Comfort Care for The Dying Patient

Speaker: Crystal Luikart, R.N., CHPN
Comfort Care for the Dying Patient

Goals:

1. To discuss the dying process and the changes that are likely to occur as the patient approaches the end-of-life.

2. To prepare caregivers to provide comfort care to patients who are dying.

Objectives:

1. Describe the goal of comfort care.
2. What is the #1 priority of Hospice Care?
3. State one of the greatest fears of the dying patient.
4. Describe two different behavioral changes that may occur when a patient is dying.
5. Describe three physical changes that may occur as a patient is nearing death.
6. What is a pressure sore and what is the best thing a caregiver can do to help prevent them?
Comfort Care for the Dying Patient

Hospice Care = comfort care
- **Comfort care** = treatment aimed at keeping the patient comfortable **without** trying to cure his disease
- **Goal** = To control the patient's pain and other symptoms such as nausea, constipation and anxiety so that the patient can enjoy the remainder of his life.

Pain control is #1 priority

Pain eliminates joy
- Dying is a physical, emotional and spiritual event.
  - Comfort can be given in all of these areas.

- Dying is a unique experience for each person and each family
  - Note: Not all signs/symptoms will appear in every patient who is nearing death

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**Common Fears of all Dying Patients**

1. Fear of abandonment or isolation
   - No patient wants to die alone

2. Fear of pain/suffering

3. Fear of loss of control over the dying process and fear of not having decision making rights honored

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**It takes a whole team to provide a “good” death for a patient and you are a critical member of the team.**
Patients say:
"I am not afraid of death, but I am afraid of the dying."

Caregivers say:
"How much longer will it be?"

Signs and Symptoms of Impending Death

Changes in Behavior
1. Patient may express fears of dying alone.
   - Action: Check on patient more often, always letting the patient know you are there.

2. Increased focus on spiritual issues.
   a. The patient needs to find meaning in his/her life
      Life Review = sharing stories of their lives
   - Action: Listen to the stories and validate the importance of the patient's life.
b. Patient may need to renew spiritual beliefs through rituals and sacraments
   - Action: Contact the Hospice casemanager so we can send out our Spiritual Care Providers and/or we can contact the patient’s own clergy.

c. Spiritual comfort should be given even if the patient is non-responsive/comatose
   - Action: Stroke or touch the patient in a comforting manner if non-responsive.

3. Increased Confusion and Agitation
   --May be caused by advancing disease process OR...
   --May be caused by:
      * Pain
      * Urinary retention
      * Constipation
      * New environment or new personnel
   Actions:
   - Report increasing agitation to Hospice nurse
   - Report BM’s accurately so constipation can be tracked
   - Inform Hospice nurse if patient does not urinate on your shift
   - If patient is new to you, introduce yourself
   - Encourage family to personalize room
   - Start safety measures when needed

4. Nearing Death Awareness
   a. Patients may wish to talk about what they are experiencing
   b. Patient may appear confused or seem to be hallucinating:
      - Speaking to people who have died before them, seeing places/people not present
      - Seeing bright lights or describing a beautiful place
      - Making “out of character” gestures or statements.
c. After sharing these experiences, the patient may be calmer and their fear of dying may be decreased.

**Actions:** - Listen and affirm the patient's experiences.
- Don't "humor" the patient or try to bring the patient "back to reality."
  - Creates distrust

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5. **Withdrawal from family, friends, staff and activities**

- Focus shifts inward as the patient begins the transition from life toward death.

**Actions:** - Honor this time of transition
- Don't tell patient to "talk to your Son," if the patient does not wish to do so

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6. **Surge of Energy**

- 1-3 days before death
- Patient may be able to do things he was incapable of doing a few days ago.
- May be alert and talking, or asking to eat
- May try to get out of bed
- May be misunderstood as a sign of recovery
- Can be a good time to deal with unfinished issues
**Actions:**
- Allow patient to eat / drink
  - If patient can safely swallow
- Keep patient safe

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7. Restlessness / Terminal Agitation

- Hours to days before death
- May be due to a physical problem such as pain, urinary retention, constipation
- May be due to unresolved psychological issues or fear of death
- Repetitive, agitated gestures:
  - Pulling at bedcovers, pulling gown off, moaning, restless, trying to get out of bed.
- Very uncomfortable for patient
- Frightening for the family

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**Actions:**
- Assess for physical problems and/or medicate patient for anxiety and/or pain.
- Be aware if patient has not urinated on your shift
- Keep accurate bowel records
- Inform Hospice
- Support family
- Keep patient safe
13 Physical Signs of Dying

1. Increased generalized weakness
   - Increased risk of falls and injury
   **Action:** Recognize and respond to increased physical care needs and safety issues

2. Pain may intensify or change in nature
   **Actions:**
   - Be alert for S/S of increased pain
   - Non-verbal S/S of pain
   - Different words used for pain
   - Report changes in pain to Hospice RN

- **Note:** Pain medications need to be given even if patient is unresponsive because stopping them may cause the death to be uncomfortable.

