

N.C. Nurse Aide I Curriculum

MODULE W

End of Life Care

Objectives

- Describe the nurse aide's role in end of life care.
- Describe cultural differences in dealing with end of life.
- Examine own feelings about the end of life.

End of Life Care



**Support & care provided during
the time surrounding death**

End of Life Care

- Terminal illness – an illness or injury from which the person will not likely recover; a terminal illness ends in death
- Dying – the near end of life and near cessation of bodily functions
- Death – the end of life and cessation of bodily functions
- Post mortem care – care of the body after death

End of Life Care – Key Terms

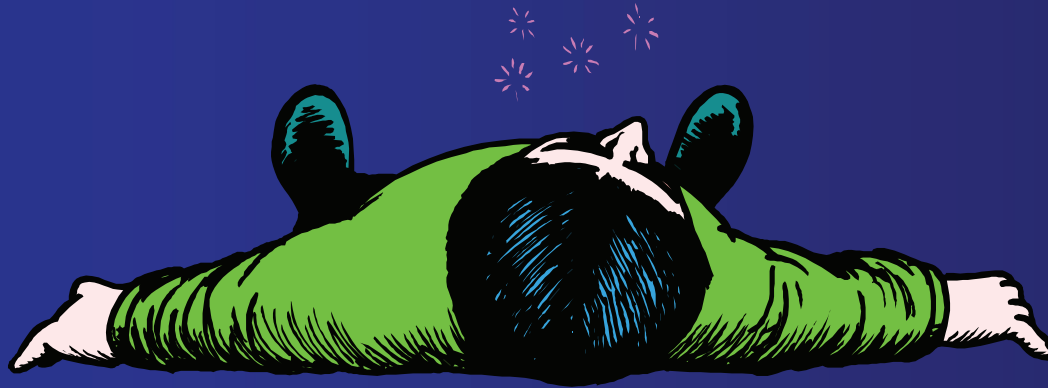
Obituary – a description (typically placed in a local newspaper) of a resident's life

What is usually included?



Resident's Response to Death

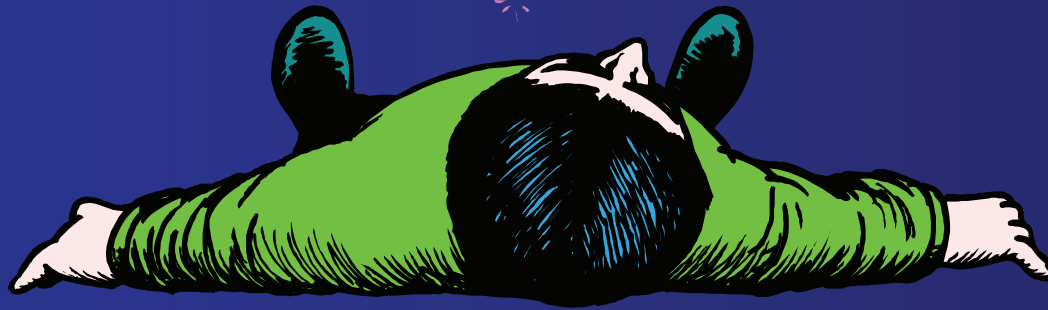
Death is natural conclusion to life



Resident's response to death based on personal, culture, religious beliefs and experiences

Resident's Response to Death

The dying resident and family may pass through five stages of grief



5 stages of grief are denial, anger, bargaining, depression, and acceptance

Resident's Response to Death – 5 Stages

Denial – begins when person told of impending death; may refuse to accept diagnosis or discuss situation



Resident's Response to Death – 5 Stages



Anger – expresses rage and resentment; often upset by smallest things; lashes out at anyone

