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
  o Is often the caregiver closest to the resident
  o 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 experiences 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