

Chapter 37

End-of-Life Care

Lesson 37.1

- Define the key terms and key abbreviations in this chapter.
- Describe palliative care and hospice care.
- Describe the factors affecting attitudes about death.
- Describe the 5 stages of dying.
- Explain how to meet the needs of the dying person and family.
- Explain the purposes of the Patient Self-Determination Act.

Lesson 37.1 (Cont.)

- Describe 3 advance directives.
- Identify the signs of approaching death and the signs of death.
- Explain how to assist with post-mortem care.
- Perform the procedure in this chapter.
- Explain how to promote PRIDE in the person, the family, and yourself.

The Dying Person

- Sometimes death is sudden.
 - Often it is expected.
- An illness or injury from which the person will not likely recover is a terminal illness.
- Your feelings about death affect the care you give.

Terminal Illness

- Many illnesses and diseases have no cure.
- The body cannot function after some injuries.
- Terminally ill persons can choose palliative care or hospice care.
 - The person may opt for palliative care and then change to hospice care.

Attitudes About Death

- Many people fear death.
 - Some look forward to and accept death.
- Attitudes about death often change as a person grows older and with changing circumstances.
- Practices and attitudes about death differ among cultures.
- Attitudes about death are closely related to religion.
 - Reincarnation is the belief that the spirit or soul is reborn in another human body or in another form of life.

Age

- Infants and toddlers do not understand the nature or meaning of death.
- Between 2 and 6 years old, children think death is temporary.
- Between 6 and 11 years, children learn that death is final.
- Adults fear pain and suffering, dying alone, and the invasion of privacy.
- Older persons usually have fewer fears than younger adults.
 - Some welcome death.

The Stages of Dying

- Dr. Elisabeth Kübler-Ross described five stages of dying.
 - Stage 1: Denial (“No, not me” is a common response.)
 - Stage 2: Anger (The person thinks, “Why me?”)
 - Stage 3: Bargaining (The person now says, “Yes, me, but...”)
 - Stage 4: Depression (The person thinks, “Yes, me” and is very sad.)
 - Stage 5: Acceptance (The person is calm and at peace.)

The Stages of Death

- Dying persons do not always pass through all five stages.
- A person may never move beyond a certain stage.
- Some move back and forth between stages.
- Some people stay in one stage.

Comfort Needs

- Dying people have psychological, social, and spiritual needs.
 - You need to listen and use touch.
- Some people may want to see a spiritual leader or take part in religious practices.
 - Provide privacy during prayer and spiritual moments.
 - Be courteous to the spiritual leader.
 - Handle the person's religious objects with care and respect.

Physical Needs

- Vision, hearing, and speech
 - Vision blurs and gradually fails.
 - Hearing is one of the last functions lost.
 - Speech becomes harder.
- Mouth, nose, and skin
 - Crusting and irritation of the nostrils can occur.
 - Circulation fails and body temperature rises as death nears.
- Elimination
 - Urinary and fecal incontinence may occur.
 - Constipation and urinary retention are common.

Promoting Comfort

- Measures to promote comfort include:
 - Skin care
 - Personal and oral hygiene
 - Back massages
 - Good alignment
 - Pain-relief drugs ordered by the doctor and given by the nurse
 - Frequent position changes
 - Supportive devices
 - Turning the person slowly and gently
 - Semi-Fowler's position for breathing problems
- Provide a comfortable and pleasant room.

The Family

- This is a hard time for the family.
 - Show you care by being available, courteous, and considerate.
 - Use touch to show your concern.
 - Respect the right to privacy.
 - Do not neglect care because the family is present.
- The family goes through stages like the dying person.
- A spiritual leader may provide comfort.

Legal Issues

- The Patient Self-Determination Act and the Omnibus Budget Reconciliation Act of 1987 (OBRA):
 - Give persons the right to accept or refuse medical treatment.
 - Give the right to make advance directives.

Legal Issues (Cont.)

- An advance directive is a document stating a person's wishes about health care when that person cannot make his or her own decisions.
 - A living will is a document about measures that support or maintain life when death is likely.
 - Durable power of attorney for health care gives the power to make health care decisions to another person.
 - A “Do Not Resuscitate” (DNR) order means that the person will not be resuscitated.

Signs of Death

- These signs that death is near occur rapidly or slowly:
 - Movement, muscle tone, and sensation are lost.
 - Peristalsis and other gastro-intestinal functions slow down.
 - Body temperature rises.
 - Circulation fails.
 - The respiratory system fails.
 - Pain decreases as the person loses consciousness.
 - Some people are conscious until the moment of death.

Signs of Death (Cont.)

- The signs of death include no pulse, no respirations, and no blood pressure.
- The pupils are fixed and dilated.
- A doctor determines that death has occurred and pronounces the person dead.

Care of the Body After Death

- Care of the body after death is called post-mortem care.
- Post-mortem care:
 - Begins when the doctor pronounces the person dead.
 - Is done to maintain a good appearance of the body.

Care of the Body After Death (Cont.)

- Within 2 to 4 hours after death, rigor mortis develops.
 - Rigor mortis is the stiffness or rigidity of skeletal muscles that occurs after death.
- When an autopsy is to be done, post-mortem care is not done.
 - An autopsy is the examination of the body after death.
 - Follow agency procedures when an autopsy is to be done.