

# Tanner Hospice Care Home Chart

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# Tanner Hospice Care Patient Care Team

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Volunteer Coordinator

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## **Nursing Staff**

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## **Certified Nurse Assistants**

Becky Grizzard, CNA

Latrankie Wyatt, CNA

# **Tanner Hospice Care**

## **Part of Tanner Health System**

Tanner Hospice Care understands that, although it is a great comfort for the patient and family to have this time at home in familiar and loving surroundings, it can also be a time of great stress. Your patient care team works to support the patient and his or her loved ones through this time, providing medical, spiritual and emotional support on a routine basis and as needed.

As the dying process progresses, caregivers can begin to feel overwhelmed and in need of additional support. When this occurs, your hospice team will assess the patient's condition and the caregivers' and family's needs. A variety of options will be discussed with the caregivers to ensure the best support that hospice can provide is available. All decisions will consider the patient's and the family's wishes.

At Tanner Hospice Care, we appreciate the trust you have placed in us to assist you in caring for your loved one during this difficult time. We are committed to providing quality, compassionate care for the patient and his or her loved ones alike.

This Tanner Hospice Care Home Chart is designed to provide practical information to help you and your family deal with a life-limiting condition. We've included information that we hope will be useful to you. If you have any questions, please call our office at 770.214.2355 or ask any member of the Tanner Hospice Care patient care team.

# Tanner Hospice Care Hours

Tanner Hospice Care office hours are Monday through Friday, 8 a.m. to 5 p.m., and an after-hours call service is available for weekends and nights. You may call the Tanner Hospice Care office at 770.214.2355 at any time for any questions or problems.

We will work closely with your physician to obtain orders and treatments that you will need to provide for your health care. Your registered nurse case manager will work with you to establish a visit schedule in accordance with the physician's orders and you and your family's needs.

If you ever feel that you have an immediate health question or need that arises between scheduled visits, please do not hesitate to contact us.

## **After Hours, Weekends and Holidays**

Your needs don't acknowledge regular workday hours, and neither do we. Our team is here to help anytime, night or day, weekends or holidays.

Call our office at 770.214.2355 to reach our automated answering line. Leave a message to page our on-call nurse, who will respond to you within 15 minutes. If you do not receive a call back, please call again and leave another message; there are occasions that our nurses are with patients and cannot return the call or are in poor cell reception areas that delay your message from going through.

If you have not received a return call within 15 minutes of the second call, please call Tanner Health System's main switchboard at 770.812.9666 and ask the operator to page Sharon Moody, RN, the administrator for Tanner Hospice Care.

## Scope of Services

Tanner Hospice Care provides care for patients with a life-limiting disease.

Our patients and their loved ones have decided to focus on managing pain, symptoms and medical needs. Tanner Hospice Care's staff assist with activities of medical services, daily living, pain control, symptom management, skin care, nutrition and hydration, limited homemaker services, transportation services (when no alternative is available), physical/speech/occupational therapy, companionship, emotional and healthcare support, and bereavement services based on patient and family needs.

Psychological and social work services are provided directly to assist the patient and his or her loved ones in coping with emotional, psychological and social issues associated with the dying process. Frequently, we deliver home visits from registered nurses, licensed practical nurses, certified nursing assistants, social services, pastors and volunteers to assist in end-of-life care. Conferences with the interdisciplinary team are held at regular intervals.

Tanner Hospice Care serves all growth and developmental stages. Historically, our patients have primarily included adult and elder adult patients.

Staffing is managed by the Tanner Hospice Care administrator and includes the physician, registered nurse, licensed practical nurse, social worker, bereavement counselor, chaplains, volunteers, home health aides, speech therapists, physical therapists, occupational therapists and dieticians.

The patient care team communicates among themselves using oral and written communications, team conferences and the patient's personal, private medical record.

## **Policy, Philosophy and Objectives**

Tanner Hospice Care recognizes death as a normal process. Our team works not to hasten nor postpone death, but to affirm life.

Hospice exists in the hope and belief that — through appropriate assistance from a caring community sensitive to their needs — patients and families may be freed from some of the burdens at this time of life and use their days for fellowship with each other to enjoy a degree of mental, emotional and spiritual preparation for death.

Derived from a medieval word for a place of shelter on a difficult journey, hospice has become synonymous with a program of compassionate care for those in the final stages of life's journey. Supportive services are provided by an interdisciplinary team of professionals and volunteers, usually in the patient's home. The team at Tanner Hospice Care provides a caring environment in which to:

- Promote the physical, emotional, social and spiritual well-being of terminally ill patients and their families
- Provide personalized palliative and supportive services, emphasizing the comfort of the patient and family
- Offer bereavement services before and after the death of a patient
- Reduce the financial burden of traditional care for the terminally ill

# Tanner Hospice Care Team Roles

*Please note that all Tanner Hospice Care team members and volunteers will have a Tanner-issued identification badge.*

## **Attending Physician**

The attending physician is the doctor who referred the patient to Tanner Hospice Care and has agreed to remain the patient's primary physician. This is the physician who writes the orders that the hospice team follows.

## **Medical Director**

The medical director is a licensed physician who provides advice and direction to the hospice team and consults with the patient's attending physician when requested. This doctor is available in the event the attending physician is unable to continue in his or her role.

## **Registered Nurse**

An admission nurse (or registered nurse) will visit the patient to make an initial assessment of the patient's physical, emotional and spiritual needs. A primary nurse/case manager (also a registered nurse) will then make visits to the patient's home to monitor pain management, symptom control and perform skilled nursing procedures at least once a week. Hospice nurses work with other members of the hospice team, the patient and family to develop a personal plan of care. The registered nurse may be reached 24 hours a day, seven days a week, by calling the main Tanner Hospice Care phone line at 770.214.2355.

## **Licensed Practical Nurse**

A licensed practical nurse (LPN) will visit the patient's home to monitor pain management, symptom control and perform skilled nursing services. The licensed practical nurse works under the supervision of the registered nurse.

## **Medical Social Worker**

Tanner Hospice Care social workers are skilled professionals who assess what will be most helpful and beneficial to both the patient and family members. Recognizing the unique traditions and circumstances of each family, the social worker will counsel and reinforce the strengths of family members and assist with day-to-day coping during stressful periods. The social worker also provides suggestions regarding helpful resources available in the community.

### **Certified Nursing Assistants**

The certified nursing assistant provides care for the patient, such as bathing, shaving, linen changes and oral hygiene. These services are provided under direct supervision of the patient care coordinator.

### **Bereavement Counselor**

Tanner Hospice Care's bereavement counselor is a behavioral health professional who specializes in helping people through the bereavement process. The bereavement counselor organizes and leads several programs available to those whose loved one has received care from Tanner Hospice Care.

### **Other Specialized Team Members**

Nutritional counseling, as well as speech, physical and occupational therapy consultations, are available according to patient needs.

### **Are We Fulfilling Your Needs?**

Our team of healthcare professionals strive for excellence in every patient encounter. If there's a team member who is not meeting your expectations — or if you have any other concerns or issues with the professionals serving you — please call Tanner Hospice Care at 770.214.2355 and ask to speak to the administrator or the director.

## Spiritual Care

In order to care for the whole person, all needs must be met: physical, psychological, social and spiritual.

The management of spiritual concerns at the end of life can be as important as administering medications for comfort. Some of the primary concerns of patients with life-limiting illness are spiritual questions related to the meaning and purpose of life: “Why is this happening?” “What do I believe?” “How can I have hope?” The knowledge that one may soon die demands we explore our own beliefs.

