Chapter 39

Hospice Care

History of Hospice

- Originated in Europe, where hospices were resting places for travelers
- Monks and nuns believed service to one’s neighbor was a sign of love/dedication to God
- Places of refuge for the poor, sick, and travelers on religious journeys
- Provided food, shelter, and care to ill guests until they were strong enough to continue their journey or they died

History of Hospice (Cont.)

- Hospice was renewed in the 1960s in London, when Dame Cicely Saunders, a nurse and physician, realized that a different kind of care was needed for the terminally ill
- She devoted her life to improving pain management and symptom control for dying patients
- Philosophy of hospice migrated to the United States in the early 1970s, with the first hospice program opening in Connecticut in 1971
Palliative versus Curative Care

- Appropriate when active treatment is no longer effective and supportive measures are needed to assist the terminally ill patient through the dying process
- Offers a supported and safe passage from life to death in a way that preserves dignity and important relationships
- Death and dying become realities affecting the family roles, lifestyle patterns, and future goals of the patient and family

Palliative versus Curative Care (Cont.)

- Curative treatment is aggressive care with the goal and intent to cure the disease
- Palliative care is to relieve pain and distress and to control symptoms of the disease
- Quality, not quantity, of life is emphasized with hospice care
- Palliative care is not giving up hope

Criteria for Admission

- Physician must certify that the patient’s illness is terminal with 6 months or less to live
- Must be willing to forego any further curative treatment and seek only palliative care
- Patient and caregiver must understand and agree that the care will be planned according to comfort and that life-support measures may not necessarily be performed
- Must understand the prognosis and be willing to participate in the planning of the care
Goals of Hospice

- Controlling or alleviating the patient’s symptoms
- Allowing the patient and caregiver to be involved in the decisions
- Encouraging the patient and caregiver to live life to the fullest
- Providing continuous support to maintain patient/family confidences
- Educating and supporting the primary caregiver

Interdisciplinary Team

- Works together in caring for the terminally ill patient
- Develop and supervise the plan of care in conjunction with all of those involved
- Interdisciplinary team considers all aspects of the family unit, providing support both to the dying patient and to the caregiver
- Family is included in all decisions and care planning

Interdisciplinary Team (Cont.)

- Medical director
- Nurse coordinator
- Social worker
- Spiritual coordinator
Interdisciplinary Team (Cont.)

- Volunteer coordinator
- Bereavement coordinator
- Hospice pharmacist
- Dietitian consultant
- Hospice aide

- Other service providers
  - Physical therapist
  - Speech-language pathologist
  - Occupation therapist
  - Not for rehabilitative services, but to assist with improving the quality of life and care for the patient and caregiver

Palliative Care

- Pain
  - Most feared symptom
  - Priority for symptom management
  - Can be excruciating, constant, and terrifying
  - Pain assessment
    - Evaluation of the factors that alleviate or exacerbate a patient’s pain
    - Should be ongoing
Palliative Care (Cont.)

● Pain
  ➢ Somatic pain
    • Arises from the musculoskeletal system
    • Aching, stabbing, or throbbing
    • Nonsteroidal antiinflammatory drugs, nonopioid drugs, or opioid drugs used
  ➢ Visceral pain
    • Originates from the internal organs
    • Cramping, pressure, dull, or squeezing
    • Anticholinergic medications alone or as adjuvants

Palliative Care (Cont.)

● Pain
  ➢ Neuropathic pain
    • Initiated from the nerves and nervous system
    • Tingling, burning, or shooting pains
    • Anticonvulsants may be given as an adjuvant to assist with pain control
  ➢ Routes
    • Oral, sublingual, subcutaneous, parenteral, rectal, or topical

Palliative Care (Cont.)

● Pain
  ➢ Nursing interventions and patient teaching
    • Focus on the effectiveness of the plan to ensure symptoms are being well controlled
    • Consistently assess and reassess the pain and symptoms to ensure that they are managed
    • Educate patient and caregiver in the appropriate administration, scheduling, and effects of the medication
    • Pain assessment scales should be used
Nausea and vomiting

- Assess as to their cause, removing them if at all possible
- Can result from chemotherapy side effects, obstruction, tumor, uncontrolled pain, constipation, and even food smells
- Sometimes drugs used to control pain cause nausea

Nursing interventions and patient teaching

- Educate the patient and caregiver regarding the cause or prevention
- Encourage patient to take the antiemetics 30 minutes before meals and bedtime
- Eating slowly and in a pleasant atmosphere is a good way to control nausea
- Patients should not be forced to eat or drink if they have no desire

Constipation

- One of the most common problems of the terminally ill patient
- Factors that contribute are poor dietary intake, poor fluid intake, use of opioids for pain control, and decrease in physical activity
- Rectal exam may be necessary along with manual removal of stool
- Fleet enema helps soften and dissolve a hard impaction
Palliative Care (Cont.)

