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