Religion and spirituality are often confused. Spirituality encompasses people who are religious and have connections to a faith tradition, as well as people who do not perceive themselves as religious at all. A person can be both spiritual and religious. For others, spirituality is reflected in many other ways, such as love of family, gardening, art or the wonder of nature. Spirituality is the deep inner essence of who we are. Because of this, we each experience spiritual needs even if we don’t consider ourselves to be a religious or “spiritual” person.

Spiritual care throughout the end of life journey affords individuals and their loved ones the opportunity to reflect on personal beliefs, relationships and life choices. Spiritual care staff, if requested, provide support and an objective, listening presence as one considers questions about the purpose of life, suffering, the need for forgiveness and the progressive losses that accompany a life-limiting illness. Tanner Hospice Care is not connected with any religious group — we respect the cultural traditions of the diverse range of backgrounds among our patients. Our team will also assist patients in contacting their own faith-based organizations or clergy of their choice.

# Volunteers

Tanner Hospice Care volunteers are men and women of all ages, backgrounds and talents who bring their love and the commitment to care for hospice patients and their loved ones. Volunteers are integrated into the care system and offer an invaluable service. They are there because they care.

Tanner Hospice Care volunteers are a unique group of community members who understand — often intimately — the important work that hospice does to help people live with dignity and compassion. For many, sharing their time and talents through Tanner Hospice Care is a meaningful way to give back to the community, support their neighbors and help patients and loved ones alike.

Volunteers frequently serve by:

- Visiting a patient as a friend
- Providing respite to caregivers
- Escorting a patient to appointments
- Helping with an outing
- Running errands
- Providing transportation
- Performing light housework or yardwork

All Tanner Hospice Care volunteers complete a training program. Volunteer assignments are made to coordinate the needs of the patients and families with the abilities and interests of the volunteers. Volunteers also serve in the Tanner Hospice Care office, assisting with day-to-day clerical operations.

You may call the Tanner Hospice Care office at 770.214.2355 to speak with the volunteer coordinator or notify a Tanner Hospice Care team member that you may need a volunteer's services.

# Planning Ahead

The following topics are included as a reference. Some patients and families choose to plan ahead to make a difficult time a little easier. The following is information you may want to consider as part of your planning.

## **Bereavement Care**

Hospice care does not end when the patient dies. The hospice care bereavement program assists the family in coping with their loss and aims to reduce the pain of grieving for the surviving friends and loved ones.

Included in this program are:

- Visits, phone calls and cards from the hospice care staff
- Bereavement support group services
- A lending library, offering uplifting and informative books
- Memorial services for family and friends of hospice patients

Tanner Hospice Care provides bereavement care services to families for one year following the death of a loved one. We recognize that readjustment from loss takes time and requires support and understanding.

## **Advance Directives**

Life-limiting illnesses may take away a person's ability to make healthcare decisions on his or her own. However, decisions still have to be made, and if a patient cannot make his or her own choices regarding care, someone else must. It can be difficult for a family to know what to do in their loved one's interest. Patients may consider taking steps now to control these decisions so that their own wishes are respected by completing an Advance Directive.

Advance directives let others know your wishes for treatment if you are unable to make decisions for yourself.

Tanner Hospice Care complies with the Patient Self-Determination Act of 1990, which requires us to:

- A. Provide you with written information describing your rights to make decisions about your medical care;
- B. Clearly note advance directives in your medical record and inform all staff;
- C. Comply with requirements of state law and court decisions with

- respect to advance directives; and
- D. Provide care to you regardless of whether or not you have completed an advance directive. However, terms of the document cannot be followed until a copy is supplied.

An Advance Directive is a document written and signed when a person is considered to be competent to make their own decisions. It states your choice about treatment and may name someone to make treatment choices if you cannot. The hospice social worker will discuss Advance Directives with you.

# Coping Through the Hospice Experience

## **The Purpose of In-home Hospice Care**

Hospice care is not aggressive, invasive or technological in its orientation — it is comfort-oriented care. The term often used to describe this kind of care is “palliative.” Palliative care covers the comprehensive needs a person with a life-limiting illness so he or she can establish the highest degree of comfort, peace and dignity that is possible.

## **Emotional Stress**

Caring for a dying person can be the most challenging task you ever encounter. It may be one of the most rewarding, as the simplest measures can often be the most comforting.

The physical and emotional needs of the patient are interrelated and very important. Emotional stress arises from the fears associated with the life-limiting illness and the difficulties of expressing these feelings with others in an honest way. When such feelings are repressed, this reinforces the patient's sense of isolation and abandonment. The patient needs to be encouraged to express his or her feelings honestly and to be accepted — not contradicted, judged or belittled.

## **Communication**

A common theme present when dealing effectively with stress and pain is the value of honest and careful communication. Communication without honesty cheats everyone because it only continues the pretense and isolation at a time when everyone needs each other in a significant way. Articulation of the truth without care and concern only adds to the pain rather than relieving it. An atmosphere of support is created when one attempts to express feelings, beliefs and thoughts without attacking, trying to change or belittle the other person.

## **Psychological Discomfort**

Psychological discomfort arises from the diminishing of self as one's life — without choice — is changed, limited, altered and made dependent upon others to meet basic and essential needs. The patient needs very much to be "in control," to exercise whatever choices can be made, and to have those choices respected and accepted.

**Spiritual Concerns**

Spiritual concern arises from the challenges and tensions the life-limiting situation creates with personal religious ideas, beliefs, assumptions and practices. Anger due to the unfairness of the situation or a sense of dread over things from the past may require release and resolution, which occur when understanding and support are offered.

**Financial Stress**

Financial stress arises from concerns generated by a long-term illness and its financial impact. Extensive and intensive hospitalization, medical costs and the cessation of gainful employment can create tremendous stress for the patient and his or her family. Some patients may experience guilt because of the ways in which the illness has limited family resources.

**Funeral Arrangements**

Most patients have ideas and preferences concerning the kind of funeral arrangements they want. Many people have even purchased cemetery lots or made arrangements with a funeral director. A member of the Tanner Hospice Care team will discuss these desires to ensure the patient's wishes are known and honored. If these options have not been pursued, the hospice team will be happy to assist in any way.

# Levels of Care

There are four levels of care into which each day of care is classified.

## **Level 1: Routine Home Care**

Routine home care is the level of care for each day the patient is at home under the care of hospice. This level covers:

- Individual case management and coordination of care by a registered nurse
- Intermittent nursing in the home with the nurse visiting as often as required for the proper management of care for the patient and loved ones
- Social work support services
- Spiritual counseling and support coordinated by the patient's own clergy person or a hospice chaplain
- Certified nursing assistants (CNAs), who assist the family in the provision of personal care
- Durable medical equipment and all medical supplies needed for patient care
- All medications and pharmaceuticals necessary to provide comfort and palliation of the terminal illness
- Speech, physical, occupational and respiratory therapy services as appropriate
- Nutrition counseling

The following are also considered routine home care:

- If the patient is in the hospital for a condition unrelated to the terminal illness
- If the patient is in a hospital that is not contracted with Tanner Hospice Care
- If the patient is receiving outpatient services in the hospital

## **Level 2: Continuous Home Care**

Continuous home care is to be provided only during a period of crisis — a short-term period in which a patient requires extra hospice team support, predominately to achieve relief or management of acute symptoms in the home. Tanner Hospice Care must provide a minimum of eight hours of care during a 24-hour period. Although hospice care in the home is ideal, there are times when inpatient hospice services are necessary to treat acute physical symptoms and provide temporary relief for caregivers.