Resident's Response to Death – 5 Stages

Bargaining – tries to arrange for more time; bargains with doctors or God



Resident's Response to Death – 5 Stages

Depression –begins the process of mourning; cries, withdraws from others



Resident's Response to Death – 5 Stages

Acceptance – worked through feelings and understands that death is imminent



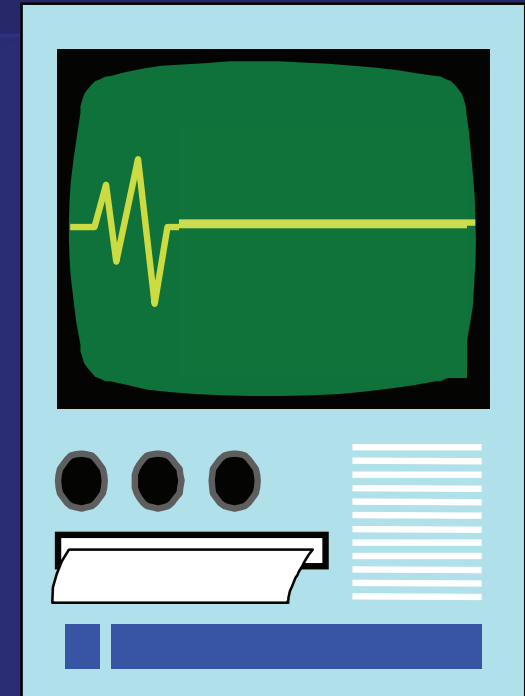
Advance Directives



Do Not Resuscitate

Do Not Resuscitate (DNR)

- Choice of the resident
- Doctor writes DNR order, which tells health care team that....



What are extraordinary measures?

Hospice Care

- Health care agency or program for people who are dying
- Comfort measures and pain management
- Preserves dignity, respect and choice
- Offers empathy and support for resident/family
- Works with staff, resident and family

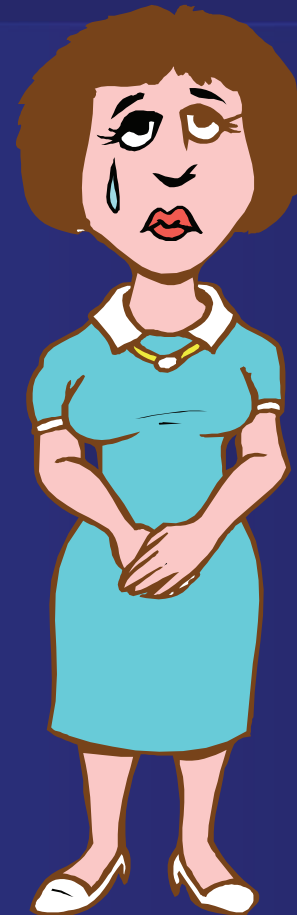
End of Life Care

- Most people die in hospitals or long-term care facilities
- Nurse aide's feelings about death affect care given
- A caring, kind and respectful approach helps the resident who is dying and family



End of Life Care

Must recognize and deal with own feelings and attitudes toward death in order to provide support to residents who are dying



Environmental Needs of The Resident Who is Dying



- Keeping environment as normal as possible
- Room – well lighted and well ventilated
- Open drapes and door
- Play resident's favorite music

Physical Needs of The Resident Who is Dying

- Positioning
- Cleanliness
- Mouth and nose
- Nutrition
- Elimination



Emotional and Psychological Needs of The Resident Who is Dying and Family

- Identify incidents that affect moods
- Note and report behavior changes to nurse
- Approach with dignity
- Respect resident's death and spiritual beliefs
- Offer support/understanding



Emotional and Psychological Needs of The Resident Who is Dying and Family

- Respect preferences
- Use touch
- Listen to resident & family
- Communicate
- Be aware of ability to hear when other senses ↓
- Be guided by attitude



Emotional and Psychological Needs of The Dying Resident and Family



Present a positive attitude while providing physical and emotional care

- Give privacy, but not isolation
- Be good listener and communicator
- Spend time with resident
- Do not take anger personally

Emotional and Psychological Needs of The Resident Who is Dying and Family



- Be supportive
- Respect spiritual beliefs
- Encourage family to participate
- Be kind, caring and concerned