- Constipation
  - Nursing interventions and patient teaching
    - Educate the patient and caregiver on the following
      - Decrease in oral intake will also decrease the amount of stool expelled
      - Even without oral intake, bowel movements may still be possible
      - Opioids can cause constipation, so laxatives must be given
      - Comfort is the all-important factor

Palliative Care (Cont.)

- Anorexia and malnutrition
  - Poor appetite may be caused by nausea, vomiting, constipation, dysphagia, stomatitis, tumor invasion, general deterioration of the body, depression, or infections
  - Odors of food cooking, inability to tolerate sweet foods, or a bitter taste in the mouth also contribute to the problem
  - Cachexia is malnutrition marked by weakness and emaciation

Palliative Care (Cont.)

- Anorexia and malnutrition
  - Nursing interventions and patient teaching
    - Nutritional assessments completed routinely and applied to hospice plan of care
    - Assess and treat causes such as nausea and vomiting
    - If related to infection or stomatitis, good oral hygiene is important
    - If odor of food causes anorexia, avoid the kitchen during meal preparation
    - High-protein supplements are helpful
Palliative Care (Cont.)

- Dyspnea or air hunger
  - Dyspnea can be caused by a variety of conditions such as heart failure, dysrhythmias, infection, ascites, or tumor growth
  - Air hunger may be caused by tumor pressure, fluid and electrolyte imbalance, or anemia
  - May be relieved by oxygen, morphine, or bronchodilators
  - Often 24-48 hours before death, the patient exhibits the “death rattle”

- Nursing interventions and patient teaching
  - Main focus is relieving anxiety and supporting the patient and caregiver
  - Educate on positioning, use of a fan to circulate air, use of morphine to decrease respiratory effort, use of tranquilizers to ease anxiety, and maintaining good oral hygiene
  - Suctioning should occur only if the patient is choking and unable to recover

- Psychosocial and spiritual issues
  - Concerns must always be respected, wishes are met if at all possible
  - Patients may question their faith and beliefs or may look to find support
  - Symptoms such as depression, the need to suffer, bitterness, anger, hallucinations, or dreams of fire may be indicative of unmet spiritual needs
Palliative Care (Cont.)

- Psychosocial and spiritual issues
  - Nursing interventions and patient teaching
    - Spiritual coordinator or the nurse does the spiritual assessment and must be nonjudgmental and accepting of the patient’s and caregiver’s spiritual beliefs
    - Social worker may assist in relationships between the patient and caregiver and provide counseling to resolve conflict

- Other common signs and symptoms
  - Weight loss
  - Dehydration
  - Weakness
  - Risk for skin impairment
  - Depression
  - Sleeplessness and insomnia

- Nursing interventions and patient teaching
  - Teach the basics of good skin care
  - Cleanliness promoted by bathing can be refreshing as well as therapeutic
  - Inspect skin frequently and keep it dry and clean
  - Egg-crate mattress and elbow protectors can cushion bony areas
  - Provide information regarding home safety
  - Listen and provide emotional support
Patient and Caregiver Teaching

- Approach taken in all matters is as honest and straightforward as possible
- It is thought that the fear of the unknown is always greater than the fear of the known
- Educating the caregiver in symptom management, hands-on care of the patient, caring for body functions, and teaching regarding the signs and symptoms of approaching death are important to relieve fears

Bereavement Period

- Hospice care usually continues for at least 1 year after death with bereavement support
- Even though the family feels they have prepared, facing the future without the person who died is difficult
- Hospice staff also go through a grieving period for each patient who dies
- Each hospice provides support to their staff with support meetings

Ethical Issues in Hospice Care

- Withholding or withdrawing nutritional support, the right to refuse treatment, and do not resuscitate (DNR) orders
- It is hoped that the patient’s wishes are made known in advance
- It is imperative that the nurse be aware of the organization’s ethics policies and procedures
Question 1

What is the most common primary disease process served by hospices?
1. Cancer
2. Dementia-related
3. Cardiac
4. Lung

Question 2

__________ is aggressive care in which the goal and intent is curing the disease and prolonging life at all costs.
1. Palliative care
2. Respite care
3. Curative care
4. Bereavement

Question 3

Which member of the interdisciplinary team assists with accessing community resources and filing insurance papers, and also supports the patient and caregiver with emotional and grief issues?
1. Medical director
2. Nurse coordinator
3. Spiritual coordinator
4. Social worker
Question 4

Which type of pain originates from internal organs?
1. Somatic pain
2. Visceral pain
3. Neuropathic pain
4. Stabbing pain

Question 5

Which of these words is defined as malnutrition marked by weakness and emaciation?
1. Adjuvant
2. Cachexia
3. Holistic
4. Titrate