**Level 3: Inpatient Respite Care**

Inpatient respite care is provided to patients whose caregivers are exhausted and need rest, or respite. Hospice continues to provide care and services according to the patient's plan of care while in an approved facility. Hospice is the professional manager of the patient's care despite the physical setting of the care or the level of care. Respite care is limited to five days at a time.

Ask a Tanner Hospice Care team member if you believe respite care is appropriate for you.

**Level 4: General Inpatient Care**

General inpatient level of care is for each 24-hour period on which the patient is in an approved inpatient facility and is receiving services related to the terminal illness. General inpatient care is a short-term level of care provided to patients who require procedures for pain control or for symptoms that are too acute or chronic to be managed at home. Some examples of situations appropriate for short term general inpatient care include medication adjustment, observation or stabilizing treatment.

# Home Nursing Care

Caring for a dying person can be the most challenging task you ever encounter. It may also be one of the most rewarding, as the simplest measures can often be the most comforting.

The physical and emotional needs of the patient are inter-related and very important. Keep in mind that little things may become very important. Try to imagine what it would take to make you more comfortable in any given situation and then apply that to the patient.

- Encourage and allow the patient to do as much for him/her as possible and to remain as independent as possible.
- Just because a patient is terminally doesn't mean he or she doesn't care about personal appearance — the need to "look nice" is still very real.
- Help keep the environment neat and tidy by putting equipment away after use, emptying the bedpan promptly, etc.

In addition:

- Be careful about smoking around the patient.
- Be careful in using strong aftershaves, perfumes, hair sprays, etc. — they may be nauseating to a person who is very ill.
- Never hesitate to report to the hospice nurse any changes in the symptoms or general condition that you notice while giving care to the patient.

Below are some home nursing care guidelines to offer support and provide comfort to the patient.

## Pain

Not everyone who lives with a life-limiting illness experiences pain, and total elimination of pain is not always a realistic goal. Tanner Hospice Care does work toward reducing pain to its lowest level possible and maintaining it there. When pain is chronic, it is always accompanied by some or all of the following symptoms:

- Fear of pain to come
- Anxiety
- Depression
- Lack of sleep
- Lack of appetite
- Frustration
- Guilt

Remember, even the best medication therapies, without emotional and spiritual support, are rarely effective.

- Be positive in your approach and assure him/her that we are working to control discomfort.
- Reinforce the necessity for taking medications regularly.
- Observe what precipitates or relieves pain. Share your observations with the hospice nurse.
- Encourage adjuncts to pain relief such as relaxation, comfort measures, distraction and rest.

### **Constipation**

Difficulty in passing stool is a frequent complaint of patients with a life-limiting illness. Constipation can be caused by medications, inactivity, lack of adequate fluid intake and decreased diet. Encourage the patient to:

- Include fruits, vegetables and foods high in fiber such as whole grain cereal and bran in the diet.
- Drink plenty of liquids.
- Change positions frequently.
- Set aside a time to sit quietly on the commode.
- Take laxatives or stool softeners as prescribed.

Report any complaints of constipation to your hospice nurse.

### **Nausea**

In most cases nausea can be controlled or eliminated. Often, physicians order anti-nausea medications that are effective at providing relief. These suggestions may help:

- Offer small, frequent meals high in calories
- Provide high-protein, cold foods that are better tolerated and avoid foods with strong odors
- Offer a pleasant, cheerful atmosphere at meal times
- Prevent constipation
- Provide frequent oral hygiene

## **Dry Mouth**

Dry mouth can be caused by medications and dehydration. The mouth and tongue can become very sore. The following remedies can help relieve this discomfort:

- Offer fluids frequently
- Encourage good oral hygiene
- Offer ice chips and lemon drops
- Keep lips moist with Vaseline

## **Restlessness and Confusion**

The development of restlessness and confusion can be disturbing to you and your loved one alike. There can be a variety of causes — including medications, pain, lack of oxygen to the brain, psychological problems and others. You should report this to your hospice nurse. You can:

- Encourage reality organization using clocks, calendars and the repeated identification of familiar people
- Keep the light on at night
- Encourage relaxation techniques
- Use comfort measures, including back rubs and repositioning
- Sit quietly with the patient
- Avoid overstimulation

Patient safety should always be maintained by the following:

- Use of side rails on bed when available
- Do not allow patients to smoke unattended
- Keep the patient area well-lit
- Do not leave the patient unattended

## **Shortness of Breath**

Breathing difficulties are uncomfortable and frightening to the patient. Treatment may include medications and oxygen therapy. You can also help by:

- Offering emotional support and staying calm
- Raising the head of the patient's bed
- Encouraging relaxation techniques
- Keeping the room cool and humidified
- Encouraging frequent rest periods

## **Loss of Appetite**

Loss of appetite and weight loss are common and disturbing. Your loved one may find food no longer important. Too often, “food struggle” can develop into friction. Nutrition may be enhanced by:

- Offering small, frequent meals throughout the day
- Serving small portions on a plate so the patient does not feel so overwhelmed by what he or she can't eat
- Allowing the patient to eat whatever sounds good

## **Skin Care**

Patients who are bedridden need particular attention given to the skin. The skin may become reddened and bedsores may develop over places such as the elbows, shoulders, hips and heels, and the bone at the base of the spine.

Prevention is the key: by changing the patient's position, bedsores may be prevented or minimized. Advise the patient not to lie on his or her back — the most vulnerable area — all of the time.

The hospice nurse will teach you how to position the patient to prevent pressure on the body where bones protrude. Report any reddened area to the nurse who will advise you on other measures and equipment to use in skin care.

## **Positioning**

When positioning or moving a patient, remember three things:

1. Safety of the patient
2. Your own personal safety
3. The objective of what you're trying to do

If you are assisting in moving a patient, and if his or her safety is in doubt, get help or tell the patient the activity cannot be done at that time.

To avoid personal injury, the family member should use proper body mechanics, positioning himself or herself with feet apart, back straight, knees bent and hips flexed.

*Do not* bend from the waist with your feet close together, back curved, knees and hips straight.

The activity or goal in moving a patient should be clear in your mind. You may need assistance whenever patients are repositioned. Ask for help. The nurse will instruct the patient, family and volunteer on proper positioning.

# A Patient's Guide to Pain

Pain is the most common reason people go to the doctor. It is a symptom that can often be cured or controlled by getting rid of the cause. Until that happens, pain control is considered a priority.

There are times when pain cannot be eliminated, but an effort should be made to control the pain. Because pain can only be felt by the patient, he or she must be able to describe how the pain feels and the pain's intensity or how bad it hurts to the nurses and the doctor. There is no way the healthcare provider can grade the level of pain without the patient's help. Make sure you are heard and understood.

Here are eight ways the patient can counter and control his or her pain:

1. Change position at regular intervals.
2. Take medications for pain as prescribed. If the medication does not last as long as indicated on the prescription or if you do not receive adequate relief of pain with the prescribed medication, notify your physician.
3. Always talk about pain relief on a scale (such as zero to 10, with zero being no pain and 10 being the worst that pain has ever been). For instance, "My pain medication only relieves me to an eight" is informative on a scale of zero to 10.
4. Always use words to describe the pain, not the emotion you are feeling. For instance, "I have a burning sensation in my hip that goes down the side of my right leg. It is fairly constant and increases with walking or standing. It feels like someone is sticking a hot knife in my hip."
5. Involve yourself in a task or activity to distract you from the pain you're having.
6. It is not uncommon to experience difficulty sleeping, depression or nervousness when you are having on-going pain. If you feel that you are having any of these problems, talk with your nurse.
7. Keep a written record of your pain level (zero to 10), description of the pain, what medication you took, what activity you were doing and then an evaluation of relief measures again on a scale of zero to 10 two hours after taking a pain pill.
8. Your medications will be prescribed for your own particular needs. Take only as directed by your doctor. Avoid over-the-counter medications without first consulting with your physician. Avoid combining alcohol and pain medications.

