Symptom Management Guide for End of Life Care
Considering Hospice

What are signs to look for in a resident who could qualify for hospice care?

When a resident triggers multiple quality indicators, nursing home staff should consider a referral to hospice.

Here are some examples of quality of life decline:

- Excessive weight loss
- New/worsened pressure ulcers
- Moderate to severe pain
- Loss of appetite
- Withdrawal from usual activities
- Depressive symptoms
- Increased need for help with ADLs
  (risk-adjusted for hospice)
- Long-stay residents whose ability to move independently worsened
  (risk adjusted for hospice & six-month prognosis)

Early involvement in hospice provides the patient and their families with the greatest opportunity of having benefits with pain and symptom management. Our goal is to assist in providing the best quality of life possible.

If you suspect a resident may qualify for hospice care but are unsure, please do not hesitate to call and speak with a hospice representative who can help answer any questions you may have: 573-324-2111.
"I do what I do because I feel no one should face death or loss alone, but should be held in love.

It is an Honor to journey beside so many"
End of life care can be hard physically, emotionally, and spiritually. When you are the direct care giver in a facility those patients become close like family.

We hope you find this guide easy to use as a tool to help bring your patients the best care possible as they are nearing the end of life.
Care Planning
The patient/family/physician/facility can have an open and honest conversation as to realistic goals for their loved one as they begin to make the decision for end of life care.

Symptom Management
This booklet will discuss pain, anxiety, dyspnea, secretions, nausea/vomiting & spiritual concerns.

Emotional Support
Bereavement services are available for family members up to a year after their loved ones have passed and longer if they request.

Education
Patients and families will receive education as to what end of life care is and what to watch for their loved one is getting closer to end of life.

Intimate Moments
Capitalized on moments where the patient or their families open up about past memories and help them celebrate and rejoice in memories they have had together.

Communication & Trust
It is important for the facility and hospice to build a strong foundation with patients and their families to establish proper communication and trust.
Pain Management

Non-Verbal
Facial grimacing or a frown
Constant shifting in bed
Moaning or groaning
Restlessness and agitation
Drawing legs up
Shortness of breath

Physical
Labored respirations
Appetite changes
Decreased activity
Change in gait
Teeth grinding
A loss of function

Emotional
Lethargy
Anger
Irritability
Crying Spells
Forgetfulness/Poor concentration

Breakthrough Pain
If 3 or more Rescue Doses are given in 24 hours – consider increasing the dose of a scheduled pain medication or add Fentanyl Patch as indicated.

Consider using a fast acting pain medication to treat breakthrough pain.

Non-Pharmacological Pain Management
Music Therapy
Deep Breathing/Guided Imagery
Massage
Prayer
It is impossible to treat pain appropriately if pain is not assessed appropriately.

3 - Severe
Morphine
Fentanyl
Oxycodone+adjuvants

2 - Moderate
Codiene
Oxycodone+adjuvants

1 - Mild
Acetaminophen
NSAIDS+adjuvants
Constipation

Constipation among hospice patients can be caused by a number of circumstances including:

- Depression
- Reduced fluid intake or dehydration
- Lowered conscious state
- Side effects of medications
- Muscle weakness
- Disease processes
- Low dietary fiber
- Poor mobility
- Lack of privacy

Always keep in mind of the patient’s own bowel regimen and what their personal bowel regimen is.

5 - Constipation
Treatment of Constipation

- Increase amount of water intake if able

- Increase Fiber Intake/Exercise (if able)
  - Add Colace/Senna daily and increase as needed

- If No Improvement
  - Add Miralax daily

- If No Improvement
  - Add Bisacodyl PRN (Dulcolax – PO/Suppository)
  - Milk of Magnesia PRN

- If No Improvement
  - Adjust medications as needed
Anxiety

In the end stage of life, one may show signs of anxiety and restlessness. This may result from an unresolved problem within the individual or with another person. Anxiety may also arise from fear of death, of the unknown, or of leaving loved ones behind.