3. Increased sleeping/decreased responsiveness
   - Increased sleep progression:
     - Increased sleep → decreased responsiveness → Very ↓ LOC/Coma
   **Actions:**
   - Keep environment quiet and peaceful
   - Remember patient can still hear
   - Encourage family to talk to their loved one
   - Speak to patient as if he can respond
   - Turn and reposition more often as patient may not move at all on his own
   - Keep patient warm
4. Decreased Oral Intake

Note: Patient has a right to refuse food, fluids and medications.
- Need for food and fluids decreases as body prepares itself for death
- Patient does not feel hunger
- Weight loss is expected

Actions:
- Honor patient's refusal
- Offer foods/fluids but do not insist
- If patient is on Hospice, standard of care is different in relation to oral intake
- Provide frequent oral care
- Reassure family that patient is not feeling hunger

5. Dehydration

- Caused by decreased oral intake
- Expected
- Dehydration will cause:
  - ↓ urinary output
  - ↓ secretions
  - ↓ chance of nausea / vomiting
  - ↓ pain
  - ↓ swelling of tumors / edema

Actions:
- Remember that dehydration at the end of life is normal and is not uncomfortable for the patient.
- Give frequent oral care
6. Decreased swallow reflex = increased risk of aspiration

**Actions:**
- Avoid feeding if patient chokes or cannot swallow well
- **Use Aspiration Precautions:**
  - Sit patient up high in bed before offering any food or fluids
  - Give only small amounts and be sure patient swallows before giving any more
  - Chin tuck, appropriate consistancy
  - Report any choking to Hospice RN

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7. Fever

Occurs because of dying process and disease progression that disrupts the temperature regulating mechanism in the brain.

**Actions:**
- Observe and report to Hospice RN (Tylenol may be given)
- Cooling measures:
  - Cool cloth on forehead — change often
  - Ice bags under arms / in groin area
  - Remove blankets
  - Avoid keeping patient too warm

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8. Increased Chance of Pressure Sores

\[\uparrow \text{disease} = \uparrow \text{weakness} = \downarrow \text{movement} = \downarrow \text{circulation to skin} = \text{skin breakdown}\]

PLUS

\[\downarrow \text{oral intake} = \downarrow \text{nutrition} + \uparrow \text{disease process} = \text{poor wound healing}\]

**Goal:** Prevent painful pressure sores from happening in the first place!
Actions:

- Turn patient every 2 hours
- Request an air mattress from Hospice
- Prop patient with extra pillows under arms and legs and behind back

  Note: If the patient does not look comfortable, he probably isn’t!

9. Constipation / Diarrhea

  Note: Some stool should appear even if patient stops eating

  Actions: - Accurately report BMs
  - Provide good peri-care
  - Protect skin with a moisture barrier cream

10. Incontinence of bladder/bowel

  Actions: - Timely peri-care will help to keep skin from breaking down
  - Apply moisture barrier cream

11. Hands and feet get cold and purple-colored

  - This occurs when circulation slows down to the extremities.
  - Mettling
12. Vital Sign Changes

Temperature = may ↑ or ↓
Blood Pressure = will ↓
Heart rate = will ↑ then ↓
Respiratory rate = may ↑ or ↓

13. Respiratory Changes

1. Respiratory congestion or "bubbling"
   Actions: Medications may be given
   - Position head on pillow to increase air exchange

2. Irregular Breathing
   - Rapid, shallow breathing
   - Cheyne-Stokes respirations
   - Apnea = may last 5-30 sec./min.

   Actions: Raise HOB up to ease breathing
   - Turn patient to his side
   - Reassure the family that this is normal for a person who is dying
Remember:

- Hearing is the last sense to go
- Always assume the patient can hear you
- Avoid talking about the patient over his bed
- Inform the family that their loved one can probably hear what they say

Death Procedures

- Call Hospice
- Call the family, if it is the policy of your facility
- Cleanse body, straighten out limbs
- Put on clean sheet and pillowcase
  - Do not cover head
- Neaten up around the bed if family is present or will be coming
- Role of Hospice Nurse:
  - Call Mortuary and Physician (and family)
  - Give order to release body after consulting with family
  - Support family and caregivers
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Post Test

1. Which of the following is a sign the patient is nearing death?
   a. Pink color in the hands and feet
   b. Increased socialization with family and staff
   c. Long pauses between breaths
   d. Increased appetite

2. Which of the following is not an Aspiration Precaution:
   a. Sitting the patient up high in bed prior to offering any food or fluids
   b. Giving large bites so the patient can get as much nutrition as possible
   c. Making sure the patient swallows each bite before offering another bite
   d. Observing for choking/coughing

3. Which of the following statements is TRUE about the end of life:
   a. It is the same for every patient
   b. Pain medications should be stopped when a patient is dying because he will not feel pain
   c. Hospice workers can accurately predict when a patient will die
   d. Death is a spiritual, emotional and physical experience

4. Mr. Smith is resting quietly in his bed but, when you try to turn him, he cries out in pain. Your best response is to:
   a. Ask his wife if she thinks her husband is in pain
   b. Wait until the nurse asks you about his comfort
   c. Do not try to turn the patient if turning causes pain
   d. Notify the nurse immediately

5. True or False:
   _____ Pressure sores are painful and can be avoided by repositioning the patient frequently.