# A Patient's Guide to Nausea and Vomiting

Eight ways to help prevent nausea and vomiting:

1. Brush teeth before meals or use other oral hygiene measures.
2. Eat small meals frequently to keep the stomach from feeling too full.
3. Chew well and eat slowly so that only a small amount of food enters the stomach at one time and so that the food can be digested more easily.
4. Avoid sweets, foods with strong odors and dried, fatty or spicy foods. If the smell of food makes you sick, stay out of the kitchen while the food is being prepared.
5. Do not lie down flat for at least three hours after eating. It may, however, be helpful to rest after eating and limit your body movements as much as possible. Activity slows down digestion and may increase your discomfort.
6. If nausea is mild, drink the following liquids through a straw: warm tea, effervescent drinks and/or clear, chilled unsweetened beverages such as apple juice. Eating a Popsicle may also help. With nausea, salty foods such as soda crackers or dry toast are often well tolerated. Finally, try sucking on ice chips that have a few drops of peppermint extract added.
7. Avoid environmental stress as much as possible, including noise, uncomfortable temperature, uncomfortable procedures, clutter or family tension.
8. Ask your nurse about relaxation techniques.

If nausea and vomiting occur, do not force yourself to eat. Small amounts of potatoes, rice and unbuttered crackers and toast can be eaten once your stomach begins to settle.

Ask your Tanner Hospice Care nurse about medications. For chronic nausea, take medication around the clock as your doctor ordered. If your nausea comes and goes, take your medicine as you feel you need it.

# A Patient's Guide to Swallowing Problems

The most common signs of a swallowing problem include:

1. Coughing while eating or drinking or very soon after eating/drinking
2. Increased chest congestion after eating or drinking
3. Slow eating
4. Multiple swallows on a single mouthful of food
5. Fatigue or shortness of breath while eating
6. Weight loss

If the patient is experiencing the above symptoms, you can assist by:

- Keeping the head of the bed elevated at 30 to 45 degrees when eating and for half an hour afterward
- Not rushing or forcing feeding
- Encouraging the patient to take small, manageable bites of food
- Discussing the symptoms with the nurse, who can advise on offering the patient thickened fluids

*Caution: Never attempt to feed or provide liquids to a patient who is not alert.*

## A Caregiver's Guide to Fevers

A fever is an oral temperature higher than 98.6 degrees Fahrenheit in someone at rest, or higher than 99 degrees Fahrenheit in someone who was recently active. Rectal temperatures are usually one half to one full degree higher than oral temperatures. A chill is an attack of shivering with a feeling of coldness accompanied by paleness of the skin.

The most common cause of fever and chills is a disease process that reduces the body's ability to throw off heat. There are many different causes of fever and often the exact cause is not clear at first. If the patient's temperature is not higher than 101 degrees Fahrenheit and the patient is not uncomfortable, you need not try to reduce it; a slight rise in temperature may help the body to fight off whatever is causing the fever.

Some steps to take that may provide relief include:

- Give fluids if the patient tolerates it, but do not force fluids.
- If the patient is uncomfortable and restless from the fever itself, a cool compress or tepid sponging may be used to reduce the temperature. Comfort measures are most important.
- Offer fever-reducing medications, such as acetaminophen (Tylenol); two by mouth or suppositories every four hours as needed for a temperature higher than 100.5 degrees Fahrenheit. You may alternate with 400 to 600mg of ibuprofen (Motrin) by mouth every six hours.

Call the Tanner Hospice Care nurse if you are unable to control the fever using these measures.

## A Caregiver's Guide to Peripheral Edema

Edema, or swelling of lower legs, is an excessive accumulation of fluid in the tissue. You can help reduce the amount of edema by following these instructions:

- Elevate legs on a foot stool if sitting in chair or on sofa.
- Elevate legs on a pillow if in bed.
- Do not wear tight socks or shoes.
- Reduce the amount of salt in the patient's diet. Watch for foods high in "hidden salts," such as soups and canned foods.
- Use diuretics, or water pills, as ordered by your physician.
- Inform the nurse if blisters develop on the patient's legs, if he or she has a decrease in the amount of urination, develops a moist cough or any other problems.

## **A Caregiver's Guide to Seizures**

The control center for the body is the brain. Normal electrical signals between cells make the brain and body work correctly. A seizure is an outward sign of a malfunction in the brain.

Symptoms of seizures are brief episodes in which there is loss of consciousness, body stiffening and rhythmic jerking; and possible loss of bowel and bladder control. Confusion and drowsiness may follow a seizure.

Seizures in adults are occasionally related to a severe head injury, brain disease or tumor, metabolic disturbances, infections, a blood clot in the brain or a stroke.

During a seizure:

- Do not restrain patient.
- Turn the patient to one side to aid in breathing.
- Do not put any object in the patient's mouth.
- Give anti-seizure medication on a routine schedule as ordered by the patient's doctor.

Please notify the hospice nurse of any seizure activity.

## **A Patient's Guide to Seizures**

Patients, too, can help reduce the occurrence or severity of seizures:

- Be moderate in all your activities. Strive for a balanced life of work, recreation, reflection and rest.
- Eat a normal, well-balanced diet as tolerated for your condition.
- Anticonvulsant medication is given to eliminate or control seizures. Depending on your response, one or more drugs may be prescribed. The drugs cannot cure seizures, but will help to control them. Your doctor will regulate the drug dosage according to the symptoms and occasionally blood levels.

# Advice for Avoiding an Infection

Simple measures go a long way when it comes to infection control at home. Avoid visitors with known infections, colds, virus, diarrhea or recent exposure to chicken pox, measles, mumps, etc.

## Hand Washing

Hand washing is the single most important way to prevent the spread of infection. Wash hands often:

1. Turn on water to a comfortable temperature.
2. Wet hands, apply soap and lather well.
3. Wash hands using lots of friction and paying attention to the backs of hands, between the fingers and the cuticle area.
4. Wash for **10 to 15** seconds.
5. Rinse well and dry.
6. Use hand lotion to prevent chapping.

## Practice Good Hygiene

- Thoroughly wash hands before food preparation, cooking and eating, after using toilet, etc.
- Use liquid soap, when possible.
- Wash soiled items separately from family laundry.
- Wash soiled items in hot water, if possible, with detergent and bleach.

## Use Protective Barriers

- Use disposable gloves when handling all body fluids, including urine, stool and blood.
- Dispose of gloves in a lined waste basket.

## Carefully Store Medical Supplies

- Store medical supplies in a clean, dry, draft-free area.
- Supplies should be kept away from main household areas.
- Supplies should be stored off the floor and protected from heat, dust, pets and insects.
- Never use medical supplies that have been soiled or damaged.
- Use a clean sheet to cover supplies when not in use.

## Disposing of Contaminated Waste

- Any wet item should be first wrapped in newspaper then placed in a plastic bag and tightly closed before disposing of the bag in the trash.
- Place waste, such as dressings, diapers, sanitary or incontinence pads and gloves used for patient care in a plastic bag and close tightly. Put the bag in a plastic garbage bag for disposal.
- Wash dishes and eating utensils in a dishwasher or in a hot water and let dry.
- Place contaminated "sharps"(needles, razor blades, broken glass, etc.) promptly in a puncture-resistant container. Never recap a contaminated needle.



