1 **Nursing Role and End of Life Issues**

N232 Specialized Nursing Role
Fall 2017-II

2 **Objectives**

- Please see your syllabus for various objectives, but the main objective is to define the nursing role in meeting the needs of the dying client and the grieving family.

3 **Nurse's Understanding**

- Extremely important for nurse to understand the significance of loss and to develop the ability to assist clients through this process.

4 **Definition of Loss**

- An_____or_____situation in which something that is_____is changed or no longer_____

- Can death be a fundamental loss for both the dying person and the surviving person?

5 **Types of Loss**

1. Actual Loss:

2. Perceived Loss:

3. Anticipatory Loss:

6 **Sources of Loss**

1.

2.

3.

4.

7 **Definition of Bereavement**

- The subjective response experienced by the:

  - Being greatly_____at being deprived by the _____ of a loved one.

8 **Definition of Mourning**

- The_____ _____through which grief is eventually resolved or altered
  - What is it often influenced by?

- The_____ _____through which the individual passes on the way

to successful adaptation to the loss of a valued object.

(Two differing thoughts on mourning by 2 different textbooks)

9 **Definition of Grief**

- Is the_____ _____ to the emotional experience related to_____
  - Where is it manifested in?

- What is essential for good mental & physical health?
  - What does grieving permit?

10 **Symptoms of Grief**

1 1. Anxiety
2.
3.
4.
5.
6.
7. Headaches
8. Dizziness

2 9. Fainting
10.
11.
12.
13.
14.
15. Chest Pain
16. Dyspnea

11 **Types of Grief Response**

1. Abbreviated Grief:
2. Anticipatory Grief:
3. Disenfranchised Grief:
4. Complicated Grief:

12 **Authors of Stages of Grief**

- Both texts have various authors who wrote
- stages of grief
- We will focus on the most well known of them being Dr. Elisabeth Kübler-Ross
  - A Swiss born psychiatrist and journalist helped revolutionize how the medical community cared for the terminally ill.
    - Accomplished extensive work with death and dying
  - Now known for the famous 5 stages of grief
  - Born in 1926, died in 2004 (78 years old)

13 **Kübler-Ross Stages of Grieving**

1. Denial

2. Anger

3. Bargaining

4. Depression

5. Acceptance

14 **Nursing Implications to Stages of Grieving**

1. Denial
   - _____ *support pt, but*_____ _____ *denial*

2. Anger
   – _____ pt understand that is a_____response

3. Bargaining
   – Listen_____& _____ to talk to relieve guilt & irrational fear

4. Depression
   – Allow pt to_____ sadness; use non verbal _____

5. Acceptance
   – Encourage pt to_____ as much as possible in the _____ program

15 **Factors Influencing Grief Response**

1.
2.
3.
4.
5.
6.
7.
8.

16 **Care Plan for the Grieving Person**

- Risk for complicated grieving r/t loss of a valued concept
- Risk for spiritual distress r/t complicated grief process
- See Townsend (8th edition)text pages 841-843 Table 37-3 Care Plan

17 **Nursing Goals for End-of-Life Care**

1. Provide_____&_____care during the dying process
2. Improve the_____of the patient's remaining life
3. Help ensure a _____ _____
4. Provide_____ _____to the family

18 **Dying Person's Bill of Rights**

- What do we want to make known to our patients?
- Is notification that the patient is still a_____, no less_____because they are dying. Document exists as a learning aid. Gives courage and a sense of control to the dying.
- People still don't understand, that dying is part of the_____ _____.
-

19 **Dying Person's Physiological Needs**

- Personal hygiene
- Controlling pain
- Relieving respiratory difficulties
- Assisting with:
  1.
  2.
  3.
  4.
  5.

20 **Dying Person's Spiritual/Cultural Needs**

- Ensure that_____ _____are met
- Must reflect your spiritual assessment
- Spiritual support specialists
- Rituals vary according to religion or cultural practices

21 **Survivor's Support Needs**

- Provide emotional support
  1.
  2.
  3.
  4.
- Help family grieve
  1.
  2.
  3.

22 **Definition of Death**

- Cessation of_____ _____, resp, & BP is also referred to as_____-_____ death
  - Why is identifying death more difficult?
  -
- Cerebral death is when higher_____ _____ (cerebral cortex) irreversibly destroyed
- Death is:
  1.
  2.
  3.
  4.

23 **Signs of Approaching Death**

1 • Alertness
- Pulse
- Body Temp
- Skin Color
- Fluid/Fluid Needs

2 • Breathing Changes

- Congestion

-Cheyne Stokes Resp is alternating periods of apnea & deep, rapid breathing

24 **Physical Manifestations at End-of-Life (Impending Clinical Death)**

- Please see entire list in Lewis Textbook 9th Edition page 143, Table 10-2 and Berman Textbook 10th Edition page 999 under Clinical Manifestations

25 **Nursing Diagnosis**

- Need to address both physiological & psychosocial needs to apply to dying patient and the family
- Common ones
  - Fear
  - Hopelessness
  - Powerlessness
  - Risk for Caregiver Role Strain
  - Interrupted Family Processes

26 **Dying "a good death"**

❖The Institute of Medicine's definition of a good death is "one that is: free from avoidable distress and suffering for patients, families, and caregivers; in general accord with patients' and families' wishes; and reasonably consistent with clinical, cultural, and ethical standards".

❖

Published in 1997 IOM Report, Washington DC: National Academy Press. Approaching death: improving care at the end of life.

