



Fundamentals of End of Life Care

End of Life Care Education Team
Oct 2022



This session covers

The dying patient

- Recognising someone is approaching end of life
- Priorities for the care we give
- Caring for patient's family

Managing common symptoms at end of life

- Pain
- Breathlessness
- Nausea and vomiting
- Respiratory secretions
- Assessment and when to seek advice

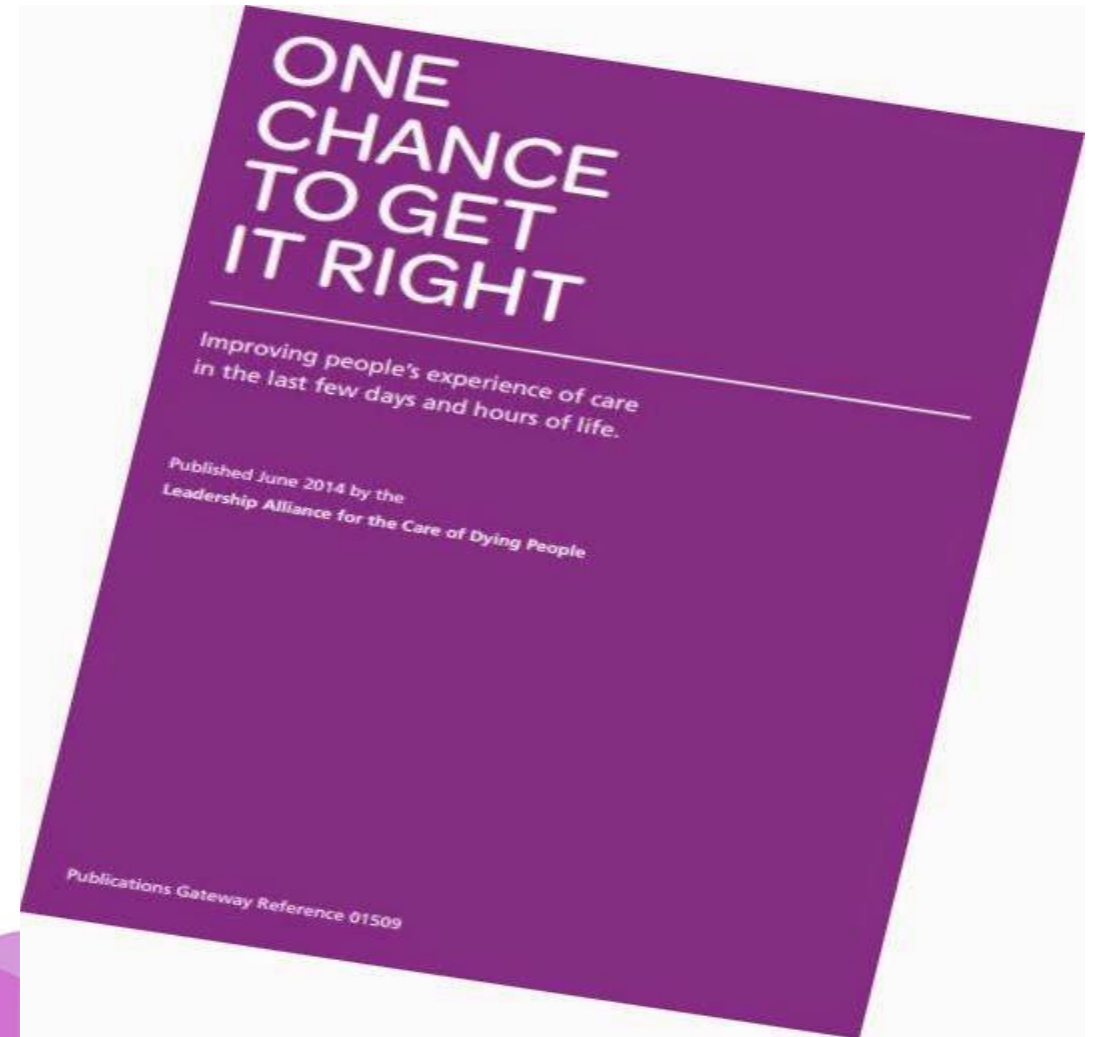
Why is End of Life Care Important?