# Medication Administration Log

MEDICATION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

## **Description of Durable Medical Equipment and Supplies**

Tanner Hospice Care is dedicated to maintaining the integrity of the patient and family.

We furnish durable medical equipment (DME) to the patient as a part of the core services in hopes that the time you have left with the patient is a little less stressful.

DME provides convenience and surety to the patient and the family who are dealing with a life-limiting condition.

## Patient Safety Guidelines

1. Wheels on beds, stretchers, wheelchairs, commode chairs, etc., should be locked when stationary.
2. Hospital beds should be kept in low position except during direct patient care.
3. For a patient who has an electric bed, the bed position hand control should be kept within reach of the patient if he or she is allowed to adjust his or her own position.
4. If a patient is bedbound, a bell, buzzer or appropriate noisemaker should be kept in easy reach of the patient at all times. The bedbound patient should be instructed to call for assistance when getting out of bed.
5. Side rails should be kept up at all times when appropriate to the individual patient needs.
6. A bell, buzzer or appropriate noisemaker should be placed in the bathroom for emergency use for those patients who are able to walk to the bathroom.
7. Be aware of the following fire risks:
  - a. Overloaded electrical circuits
  - b. Open fireplaces or wood-burning heaters
  - c. Furniture and bedding in close contact with heat sources
  - d. Oxygen usage in presence of open flame (cigarette, candle, etc.)
8. Uneven floors, cluttered or poorly placed furniture, scatter rugs, poor lighting and other risks that could lead to falls should be pointed out to the family and suggestions made for correction.
9. Any suspicion of patient abuse or neglect by caregivers will be brought to immediate attention of the nurse so a course of action can be planned.

10. Family members should never leave the patient alone in a locked house unless a near neighbor or friend has access and is available if intervention is needed.
11. Escape routes should be developed for emergencies. There should be ramps for wheelchairs. Emergency medical plans are included in patient teaching.
12. Food preparation safety includes:
  - Careful hand washing before touching food or utensils for cooking and eating.
  - Providing the patient with disposable dishes and utensils or wash eating utensils in a dishwasher or in very hot water and left to air dry.
13. Patients with pacemakers should be safeguarded from contact with microwave ovens.
14. Wheelchair brakes must be on when the patient is being transferred to/from wheelchair and bed.
15. Heating pad use should be closely monitored.
16. The hospital bed crank handle should not be left sticking out from the foot of the bed.

# Safety Suggestions

The following information is provided for you with the hope that Tanner Hospice Care can help you have a safer home. A safer home means peace of mind for patients and caregivers.

Take steps right away to help prevent slips, falls, burns or other mishaps and infections. We will be glad to review your home for possible safety hazards and make suggestions about handling such hazards.

## Throughout the Home

- Keep high traffic areas free of clutter.
- Keep water temperature at 120 degrees Fahrenheit or colder.
- Provide good ventilation.
- Set thermostat above 65 degrees Fahrenheit.
- Keep space heaters away from curtains, rugs or furniture.
- Use a step stool with a handrail on a wide base.
- Make sure there is good lighting in hallways, bathrooms and bedrooms.
- Be careful of open fireplaces or wood burning heaters.
- Place nightlights in bedrooms and bathrooms.

## Kitchen

- Keep towels, curtains and other cloths away from the stove.
- Keep a multipurpose fire extinguisher handy.
- Stove controls should be clearly marked.
- Pots and pans should have handles.
- Place utensils, food and other needed items at a convenient height.
- Develop a safe, easy-to-use system for storing heavy pots (for example, at waist-height or close to the floor).
- Ensure good lighting over the stove, sink and counter tops.
- Learn and use proper food handling, preparation and storage techniques.

## Bathroom

- Clearly mark hot and cold faucets.
- Switch to a hand-held shower head.
- Put a non-skid rubber mat in shower or tub if not already a non-skid surface.
- Install grab bars in the tub and by the toilet.
- Place a shower chair in the tub or shower for anyone with a disability.
- Replace bar soap with liquid soap.

## **Bedroom**

- Have a lamp or light switch next to bed.
- Consider side rails on the bed to aid in rising if needed.
- Remove sources of heat or flame from around the bed.
- Do not cover or tuck in an electric blanket.
- Have the bedside commode near the bed.
- Have a phone and working flashlight within easy reach of the bed.

## **Floors and Carpet**

- Make sure all extension cords, electrical cords and telephone cords are out of the way.
- Use tape to attach cords to walls or floors.
- Replace damaged cords.
- Remove throw or scatter rugs and runners that tend to slide.
- Secure edges with tacks, rubber pads or carpet tape.
- Do not highly polish floors; if necessary, use non-skid wax.
- Wear properly fitting shoes with rubber soles.

## **Medications**

- Keep medications in the original container.
- Never take expired medication.
- Keep a written medication schedule.
- Follow instructions exactly for how and when to take medications. Always take the correct dose.
- Be aware of any side effects from medicines (dizziness, for example)
- Call Tanner Hospice Care if new side effects or symptoms occur.
- Store medications out of the reach of children.

# Fire Safety Tips

## Install Smoke Detectors

- Have smoke detectors on every level of the home.
- Test smoke detectors once a month. Maintain them according to the manufacturer's instructions.
- If you cannot afford smoke detectors, Tanner Hospice Care can provide one for you.

## Avoid Smoking

It's best not to smoke. But if you or another member of the household does, follow these rules:

- Never smoke in bed or when oxygen is in use.
- Never leave smoking materials unattended.
- Never throw out smoking materials that are still hot.

## Take Care with Electricity

- Discard appliances with frayed or damaged electrical cords, or have them repaired.
- Never overload outlets.
- Unplug small appliances when not in use.
- Keep electrical appliances away from the sink, tub and shower areas.

## Prepare an Escape Plan

- Plan at least two ways out of the home from each room and keep all exits clear.
- Crawl on the floor below smoke to the nearest exit.
- Pick a meeting place outside the home.
- Practice your escape plan at least twice a year.

# Emergency Preparedness

Emergency preparedness is important for everyone, whether they live on the Florida coast or in Tornado Alley. Many communities will be impacted by several types of disasters in a lifetime. Knowing what to do before, during and after an emergency is a very important part of being prepared. Different types of disasters include natural disasters such as floods, tornadoes and winter storms, man-made disasters such as chemical spills, nuclear or biological attacks, and other disruptive events such as fires, power outages and pandemic illnesses.

Tanner Hospice Care staff can assist you in developing an emergency plan if needed.

## Basic Protective Measures for All Hazards

- Physical safety is a concern for all hazards and may involve sheltering or evacuating.
- Develop a family communications plan.
- Make an emergency supply kit to be prepared for any type of disaster.
- Public safety officials use reliable systems to alert the public about disasters.
- Watch television or listen to the radio for official instructions as they become available.
- Remember that different types of emergencies may require different responses.

## Prepare a Fire Escape Plan

- Be familiar with fire escape routes.
- Identify two exit doors in case it is blocked and keep paths clear.
- Notify your local fire department if you use an oxygen concentrator, and if you think you may not be able to get out of your house alone.
- Pick a spot outside your home where members of your household should meet.

If it becomes necessary for you to leave your home, please notify Tanner Hospice Care at 770.214.2355. Consider keeping a half a tank of gas and phones charged at all times.