27 **Dying with Dignity**

- Treat patient with_____,_____ & respect at time of dying. This involves maintaining their _____consistent with their values, beliefs & culture
  - This has different meaning for nurses but lies at the hear of compassionate care
- Give_____/_____an enduring_____ of their loved one's death as a _____& _____event

28 **How Do You Know that Death has Occurred?**

- No
- No
- No
- Eyelids
- Eyes
- Jaw_____and mouth_____ _____

29 **Hospice Care**

- Hospice is concept of care that provides compassion, concern and support to the dying person and family
- Criteria for Hospice Care:
  1.
  2.
  3.
  4.
  5.

30 **Palliative Care**

- Approach that_____of pt and family, focusing on comfort

and well-being of pt, in particular those with incurable, progressive illness
- How does Hospice Care differ from Palliative Care?

- _____Care can be included into_____ Care

31 **Interdisciplinary Care**
- There are Hospice:
  - Nurses and Physicians
  - Pharmacists
  - Dietitians
  - PT
  - Social Workers
  - CNAs
  - Chaplains and other clergy
  - Volunteers
- What do all provide?

32 **Legal Issues**

The nurse's role in legal issues related to death is prescribed by the region and the policies of the health care institution

33 **Patient Self-Determination Act**

The 1990 Patient Self-Determination Act (PSDA) encourages everyone to decide now about the types and extent of medical care they want to accept or refuse if they become unable to make those decisions due to illness. The PSDA requires all health care agencies to recognize the living will and durable power of attorney for health care.

-What MUST health care agencies ask you?

From American Cancer Society, (2016). www.cancer.org

34 **End of Life Options**
- Can involve:
  1. Organ & tissue donation
  2. Advance directives (medical power of attorney, living wills)
  3. Resuscitation
  4. Mechanical Ventilation
  5. Feeding tube placement

35 **Advance Directives**
- _____documents that give_____ about future medical care & treatments and who should make the _____ in the event the person is

unable to_____.

36 **Living Will**

A_____ made by a competent person that _____ _____that should be used when that person is ____ _____able to express their wishes for health-care treatment

37 **Health Care Proxy or Surrogate/Durable Power of Attorney for Health Care**

Is a notarized or witnessed statement appointing someone else to make health care decisions when the client is unable

38 **Euthanasia**

- The_____act of hastening death
- ANA statement on euthanasia is "The nurse may not administer the medication that will lead to the end of the patient's life". "Participation in assisted suicide and euthanasia is strictly prohibited".
- "ANA acknowledges that there are nurses working in states where assisted suicide is legal"

ANA Position Statement (4/24/13). Euthanasia, Assisted Suicide, and Aid in Dying. www.nursingworld.org

39 **Do Not Resuscitate (DNR) / No Code**

- Lewis text (9th Edition) states term Allow Natural Death (AND) is being used to replace DNR or No Code
  - More accurately conveys what actually happens
  - Also can be referred to as "Comfort Measures Only"
- Natural physiologic progression to death is not delayed or interrupted
- Must be included in Advance Directives

40 **POLST at LAC+USC**

- Physician Orders for Life-Sustaining Treatment
- Is a form that states what kind of medical treatment patient wants
- Printed in bright pink paper
- "Nurse to follow the POLST as a valid physician order".
- "In order to be valid, the POLST must be signed by a physician, and by the patient or their surrogate decision-maker".

Policy 222 – governs forgoing life-sustaining treatments for adult and pediatric patient at LAC+USC

41 **Organ Donation**

- Uniform Anatomical Gift Act (UAGA)
  - Over 18 can give all or any part of body for medical or dental education, research, therapy, or transplantation
  - Family permission must be obtained at the time of donation
  - Pink dot on our Driver's License
- If hospital has Medicare or Medicaid funding, then must have policies in place to

identify potential organ donors and inform families about the option to donate

42 **The Gift of Life**

- "The gift of organ & tissue donation is the only positive experience in the tragic chain of events surrounding theloss of their loved one".
- "It can help give meaning to an other wise senseless event that has occurred".

Matsuki, G. (2011). Organ and Tissue Donation. OneLegacy

43 **Onelegacy**

- Our organ and tissue donation network
- Serves 220 hospitals in 7 counties of So. Cal., 12 transplant centers & 19.7 million residents
- Benefits are exponential
  - One donor can save 8 lives through organ transplants and help up to 50 others through donated tissues
- Their management goals is to Perfuse and Oxygenate dying patient starting immediately.

Matsuki, G. (2011). Organ and Tissue Donation. OneLegacy

44

We DO NOT Mention Donation to Families

- It is a perceived conflict of interest
- May not be eligible for donation
- Not appropriate time
- Family is presented with donation options by trained designated requestor <u>only</u>
- MD informs family of grave prognosis
  - Does not mention donation
- 82% of hospital mentions of donation resulted in family decline.
  - Allow a OneLegacy family specialist to discuss with family
  - Discussion does not come from hospital staff

Matsuki, G. (2011). Organ and Tissue Donation. OneLegacy

45 **Organ Procurement**

- Nursing has a collaborative role in organ procurement
- The Organ Procurement Organization (OPO) has to be notified, which is OneLegacy at LAC+USC
- Needs a Multidisciplinary teamwork
- Cultural/spiritual awareness in organ procurement

46 **Post-Mortem Care**

- The pronouncement of patient's death is responsibility of physician
  - Will call OneLegacy
- Nursing is responsible for the patient, environment, and to document the same time of pronouncement
  - Remove tubes (if not coroner case)
  - Replace dentures
  - Clean body, remove jewelry, apply clean gown, apply pads under body
  - Facilitate time for family to visit body
  - Bag body after ALL family have viewed body

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Thank You

Any Questions?