- The most important question we ask our patients and families is.....

“What matters to you?”

Ambitions for Palliative and End of Life Care:

A national framework for local action 2021-2026



A Good Death

“Free from avoidable distress and suffering for patient, family and caregivers, in general accord with the patient’s and family’s wishes, and reasonably consistent with clinical, cultural and ethical standards.”

Focus of care:



We cannot provide the best end of life care unless we have:

Timely recognition of dying

Timely conversations with patient and family

Timely symptom control

What matters to you?



Communication Tips



93% of communication is non verbal

Introduce yourself – ensure they have ward contact details

Keep eye contact, body posture

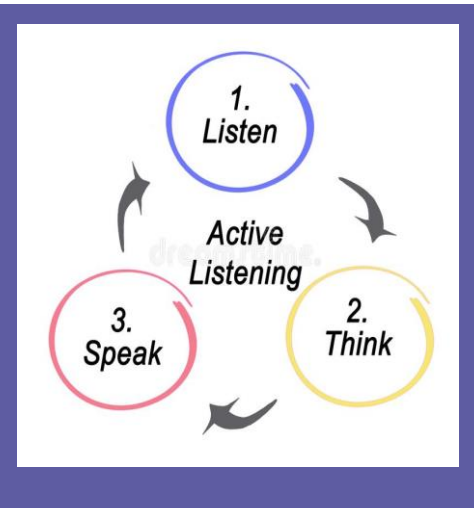
Be aware of facial expressions

Gestures



Ask directly if carers have any questions, worries or concerns

If you don't feel you can answer a question find someone who can



Active Listening

Ask how they are – any specific needs

Open and honest



Provide information and explanations about care being given and ask if any specific wishes patient may have

Support for NH residents and carer's



Local church/ chaplain support



Religious beliefs



Volunteers?



Spirituality



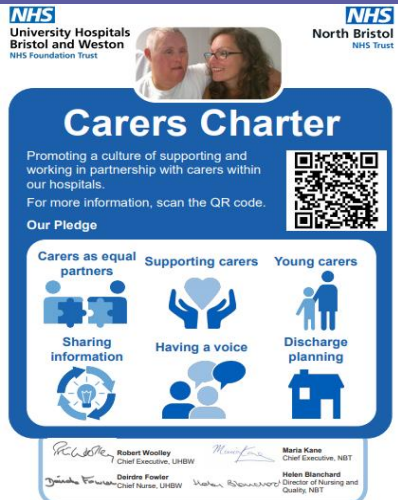
Carer support



Mementos



Carer beds if able to stay



Offering drinks and meals from trolley on the ward



Macmillan cancer support

Recognising dying



Indicators of Deterioration- days to weeks

- Physical weakness
- Sleeping more or may become drowsy
- Less able to communicate
- Reduced oral intake of diet and fluids
- Changes in appearance- skin tone, colour, oedema
- More GP calls and visits

In later stages – days to hours

- Changes in breathing
- Cool, mottled peripheries

Common Symptoms



PAIN

Verbal/non-verbal.

Use of opioids &
neuropathic medication.
Non pharmacological

E.g Morphine, Fentanyl, Oxycodone



BREATHLESSNESS

Fan, fresh air, positioning

Oxygen, opioid and
benzodiazepine's



AGITATION

Restlessness. Rule out
pain, urinary retention,
constipation.