Prepare a “go bag” in case of the need to evacuate, including:

- Important documents in a waterproof bag (including family contact plan)
- Cash
- Clothing and personal hygiene items
- Medications and first aid kit
- Bottled water and non-perishable food
- Flashlight, batteries, radio and phone

# Emergency Situations

In the event of a disaster, the Tanner Hospice Care office will make every effort to contact you to plan for your care/service needs.

The following information is provided to you with the hopes that Hospice Care can help you prepare in the event that a natural disaster occurs.

## **Tornado**

- Close windows, doors, blinds, shades, etc.
- Move to a room without windows in the center of the house if possible.
- If movement of the patient is not possible, cover the patient with blankets and pillows for protection from possible falling debris.
- Stay tuned to local radio and television stations for further updates or warnings.

## **Utility Outage (Electricity, Water, Gas)**

- Call the utility agency and notify them that there is a hospice patient in the home.
- Tell them of any urgent need and that you have utilities that are life support in nature.

## **Community Disaster**

- Notify the police, fire, EMS or other needed agencies that there is a hospice patient in the home.
- Inform the authorities of the patient's life support needs.
- Stay tuned to local radio or television stations for further updates or warnings.



# Family Communication Plan

**Let them know  
you're OK!**

Pick the same person for each family member to contact. It might be easier to reach someone who's out of town.

Emergencies can happen at any time. Does your family know how to get in touch with each other if you are not all together?

**Before** an emergency happens, have a family discussion to determine who would be your out-of-state point of contact, and where you would meet away from your home — both in the neighborhood and within your town.

## Important Information

Fill in this information and keep a copy in a safe place, such as your purse or briefcase, your car, your office, and your disaster kit. Be sure to look it over every year and keep it up to date.

### Out-of-Town Contact

Name: \_\_\_\_\_  
Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_

### Neighborhood Meeting Place:

\_\_\_\_\_  
\_\_\_\_\_

### Regional Meeting Place:

\_\_\_\_\_  
\_\_\_\_\_

### Work Information

Workplace: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

Workplace: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

### School Information

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_



<http://www.ready.gov/kids>



# Important Information (continued)

## Family Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Medical Contacts

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Specialist: \_\_\_\_\_

Phone: \_\_\_\_\_

Specialist: \_\_\_\_\_

Phone: \_\_\_\_\_

Pharmacist: \_\_\_\_\_

Phone: \_\_\_\_\_

Veterinarian/Kennel: \_\_\_\_\_

Phone: \_\_\_\_\_

## Insurance Information

Medical Insurance: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Homeowners/Rental Insurance: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### ***Text, don't talk!***

Unless you are in danger, send a text. Texts may have an easier time getting through than phone calls, and you don't want to tie up phone lines needed by emergency workers.



<http://www.ready.gov/kids>

# Other Precautions

## Poison Prevention

- Label all poisons.
- Store poisons in a locked cabinet out of reach of children.
- Keep your local poison control phone number available.
- Keep all substances in their original containers.
- Have syrup of ipecac on hand.
- Store cleaning agents away from foods, medications and children.

## Cold Weather Precautions

- Have warm blankets on hand.
- Wear a warm housecoat.
- Have hot food and drinks several times a day.
- Avoid icy sidewalks and porch steps.
- Have easy access to thermostat.
- Wear warm socks.
- Cover your head — you can lose up to 80 percent of body heat through your scalp.

## Hot Weather Precautions

- Wear loose-fitting, absorbent clothing.
- Avoid direct sun exposure.
- Drink plenty of non-alcoholic liquids.
- Avoid strenuous activity during hottest part of the day.
- Provide for cross ventilation.
- Seek help if you are overheated and cease sweating — cool down with cold water or ice.

## Other Precautions

- Mark glass doors with decals to help indicate if they are open or closed and to prevent people from walking into the glass.
- Avoid reaching over your head — use lower shelves.
- Get up slowly to avoid dizziness.
- Avoid sharp-cornered furniture.
- Keep doors locked.
- Install proper locks.
- Be cautious with sharp objects.

## TANNER IN-HOME SERVICES

ADMINISTRATIVE POLICY AND PROCEDURE

APP. NO. 130 Page 1 of 3

EFFECTIVE DATE: 04/01/1999

REVISION DATE: 12/01/2008

Applies to: Home Health  Hospice

### ADVANCE DIRECTIVES

#### **POLICY:**

It shall be the policy of Tanner In-Home Services to provide guidelines for staff in complying with regulatory requirements regarding advance directives such as a living will or durable power of attorney for health care, thereby demonstrating support for the Client Self-Determination Act.

#### **PURPOSE:**

The agency recognizes that all persons have a fundamental right to make decisions relating to their own medical treatment, including the right to accept or refuse medical care. It is the policy of the agency to encourage individuals and their families to participate in decisions regarding care and treatment. Valid advance directives such as living wills, durable power of attorney and "do not resuscitate (DNR)" orders will be followed to the extent permitted and required by law. In the absence of advance directives, the agency will provide appropriate care according to the provision of care, or otherwise discriminate against an individual, based on whether or not the individual has executed an advance directive.

#### **DEFINITIONS:**

**Adult:** A person eighteen (18) years or older, or a person legally competent and capable of consenting to his/her own medical treatment.

**Advance Directive:** A document in which a person either states choices for medical treatment or designates who should make treatment choices if the person should lose decision-making capacity.

**Attending Physician:** The physician who is primarily responsible for the medical care of a client while receiving In-Home Services.

**DNR (Do Not Resuscitate):** The medical order to refrain from cardiopulmonary resuscitation if the client's heart stops beating and/or respiration ceases.

**Client Self- Determination Act:** A federal statute enacted as part of the 1990 Omnibus Budget Reconciliation Act (OBRA) (PL 101-508) which requires, among other things, that health care facilities provide information regarding the right to formulate advance directives concerning health decisions.

Terminal Condition: An incurable condition caused by an injury, disease or illness which regardless of the application of life sustaining procedures would, within reasonable medical judgment, produce death and where the application of life sustaining procedures would only postpone the moment of death of the client.

**PROCEDURE:**

1. As part of the admission process to In-Home Services, the RN or Physical Therapist who conducts the admission/evaluation visit will provide written and verbal information regarding a client's right to make decisions concerning health care, which include the right to accept or refuse medical or surgical treatment, even if that treatment is life sustaining. Information regarding company policies with respect to client's rights to accept or refuse treatment and the right to execute advance directions will be provided to every competent adult patient (person of 18 years of age or emancipated minor) or designee.
2. The admitting discipline will ask the client whether or not he/she has completed an advance directive. If an advance directive has been completed, the admitting discipline will ask for a copy of the advance directive so that it may be placed in the client's record. If a copy is not immediately available, the content will be recorded in the medical record. The client should provide a copy of the advance directive to the In-Home Services staff as soon as possible. A copy of the directive will be requested for placement in the medical record.

If there are any discrepancies between the advance directive and the current plan of care, this will be communicated to the client, clinical supervisor and the client's primary physician.

The client is encouraged to participate in all aspects of decision making regarding home care and treatment. Statement by a competent client of his/her desire to accept or refuse treatment shall be documented in the client's medical record.

3. The attending physician shall be notified of a patient's request for a DNR. The notification will be documented in the client's clinical record.
4. Educational information and the agency's policies and procedures regarding advance directives will be provided to medical, nursing, allied health professional and home health office staff and volunteers during the orientation period.

Community – In order to educate the community about advance directives, the agency will participate in community forums as appropriate and make available written materials regarding advance directives.