Signs & Symptoms of Anxiety

- Restlessness/Confusion
- Exhaustion
- Oxygen Deficiency/Hallucinations
- Distended Bladder
- Infection

Lorazepam is used to reduce anxiety and/or restlessness. It may also be used for shortness of breath and insomnia. It is most effective when taken before symptoms become severe. It is acceptable to give both Lorazepam and morphine at the same time if needed for comfort.
Tips to Manage Anxiety

- Stay calm. If you are anxious, it can affect the behavior of the dying patient
- Contact the hospice nurse, because early assessment and treatment are important
- Quietly keep the person safe
- Gently remind them who you are and what you are going to do. “Hi Betty. I’m right here with you, and I’m going to straighten the covers for you.”
- Don’t ask questions, just reassure
- Do whatever feels calming and appropriate: gently wipe the face with a warm cloth, brush her hair, play their favorite music, quietly sing or hum familiar songs, or simply hold their hand
- Try to keep the usual routine in place
- Provide a quiet, peaceful setting
- Keep low lights on at night

When your patient is actively dying, anxiety can mimic s/s of pain such as rapid or labored breathing, shortness of breath, restlessness, irregular VS.
Non-Pharmacological Interventions
- Calm Reassurance
- Sitting patient up right if able
- Cooler room temperature
- Pursed-Lip Breathing
- Cool cloth to the patient’s forehead
- Close the curtains & maintain quiet atmosphere

Pharmacological Interventions
- Oxygen 2-5L/NC PRN
- Nebulizer treatments when appropriate
- Roxanol
  - This will decrease the patient’s respiratory drive causing the respiratory muscles to relax.
- Ativan Intensol
  - Reduce anxiety or restlessness that is associated with dyspnea.
- Steroids
  - Inhalant or PO

Shortness of breath is very common, but can be one of the hardest symptoms to manage for the patient as well as the caregiver. It can cause a patient to have a lot of fear, anxiety, or even panic which in return, can cause an increase of anxiety and shortness of breath.
Secretions

Terminal respiratory secretions known as a death rattle, are sounds often produced by someone who is near death as a result of fluids accumulating in the throat and upper chest.

- Atropine Drops 1%
  - Most Common Order – 1-2 gtts PO every 4 hours PRN excess secretions
- Scopolamine Patch every 72 hours
- Levsin (Hyoscyamine) 0.125 mg SL every 4 hours PRN
- Gentle Oral Suction as needed

Nausea/Vomiting

In cases where the patient is experiencing nausea and/or vomiting consider the following medications.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compazine</td>
<td>5mg PO</td>
<td>q 6 hrs PRN</td>
</tr>
<tr>
<td></td>
<td>25 mg PR</td>
<td>q 12 hrs PRN</td>
</tr>
<tr>
<td>Zofran</td>
<td>4 mg PO</td>
<td>q 6 hrs PRN</td>
</tr>
<tr>
<td>Ativan</td>
<td>0.5 mg PO/SL</td>
<td>q 6 hrs PRN</td>
</tr>
<tr>
<td>Haldol</td>
<td>In SEVERE cases alternate Ativan 0.5mg &amp; Haldol 0.5mg SL</td>
<td>q 2 hrs PRN until vomiting or nausea has subsided.</td>
</tr>
</tbody>
</table>
Terminally ill patients may suffer from depression, anxiety, and anger about their situation. In addition, as patients review their lives, they may find regrets over things they have said or done – or things they never got to say or do. All of this can greatly diminish a patient’s quality of life.

The hospice chaplain is not religion specific. Every patient will have visits with the chaplain if they accept chaplain services. It is important to know if your dying patient has their spiritual needs met.
Care for the Caregiver

A Message from the staff at Pike County Hospice

As a nurse providing care in a nursing home setting you are the patient’s primary caregiver. You take on that role ensuring the patient is fed, well groomed, has medications when needed, and are overseeing their care overall. It is important to be aware of early signs and symptoms to be able to collaborate with the patient, their family, and their physician. In nursing school we are taught to look for what is wrong and fix it. This is not the case with hospice care.

What an honor it is to be with a patient and their family as they decide the very hard question we will all face one day, “what’s next?” This is not an easy decision; however, with guidance this transition period in someone’s life can be smoother with us all working together on the same team.

You play a vital role in your resident’s quality of life, be sure to take care of yourself and remember how important you are to our “team” as we work together with each hospice patient.

Death is a process, not an event. Appropriate care requires ongoing recognition, assessment and response. Clinical hospice staff are experts in controlling symptoms, such as pain, without invasive procedures. Hospice social workers and chaplains can assist in funeral arrangements; bereavement specialists offer support and resources to family and nursing home staff who are grieving.

Hospice can add to a nursing home resident’s end-of-life goals and to its staff’s end-of-life expertise. Hospice is an additional service, not an “instead of” service. We are on the same team to provide the patient with the best care possible. If at any time you have any questions please do not hesitate to contact us at 573-324-2111.
Ask us about our Complimentary In-Services:

- Establishing a Healthy You
- Healing Hearts
- Supporting Hospice Families
- Patient Comfort
- Pike County Hospice & YOU
- Hospice Qualifications
- Caregiver Communication
- The Relaxed Caregiver
- & More!