



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

Module W End of Life Care

July 2019

Objectives

- **Describe the nurse aide's role in end of life care**
- **Describe cultural differences in dealing with end of life**
- **Examine own feelings about the end of life**

End of Life Care

Support and care provided during the time surrounding death

May last days, weeks, or months

- **Terminal illness – illness or injury that the person will not likely recover; a terminal illness ends in death**
- **Dying – the near end of life and near cessation of bodily functions**
- **Death – the end of life and cessation of bodily functions**
- **Post mortem care – care of the body after death**

Obituary

A description (typically placed in a local newspaper) of a resident's life written upon the death of the resident



Death

- **A natural conclusion to life**
- **May be sudden and unexpected or expected**
- **Resident's response to death based on personal, cultural and religious beliefs and experiences; affects motions and behavior**
- **Nurse aide's feelings about death affect care given**
 - **Is often the caregiver closest to the resident**
 - **Must understand the dying process and how to react and approach the resident with care, kindness, and respect**

Grief

- **Deep distress or sorrow over a loss**
- **The dying resident and family may pass through 5 stages of grief – Dr. Elizabeth Kubler-Ross**
- **Each person experience stages differently**
- **May not even pass through stages if death is fast or unexpected**
- **Nurse aide's role – understand stages; do not take anger personal; listen and be ready to assist**

1st Stage – Denial

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



2nd Stage – Anger

- **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, but must not take it personally**
- **The “why me” stage**



3rd Stage – Bargaining

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



4th Stage – Depression

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



5th Stage – Acceptance



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

Advance Care Planning



Choices about medical care the individual would want to receive if he/she suddenly became incapacitated and could not speak for his/herself

Advance Directive

- **Patient Self-Determination Act (PSDA)**
- **Omnibus Budget Reconciliation Act of 1987 (OBRA)**
- **Advance directive – legal documents that allow people to decide what kind of medical health care to have in the event they cannot make those decisions themselves**



Advance Directives Documents

- **Living will** – a document that outlines medical care a person wants or does not want in case the person cannot make decisions; must be written while resident is mentally competent or by resident's legal representative
- **Durable Health Care Power of Attorney** – a signed, dated, and witnessed legal document that appoints someone to make healthcare decisions for the person in the event he/she cannot do so



Do Not Resuscitate (DNR)

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



Physician Orders for Life-sustaining Treatment

- **Doctor's order stating what treatments are to be used when person is very sick**
- **Includes medical measures the resident wants to receive**
- **Based on conversations between the resident and the doctor; decisions become medical orders**



Hospice Care

- **Health care agency or program for people 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**
- **Offers empathy and support for the resident and the family**



Palliative Care



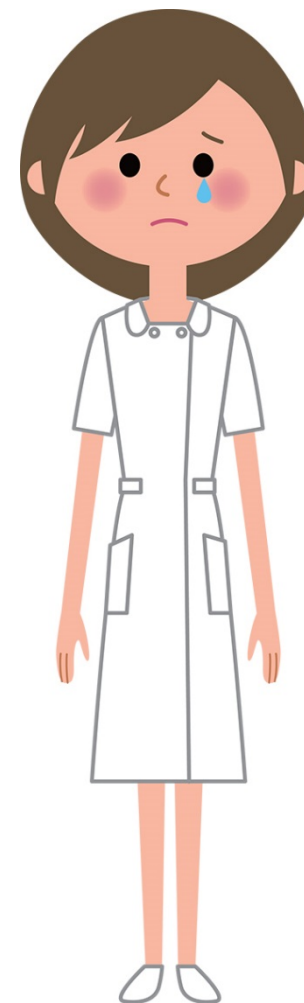
End of Life Care – Importance

- **Most people die in hospitals or long-term care facilities**
- **Nurse aide's feelings about death affect care given**
- **A caring, kind, and respectful approach helps the resident and family**



End of Life Care – Nurse Aide’s Feelings

- **Must recognize and deal with own feelings and attitudes toward death in order to support residents who are dying**
- **Many factors influence attitudes**
- **First encounters with death and dying can be frightening**
- **Can use co-workers as support system for dealing**



Environmental Needs of the Resident

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



Physical Needs of the Resident



- **Positioning**
- **Cleanliness**
- **Mouth and Nose Care**
- **Nutrition**
- **Elimination**

Emotional and Psychological Needs



End of Life Care – Culture and Religion

- **Provide framework which personal experiences with death take on meaning**
- **Personal experiences, culture, religion, and age influence individual beliefs that may differ from nurse aide's**
- **Nurse aide must not impose beliefs upon the resident**
- **Important for team to provide respectful care to resident**
- **Individuals from different cultures appreciate being asked about practices**

End of Life Care – Cultural Variations

Some cultures believe dying at home is preferable while others fear death at home



Feelings and Responses

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

Impending Death

- **Psychological and physical withdrawal**
- **Decreased level of alertness, with increased periods of sleeping**
- **Body temperature rises**
- **Circulatory system fails**
- **Respiratory system fails**
- **Digestive system – slows down**
- **Urinary system – changes**
- **Muscle tone - diminishes**
- **Sensory – sensory perception decline**

Death – What to Look for

- **No pulse/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**
- **Notify the nurse immediately**

Postmortem Care – Nurse Aide’s Role

- **Defined – care of the body after death; begins when resident is pronounced dead**
- **Consult with nurse**
- **Within 2 to 4 hours after death, rigor mortis develops**
- **Sounds may be heard**
- **Wash body and comb hair**
- **Put on gown and cover perineal area with a pad**
- **Position body in supine position, legs straight and arms folded across abdomen with one pillow under head**

Nurse Aide's Role – Care of the Family

- Show family members to a private place to sit
- Inquire if there is anyone that they would like called
- Provide water or a beverage
- If family members would like to visit with the deceased, provided privacy and close door quietly
- Nurse aides respond differently to the death of a resident
- What to say? Key is to be sincere and to understand that a simple, “I’m sorry” is enough