Hospice – Patients admitted to Hospice will receive a copy of the advance directive policy.

**TANNER IN-HOME SERVICES**

**ADMINISTRATIVE POLICY AND PROCEDURE**

**APP. NO. 130 Page 3 of 3**  
**EFFECTIVE DATE: 04/01/1999**  
**REVISION DATE: 12/01/2008**

**General (Client, Staff, Community)**

1. The client may change or revoke his/her advance directive at any time. Any staff member in contact with the client who receives verbal or nonverbal communication from the client regarding a desire to change or revoke an advance directive must immediately inform their clinical supervisor.
2. If the advance directive is changed, the client is required to provide an updated copy to the agency.
3. The durable power of attorney for an advance directive is effective only when the client is unable to participate in his/her own medical treatment decisions.
4. The client's designated advocate can make medical treatment choices based on the advance directive. The client advocate may make a decision to withhold or withdraw treatment which allows the client to die only if the client expressed in a clear and convincing manner that the advocate is authorized to make such a decision and acknowledges that such a decision would or could allow the client's death.

NOTE: This type of decision cannot be made if the client is pregnant.

5. Provisions of the new law (HB24 Georgia Advance Directive for Healthcare Act), will not apply to, affect, or invalidate a living will or durable power of attorney for healthcare executed prior to July 1, 2007.

## TANNER IN-HOME SERVICES

### ADMINISTRATIVE POLICY AND PROCEDURE

APP. NO. 522

EFFECTIVE DATE: 04/01/1999

REVISION DATE: 01/01/2011

Applies to: Home Health \_\_\_\_ Hospice x

### ONGOING ASSESSMENT

#### POLICY:

It shall be the policy of Tanner In-Home Services to define the scope and intensity of further assessment of clients. This is determined by the client's diagnosis, condition, desire for care/service, response to the previous care/service, the care/service setting, and the physical, emotional, psychosocial and spiritual condition during a given period of time.

#### PURPOSE:

To define the policy and procedure for routine ongoing reassessments of clients, including specified time points as defined by the hospice conditions of participation.

#### PROCEDURE:

1. During each home visit, after initial assessment, each discipline further reevaluates the clients according to the problems identified during the initial visit and thereafter.
2. Reassessments should be performed with each discipline visit with special attention to the following instances:
  - A. When there are physical changes associated with disease progression.
  - B. When there are changes in client's care environment
  - C. When there is a change in the primary caregiver.
  - D. When there are changes in the emotional, psychosocial and spiritual condition
  - E. At specified time points defined by the hospice conditions of participation.
3. Based on the ongoing assessments performed every visit, the problems, needs, goals and outcomes will be reviewed and the care plan revised accordingly, by the applicable discipline.
4. Changes/verbal orders are generated and forwarded to the physician whenever the reassessment determines a need to change the plan of care/treatment. The physician will be notified to verify changes in medications, including over the counter medications, and/or treatment/interventions that require physician approval.
5. Ongoing assessment findings that cause care plan revisions will be reported to the Interdisciplinary Group at a minimum of every 14 days.
6. Within 30 days of starting the 3<sup>rd</sup> benefit period, a face-to-face encounter will be scheduled between the patient and the medical director or between the patient and a staff nurse

practitioner. This encounter is to gather information to determine the need for ongoing hospice services.

7. The face-to-face encounter will occur within 30 days of each certification period, starting with the 3<sup>rd</sup> benefit period.
8. Interdisciplinary coordination forms will be used to share information with team members.
9. A patient status analysis will be completed by the RN at time of recertification to support ongoing services.
10. The comprehensive assessment plan of care will be updated as the patient's condition requires, no less than every 14 days.
11. Narcotic and/or sedative medications will be counted each visit to ensure compliance and the need for re-ordering. Any discrepancy in medications will be reported to the IDG for review prior to re-ordering.
12. A clinical note will be completed with each patient contact that is written and dated by the clinician providing service. The note will describe signs and symptoms, treatments and medications administered, including the patient's reaction and/or response and any changes in physical, emotional, psychosocial or spiritual condition.

## TANNER IN-HOME SERVICES

### ADMINISTRATIVE POLICY AND PROCEDURE

APP. NO. 540

EFFECTIVE DATE: 04/01/1999

REVISION DATE: 04/15, 06/16

Applies to: Home Health \_\_\_\_ Hospice x

### PROCEDURE AT TIME OF DEATH

#### POLICY:

It shall be the policy of Tanner In-Home Services that when a death at home occurs, the following procedure will be instituted:

#### A. Before Death:

1. The primary nurse will educate the family about signs and symptoms of impending death and develop a plan of action for the actual time of death.
2. All Hospice nurses, and especially on-call nurses, will be made aware of a patient's condition every day as death nears.
3. The Hospice nurse will be called to the home at the time of death.

#### B. After Death:

1. Nurse will respond as soon as possible to the family when they state they feel the patient has died.
2. Upon arrival at the home, the nurse will assess the patient being respectful to any religious beliefs or rituals.
3. The nurse will perform post-mortem care.
4. Notify the funeral home and give them the following information:
  - a. The patient's name and directions to the home.
  - b. Time of death
  - c. Name of attending physician
5. Per DEA guidelines: Hospice nurse will educate designee regarding disposal methods of medications ("Drug Buster", Drug Take Back Programs at local sheriff's dept., kitty litter in Ziploc bag.) Nurse will provide designee with "Drug Buster" and may give instructions on use, but designee will be responsible for wastage. "Drug Buster" drug disposal system is a container that has activated charcoal solution that breaks down medications and it can be sealed and disposed of in the trash. Nurse will document on Final Nurse Visit what designee's plans are for drug disposal. Designee will also sign Final Nurse Visit.
6. Notify attending physician of patient's death.
7. Notify DME Company of removal of equipment.

## TANNER HOME HEALTH SERVICES AND HOSPICE CARE

CLINICAL POLICY AND PROCEDURE

CPP NO: 611 Page 1

EFFECTIVE DATE: 04/01/99

REVIEWED/REVISED: 06/16

### HOME USE OF CONTROLLED PRESCRIPTION MEDICATIONS

#### POLICY

Federal law refers to the ultimate user (client) as being able to possess controlled prescription drugs with no restrictions. Tanner Home Health and Hospice voluntarily adheres to a controlled drug reporting process.

#### PURPOSE

To ensure that staff is aware of the laws and regulations related to home use of controlled drugs

#### RESPONSIBLE PERSONNEL

All clinical staff

#### PROCEDURE

1. Drugs mandated by law as controlled substances are distributed directly to the client/caregiver. The dispensing pharmacist is responsible for monitoring the amount of drug issued and the length of time between refills.
2. Skilled nurse will review the safe use and management of controlled substances with client/caregiver upon admission and as needed with medication changes.
3. **The following is specific to Hospice Only:**
  - a. When skilled nursing services are provided on an intermittent basis, the nurse performing the visit will document any controlled substance administered during the visit and note the amount remaining
  - b. When continuous skilled nursing services are provided, nurses will document administration of medication in the patient record. At any time one nurse relieves another, count of the controlled substance is performed and documented in the patient record.
  - c. An ongoing count of controlled medications provided by Hospice will be made a minimum of 1 time per week to ensure compliance and that no misuse of medication has occurred
  - d. As referenced in Administrative Policy and Procedure Manual, *Procedure at Time of Death* - APP 540: Per DEA guidelines: Hospice nurse will educate designee regarding disposal methods of medications ("Drug Buster", Drug Take Back Programs at local sheriff's dept., kitty litter in Ziploc bag.) Nurse will provide designee with "Drug Buster" and may give instructions on use, but designee will be responsible for wastage. "Drug Buster" drug disposal system is a container that has activated charcoal solution that breaks down medications and it can be sealed and disposed of in the trash. Nurse will document on Final Nurse Visit what the designee's plans are of drug disposal. Designee will also sign Final Nurse Visit.

