is likely the person is in the terminal phase of their illness and death is likely within days

Try not to focus on the noise

Handover using **ISBAR Tool** (page 7)

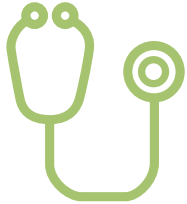
#### Non medical treatments

Good mouth care every 4 hours

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# End of life care

## Sore dry mouth and eyes



### Possible causes

**Mouth:**

- Medication
- Mouth breathing
- Dehydration
- Weight loss
- Ill-fitting dentures
- Unable to brush own teeth

**Eyes:**

- Dehydration
- Inability to clean their own eyes
- Infection

### Questions to ask

**Mouth:**

- Look in their mouth, is it:
- dry, cracked?
  - discoloured?
  - furry?
- Is there any food or medication left over in the mouth?
- Is the person constantly thirsty?

**Eyes:**

- Are their eyes:
- dry and sticky?
  - yellow discharge?
- Are they complaining of scratchy, itchy eyes?

### What to do?

**Mouth:**

- Contact the GP using **ISBAR Tool** (page 7) and request mouth care to be charted 4 times a day with:
- sodium bicarb mouth swabs
  - oral balance gel
  - lip balm
- If the resident has oral thrush (furry) ensure Nilstat is charted 4 times a day until it clears

**Eyes:**

- Contact the GP using **ISBAR Tool** (page 7)
- Ensure lubricating eye drops are charted twice a day
- If there is an infection, antibiotic eye drops are required

### Non medical treatments

**Mouth:**

Make sure the mouth is cleaned well after meals

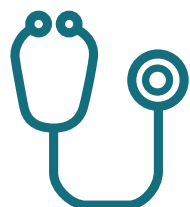
**Eyes:**

Saline-soaked gauze used as eye pads for 5 minutes to moisten and clean eyes

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# End of life care

## Pain



### Possible causes

Disease progression  
 Mood disorders  
 Pressure injuries  
 Poor positioning  
 Constipation  
 Osteoarthritis  
 Nerve pain

### Questions to ask

Be creative if they deny pain – ask ‘are you uncomfortable / does anywhere feel tight’?  
 Where is the pain?  
 What makes it worse?  
 What makes it better?  
 How would you describe the pain?  
 Is it: sharp, dull, achy, shooting, feel like pins and needles?  
 Can you score the pain out of ten?  
 Is it worse when you move?  
 Does it keep you awake at night?  
 If the person can’t tell you, use the **Abbey Pain Scale** (page 8)

### What to do?

Record pain assessments 4/24  
 If results indicate pain give PRN analgesia  
 Make sure you ask the family if they think the resident has pain?  
 Handover using **ISBAR Tool** (page 7)  
 Contact the GP using the **ISBAR Tool** (page 7) and request a review  
 Does pain medication need to be charted?  
 Constant pain requires regular medication. Occasional pain requires PRN medication.  
 Explain to the family the results of the pain assessments and what you are doing about it.  
 Refer to the **Palliative Care End of Life Medications – Initial Suggested Doses** (page 9)

### Non medical treatments

Heat pack  
 Reposition  
 Diversional therapy  
 Reassurance and support  
 Gentle massage

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## End of life care

### After death care



#### What to do?

Inform the family (nominated person). If they were not present when the person died, ask the family if they would like to come in and spend time with the person and say goodbye

Inform the GP

Inform the funeral Director

Follow any cultural or religious practices or beliefs

Attend a full bed sponge and ensure the person looks as nice as possible. This image of the person will remain with loved ones forever

#### Ensure the person is:

- laid flat on their back with the head of the bed slightly elevated which will assist with keeping the mouth closed
- close eyes
- hair combed
- clean, fresh clothes
- clean pillow case and sheets. Bedding is made so the persons arms and hands are available for loved ones to hold the persons hands if they would like to
- any religious symbols or significant ornaments are placed close to the person
- the room is cleared of any medical equipment or rubbish

Ensure there is soft lighting, fresh water, chairs are by the bedside and tissues are available in the room

Before moving the person include staff and family members in a bedside memorial using the **Aboriginal Blessing** (page 30) and share memories together of the person

#### Self care

Use the **Gibbs' Reflective Cycle Tool** (page 31) to reflect on the persons death

Use the **After Death Audit Tool** (page 33) in your next team meeting to debrief and learn from this experience and improve future care in your home

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