

**NC Department of
Health and Human Services
NC Nurse Aide I Curriculum**

**Module W
End-of-Life Care and Death**

July 2024

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Objectives

1. Define death and end-of-life care
2. Describe stages of grief
3. Explore cultural differences in dealing with death and dying
4. Examine own feelings about end of life
5. Describe the nurse aide's role in end-of-life care

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Advance Care Planning




- Planning for future decisions about one's medical care
- The plans typically are determined if one becomes incapacitated or cannot speak for themselves
- Based on personal values, preferences, and discussions with loved ones

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Advance Directives

- Omnibus Budget Reconciliation Act of 1987 (OBRA)
- Patient Self-Determination Act (PSDA)
- Legal documents
 - Living will
 - Durable Health Care Powers of Attorney

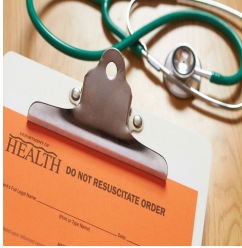


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Advance Directive – Do Not Resuscitate

- A medical order
- Healthcare professionals directed not to perform CPR if the person has no pulse and/or is not breathing
- Legally, the nurse aide must honor the resident's DNR order and not initiate CPR




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Palliative Care

- Type of care given to resident who are dying
- Purpose is to improve the quality of life for the person who is dying
- Provides comfort measures and pain management
- Preserves dignity, respect and choice
- Hospice care offers empathy and support for the resident and the family



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Nurse Aide's Response to Death

- Recognize and manage own feelings and attitudes toward death to support residents who are dying
- Various factors influence attitudes toward dying
- First encounters with death and dying can be frightening
- Seek support from coworkers when caring for residents who are terminally ill

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Environmental Needs of the Resident End-of-Life Care

- Keep environment as normal as possible
- Keep well lit and well ventilated
- Open drapes and door
- Play resident's favorite music



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Physical Needs of the Resident End-of-Life Care

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



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The Resident and Loved Ones Emotional and Psychological Needs End-of-Life Care




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End-of-Life Care – Culture

- Some cultures believe dying at home is preferable while others fear death at home
- Individuals from different cultures appreciate being asked about practices
- Nurse aide must not impose beliefs upon the resident



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End-of-Life Care – The Healthcare Team

- Staff and family may not be prepared for the actual moment of death
- Staff may be shocked or surprised
- Recognize variety of feelings and responses
- Listen empathetically
- Demonstrate a caring attitude
- Observe for changes in other residents
- Report and record appropriate information

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Signs of Impending Death

- Psychological and physical withdrawal
- Decreased level of alertness with increased periods of sleeping
- Body temperature rises
- Circulatory system shows changes in pulse and blood pressure
- Muscle tone diminishes
- Respiratory system shows signs of erratic breathing patterns
- Digestive system symptoms of nausea, vomiting, and incontinence
- Urinary system produces small amount of dark urine
- Sensory decline

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Signs of Death

- No pulse or heartbeat
- No respirations
- No blood pressure
- Eyelids may remain opened pupils are fixed and dilated
- No response when resident is talked to or touched
- Mouth may remain open
- May have bowel and bladder incontinence

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Exploring Responses to Death

- Death may be sudden and unexpected or expected
- An individual's reaction to death is based on personal, cultural, religious beliefs and experiences
- The nurse aide's feelings about death may affect the care given to the resident
- In long term care facilities, the nurse aide is often the caregiver closest to the resident
- A nurse aide's understanding of the dying process enables a care approach based on dignity and respect

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Stages of Grief

Dr. Elizabeth Kubler-Ross identified The Five Stages of Grief

- Each person experiences stages differently
- May not even pass through stages if death is fast or unexpected


A nurse aide's understanding of the stages allows for appropriate support, care, and assistance

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1st Stage - Denial

- The “no, not me” stage
- Begins when people are told of an impending death
- May refuse to accept diagnosis or discuss health prognosis
- May believe a mistake was made
- May act like it is not really happening



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2nd Stage - Anger


- The “why me” stage
- Expressions of rage and resentment
- Often upset by smallest things; lashes out at anyone
- Begins to face possibility of upcoming death
- May be angry because of the healthy lifestyle maintained
- Nurse aide may be the target of anger. Should not take expressions of anger personally

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3rd Stage - Bargaining

- The “yes me, but” stage
- Tries to arrange for more time to live to take care of unfinished business
- Bargains with doctors or a higher power
- Stage is usually private and spiritual



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4th Stage - Depression

- The “yes me” stage
- Begins the process of mourning; cries, withdraws from others
- May become weaker with worsening signs
- May lack the strength to do simple things
- May need additional assistance with physical care and emotional support
- Nurse aide needs to demonstrate understanding and willingness to listen

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5th Stage - Acceptance

- Reaching this stage does not mean death is imminent
- Has worked through feelings
- Begins to get affairs in order
- May make plans for the care of others and pets
- May plan the funeral
- May or may not make it to this stage before death

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6th Stage - Meaning



In 2019, Dr. Kubler-Ross' family granted David Kessler, a grief specialist, permission to add a sixth stage to her model of The Five Stages of Grief

The Sixth Stage is "Meaning"


- Relative and personal
- Takes time
- Does not require understanding

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Dealing with Grief – An Obituary

A notice of a death, in a newspaper or other media outlets, typically including a brief biography of the deceased person



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Postmortem Care

- Consult with nurse
- Provide privacy throughout the process
- Obtain a postmortem kit
- Wash hands and put on gloves
- Close the eyes
- Give a complete bed bath
- Dress the resident in a clean gown
- Place a pad in the perineal area
- Position body in supine position

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**Role of the Nurse Aide
Care of the Family**

- Provide a private place for family members
- Inquire if any specific person should be contacted
- Provide water or a beverage
- If family members visit with the deceased, provide privacy, and quietly close the door
- Show sincerity and compassion

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The End

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