Anxiety

E.g Lorazepam,
Midazolam

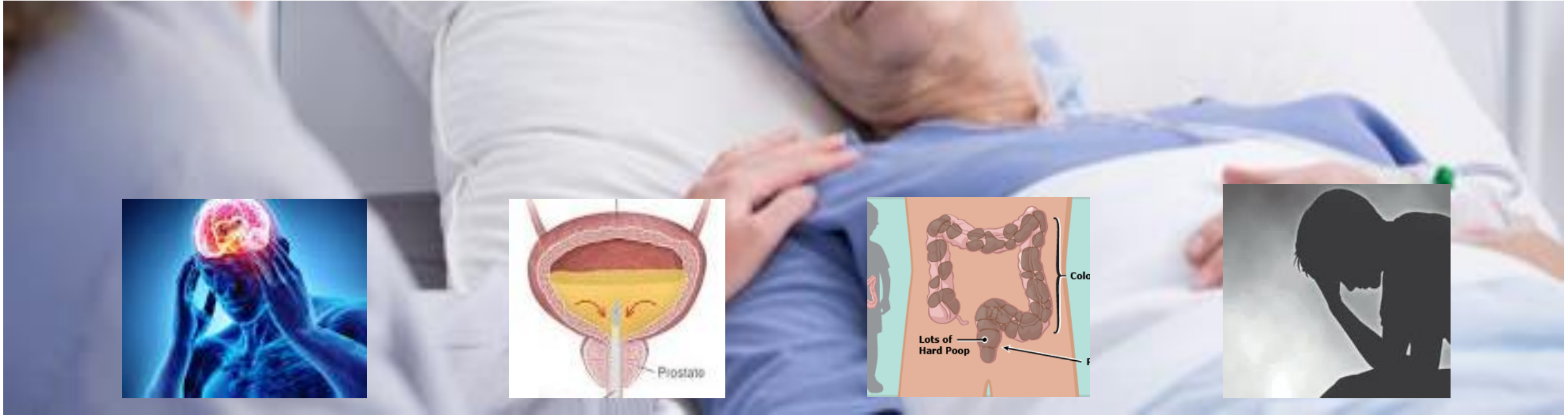


RESP SECRETIONS

Positioning patient head
up. Explanation to carers

E.g Hyoscine
Butylbromide

Terminal Agitation - The 4 P's for Assessment (5)



Rule out pain

Urinary retention
common at end of
life

Constipation
common at end of
life

Psychological distress

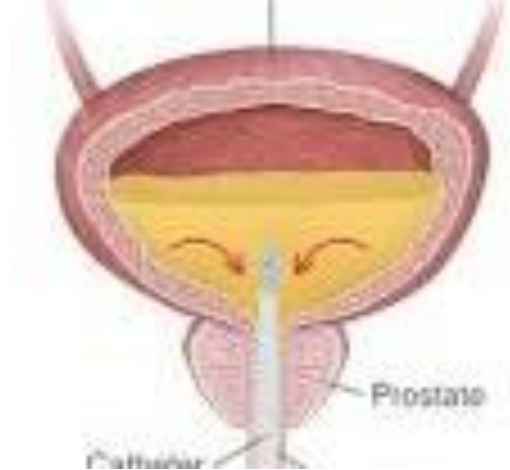
5th – prosecco - ETOH

Symptoms



NAUSEA & VOMITING

Find cause . Treat with antiemetics



URINARY RETENTION

Is patient agitated or in pain?

. Bladder scan +/- catheter



CONSTIPATION

Is patient agitated or in pain?

PR +/- suppositories



SEIZURES

Is your patient a known epileptic can they take oral medications?

Monitoring Symptoms

Symptom Observation Chart

Date ____/____/____

To be used in conjunction with Caring for Patients at End of Life or when the use of standard NEWS observation chart is no longer appropriate.

If the patient is alert and orientated, ask them the following and initial the relevant box:

Complete every hour

Call doctor/SNP for
2 consecutive Red or
Amber scores

Attach ID label here
or insert name and
MRN number.