Working With The Family Of A Resident Who is Dying

- Appropriate information per facility policy
- Understanding/support
- Comfort (information about meals, coffee, etc)
- Special visiting policy
- Cultural issues/variations



End of Life Care – Culture and Religion



- Culture and religion provide framework for end of life care
- Nurse aide must not impose beliefs upon the resident, the family, or those people close to the resident who is dying

End of Life Care – Culture and Religion

- Important to discover specific, cultural issues to provide respectful care
- Different cultures appreciate being asked about practices

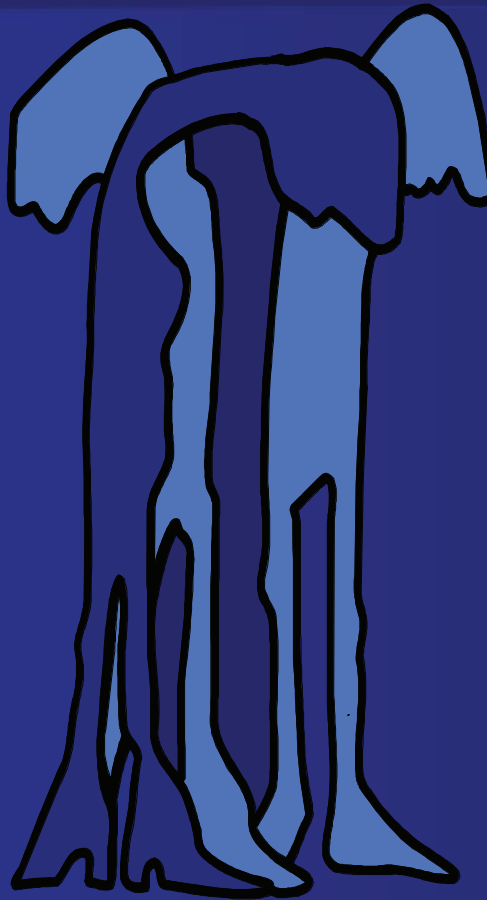


End of Life Care –



Culture Variations

Emotional and Psychological Needs of Family, Friends, Other Residents



Impending Death: When the Resident is Within Hours or Days of Death

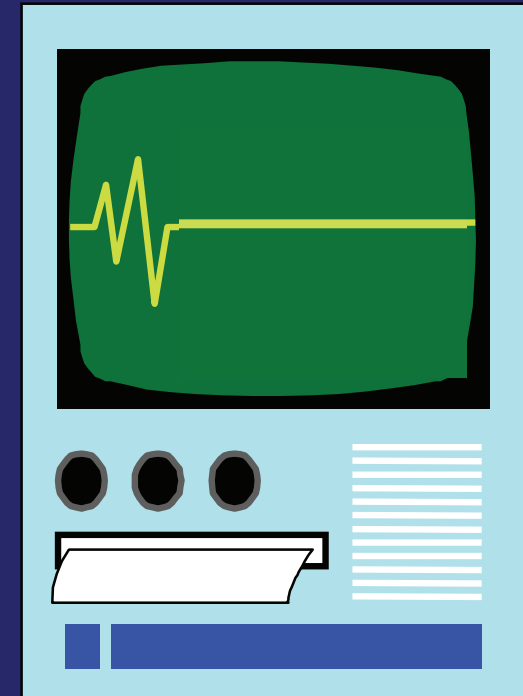
Observe & report to nurse any changes...

- Psychological and physical withdrawal
- Level of alertness
- Circulatory
- Respiratory
- Muscle tone
- Sensory
- Urinary and bowel control
- Urinary color



Death

- No heartbeat
- No respirations
- No response if talked to or touched
- Bowel and bladder incontinence
- Enlarged pupils that do not respond to light
- Eyes are fixed
- No blinking



Nurse Aide's Role in Performing Post Mortem Care

- Respect family's religious restrictions
- Provide privacy
- Put body in supine position with one pillow under head
- Put in dentures and remove tubes and dressings, if instructed by nurse
- Wash body and comb hair
- Put on gown and cover perineal area with pad



The End