	00:___	01:___	02:___	03:___	04:___	05:___	06:___	07:___	08:___	09:___	10:___	11:___	12:___	13:___	14:___	15:___	16:___	17:___	18:___	19:___	20:___	21:___	22:___	23:___
Are you in PAIN? [If patient unable to rate severity of pain, look for non-verbal indicators. Patient may indicate pain by restlessness, moaning, grimacing particularly when giving care or turning patient]																								
Severe (7-10)																								
Moderate (3-6)																								
None/Mild (0-2)																								
Do you feel SHORT OF BREATH? [If patient cannot tell you, observe for increased work of breathing]																								
Respiratory rate																								
Distressing																								
Not Distressing																								
Do you feel DISTRESSED or FRIGHTENED? [If patient cannot tell you, involve carers and your observations of agitation levels]																								
Severe																								
Moderate																								
None/Mild																								
Do you feel SICK? [Has the patient had any nausea or vomiting?]																								
Severe																								
Moderate																								
None/Mild																								
How does your mouth feel? Is it CLEAN and MOSIT? [If patient cannot tell you, look at condition of mouth]																								
No																								
Yes																								
Are RESPIRATORY SECRETIONS audible?																								
Severe																								
Moderate																								
None/Mild																								

SEVERE /MODERATE symptoms (Take Action)

- Look for reversible causes
- Consider non-pharmacological treatment
- Give medication for symptom and document on Symptom Observation Record on reverse of this chart and review regularly until mild/none

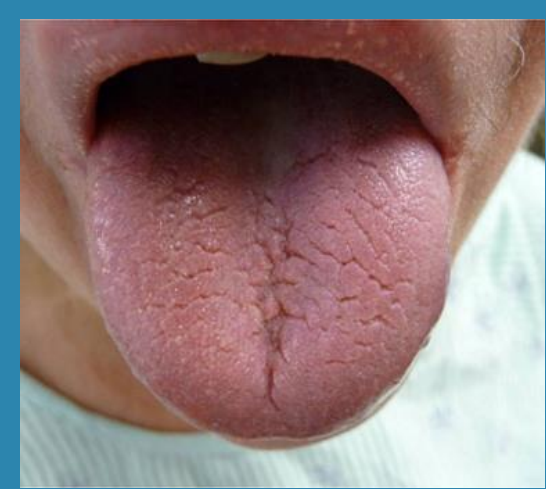
MILD or no symptoms

- No intervention required
- "Is there anything else I can do for you while I'm here?"

If any symptom scores in red or amber,

- first attend to patient
- then complete chart overleaf to record time, symptom, severity and action taken

Mouth Care



Dry mouth

Xerostomia



Debris in mouth

Dried secretions
Food



**Oral candidiasis
(Thrush)**

Fungal infection of the
mucosa



Oral mucositis

Chemotherapy/Radiotherapy
induced

Items you will need



Care bundles

4 Name: _____

24 Hourly Round Sheet

Unit: _____

No. / Bed: _____

Admission Date/Time: _____

Discharge/Transfer Date/Time: _____

Round every hour 06:00 – 22:00


	Initial	Initial	Initial	Initial	Initial	Initial	Initial
06:00							
07:00							
08:00							
09:00							
10:00							
11:00							
12:00							
13:00							
14:00							
15:00							
16:00							
17:00							
18:00							
19:00							
20:00							
21:00							
22:00							

Round every 2 hours 24:00 – 6:00








Date	Time	Initial	Initial	Initial	Initial	Initial	Initial
24:00	02:00						
24:00	04:00						
24:00	06:00						

The GPs shall be addressed on each round:

- P: Pain
- P: Position
- P: Peripheral Intravenous Site
- P: Personal Hygiene
- P: Personal Equipment
- P: Personal Equipment
- P: Presence and Promise to return back





Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces

Prescription and Blood Glucose Monitoring Chart
 An additional chart being the original prescription. (Please see example below)

Patient Information:
 Name: David
 Date: 12/1/2012
 Address: 1234 Main St, Anytown, CA 90210
 Phone: (555) 123-4567
 Email: david@example.com
 Doctor: Dr. John Doe
 Nurse: Mrs. Jane Smith
 Pharmacist: Mr. Bob Johnson

Medication:
 Name: Insulin
 Dose: 10 units
 Frequency: BID
 Route: Subcutaneous
 Brand: Humalog
 Lot: 123456789
 Expiration: 12/31/2013
 Cost: \$100.00
 Total: \$100.00
 Balance: \$0.00

Blood Glucose Monitoring:

Date	Time	Glucose (mg/dL)	Notes
12/1/2012	07:00	120	
12/1/2012	08:00	110	
12/1/2012	09:00	100	
12/1/2012	10:00	90	
12/1/2012	11:00	80	
12/1/2012	12:00	70	
12/1/2012	01:00	60	
12/1/2012	02:00	50	
12/1/2012	03:00	40	
12/1/2012	04:00	30	
12/1/2012	05:00	20	
12/1/2012	06:00	10	
12/1/2012	07:00	0	
12/1/2012	08:00	10	
12/1/2012	09:00	20	
12/1/2012	10:00	30	
12/1/2012	11:00	40	
12/1/2012	12:00	50	
12/1/2012	01:00	60	
12/1/2012	02:00	70	
12/1/2012	03:00	80	
12/1/2012	04:00	90	
12/1/2012	05:00	100	
12/1/2012	06:00	110	
12/1/2012	07:00	120	
12/1/2012	08:00	130	
12/1/2012	09:00	140	
12/1/2012	10:00	150	
12/1/2012	11:00	160	
12/1/2012	12:00	170	
12/1/2012	01:00	180	
12/1/2012	02:00	190	
12/1/2012	03:00	200	
12/1/2012	04:00	210	
12/1/2012	05:00	220	
12/1/2012	06:00	230	
12/1/2012	07:00	240	
12/1/2012	08:00	250	
12/1/2012	09:00	260	
12/1/2012	10:00	270	
12/1/2012	11:00	280	
12/1/2012	12:00	290	
12/1/2012	01:00	300	
12/1/2012	02:00	310	
12/1/2012	03:00	320	
12/1/2012	04:00	330	
12/1/2012	05:00	340	
12/1/2012	06:00	350	
12/1/2012	07:00	360	
12/1/2012	08:00	370	
12/1/2012	09:00	380	
12/1/2012	10:00	390	
12/1/2012	11:00	400	
12/1/2012	12:00	410	
12/1/2012	01:00	420	
12/1/2012	02:00	430	
12/1/2012	03:00	440	
12/1/2012	04:00	450	
12/1/2012	05:00	460	
12/1/2012	06:00	470	
12/1/2012	07:00	480	
12/1/2012	08:00	490	
12/1/2012	09:00	500	
12/1/2012	10:00	510	
12/1/2012	11:00	520	
12/1/2012	12:00	530	
12/1/2012	01:00	540	
12/1/2012	02:00	550	
12/1/2012	03:00	560	
12/1/2012	04:00	570	
12/1/2012	05:00	580	
12/1/2012	06:00	590	
12/1/2012	07:00	600	
12/1/2012	08:00	610	
12/1/2012	09:00	620	
12/1/2012	10:00	630	
12/1/2012	11:00	640	
12/1/2012	12:00	650	
12/1/2012	01:00	660	
12/1/2012	02:00	670	
12/1/2012	03:00	680	
12/1/2012	04:00	690	
12/1/2012	05:00	700	
12/1/2012	06:00	710	
12/1/2012	07:00	720	
12/1/2012	08:00	730	
12/1/2012	09:00	740	
12/1/2012	10:00	750	
12/1/2012	11:00	760	
12/1/2012	12:00	770	
12			

When would you consider using a syringe pump?



- Inability to swallow oral medication
- Persistent nausea and vomiting
- Poor alimentary absorption
- Multiple SC PRN usage for uncontrolled symptoms
- When a patient is dying and is symptomatic

What are the benefits and disadvantages of using a syringe pump

- PROs
- Provides stable plasma levels of analgesia without peaks and troughs of intermittent analgesia
- Reduces the need for PRN injections thus increasing patient comfort
- Provides effective relief for distressing symptoms
- It is small and can be carried to enable mobilisation



- CON's
- Inflammation or infection at cannula sites
- Patient may become dependent on this route and fear symptoms returning if they start taking oral medication again
- Needs to be set up by trained staff
- Safety when two pumps in use



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Escalating if uncontrolled symptoms

- Patient not settled despite PRN's
- Pattern over number of hours symptoms difficult to manage
- Out of hours advice line – St Peters
- On call GP service

Any Questions