## Food and Water: A Hospice Perspective

"All they talk about is food, always wanting me to eat more. Can't you make them understand that I'd eat if I could?"

"He's not eating a thing. I feel like I'm letting him starve. What can I do?"

As hospice team members, we hear these questions from almost every patient and family with whom we work. Every terminally ill patient experiences loss of appetite and weight loss, and almost every family member sees food and water as a source of nurturing, caring and comfort. While family members become focused on insisting the patient eat even when the patient says "no," the patient is rarely concerned about loss of appetite. This conflict can be emotionally painful to both patient and family, leading to conflict and stress as the disease progresses.

In the hospice care program, nutrition is an issue that will be dealt with at every home visit and, as with other aspects of care, nutrition involves physical, psychological and spiritual issues. The goal of hospice care is to educate the patient and family and to prepare you for these changes that will occur as the disease progresses, to explain why these changes occur, what options for care are available, what the outcome of intervention is likely to be, and then to support the decisions you make.

Concerns related to nutrition and hydration are emotionally charged. You need to know that loss of appetite and weight loss are a part of the disease progression and the dying process. While medical treatments are available to relieve many problems experienced by hospice patients, there is little to offer in halting or reversing this weight loss. The human body has many ways of adapting during the dying process and reduced interest in food and water is one of nature's strategies which allow the patient to die more peacefully and comfortably.

The effects of food and water will change through the early stages to the final stages of a terminal illness. In the early stage, it is appropriate to encourage the patient to eat and drink and to offer favorite foods in small quantities frequently throughout the day. It is not realistic to expect the patient to eat or drink the same amount as he or she used to. A small glass of juice and a few bites of food might be considered a meal. The patient is the best judge of the foods that are appropriate to serve. As the disease progresses, continuing to encourage the patient to eat and drink may cause both physical and emotional discomfort

and will not significantly increase the patient's life expectancy.

When the patient simply refuses to take food, family members usually feel personally rejected and frustrated in their role of nurturing and caregiving. You may feel anger because the patient has "given up" and "would get stronger if only he would eat." The fact that the patient is not eating is a constant and painful reminder that death is the ultimate outcome. Please express your feelings and fears to us — we will help you to identify the ways in which roles have changed because of the patient's inability to eat and to explore other ways of expressing nurturing and caring.

If the conflict over food continues, the patient may feel guilty, as if he or she is disappointing the family and may try to force himself or herself to eat, even if it causes physical discomfort. The guilt may go so far that the patient also begins to believe that he or she is not trying hard enough to get stronger and that he or she has failed the family in some way. Some patients will simply refuse to eat or drink anything as a way to exert some control in a situation where they feel they have lost control, or to force the family to accept the reality of the disease progression.

Tanner Hospice Care feels that it is important to dispel your fears about pain and discomfort caused by the reduced intake of food and water. We also need to share information and discuss the options of IV fluids and tube feedings. We have had extensive experience with patients who stop eating and drinking as death approaches. Many studies have also been done comparing the comfort of patients who chose not to have IV fluids or tube feedings and those who chose to have them.

#### **What Can You Do to Help?**

- Offer small servings of favorite foods, but do not force the patient to eat; cater to the likes of your loved one.
- Offer ice chips, hard candies, soft drinks, juice or Popsicles.
- Keep the patient's lips moistened.
- Mouth swabs can keep the mouth moist when mouth breathing is present.
- A cool, moist washcloth to the forehead can be very soothing.
- Realize that rehydration can actually cause discomfort related to an increase in pulmonary, GI, renal and other body fluids.
- The absence of food induces analgesia and feelings of euphoria; in the terminal phase the brain doesn't perceive hunger as it does in a healthy person. Artificial nutrition may interfere with this process and "rekindle" hunger.

Both experience and studies show that dehydration, caused by decreased or absent oral intake of fluids, does not cause discomfort if care is given to prevent dryness of the mouth. Some patients have reported feeling euphoric or an increased sense of well-being. The drowsiness caused by dehydration may itself be beneficial. Dehydration may increase comfort by reducing stomach secretions that cause nausea and vomiting. When dying patients are not receiving IV fluids or tube feedings, there is also less buildup of fluids in the lungs, eliminating the need for suctioning. The placement of IV needles and the need for family members to monitor IV fluids can cause stress and discomfort for both patient and family. It is necessary to weigh quality of life against quantity of life — possibly a few days — if IV fluids are used.

The body's ability to digest and use food is changed in the later stages of terminal illness. Liquid supplements of food through tubes in the nose or directly into the stomach cannot be expected to result in weight gain or to significantly lengthen life. Hospice has cared for patients receiving these feedings, and observed that these patients continued to lose weight and in some cases developed problems that created discomfort, such as nausea, vomiting, diarrhea or gastric distension. As with IV fluids, a tube must be placed in order to deliver liquid food to the body and the family must manage and monitor closely to prevent displacement of the tube. Again, quality vs. quantity of life must be measured.

An essential part of the Tanner Hospice Care philosophy is that death is a natural process. Hospice is founded on the belief that the body adapts as a disease progresses and death approaches and that these adaptive processes should not be interfered with unless there is clear evidence that benefits to the patient will outweigh discomfort. Tanner Hospice Care also believes that the patient and family have the right to make choices regarding care. Hospice team members will provide you information, facilitate discussion regarding these difficult decisions, help to explore concerns and feelings and to clarify values as part of the decision-making process. The ultimate decision must be made by the patient and family. Once the decision is made, it will be the hospice team member's role to give support to that decision.

## Preparing for the Dying Process

Tanner Hospice Care believes that death is not the end of human life and hope, but a passing into eternal life. As you prepare for this approaching event, the members of your hospice team want you to know what to expect and how to respond in ways that will help your loved one accomplish this transition with support, understanding and ease.

The physical and emotional-spiritual-mental signs and symptoms of impending death that follow are offered to help you understand the natural kinds of things which may happen and how you can respond appropriately. Not all these signs and symptoms will occur with every person, nor will they occur in this particular sequence. Each person is unique and needs to do things in his/her own way. This is not the time to try to change your loved one, but the time to give full acceptance, support and comfort.

When a person enters the final stage of the dying process, two different dynamics are at work that are closely interdependent. On the physical plane, the body begins the final process of shutting down, which will end when all the physical systems cease to function. Usually, this is an orderly and undramatic progressive series of physical changes that are not medical emergencies requiring invasive interventions. These physical changes are a normal, natural way in which the body prepares itself to stop, and the most appropriate kinds of responses are comfort enhancing measures.

The other dynamic of the dying process is at work on the emotional-spiritual-mental plane, and is a different kind of process. The “spirit” of the dying person begins the final process of release from the body, its immediate environment and all attachments. This release also tends to follow its own priorities, which include the resolution of whatever is unfinished of a practical nature, reconciliation of close relationships and reception of permission to “let go” from family members. These “events” are the normal, natural way in which the spirit prepares to move from this materialistically oriented realm of existence into the next dimension of life. The most appropriate kinds of responses to the emotional-spiritual-mental changes are those which support and encourage this release and transition.

When a person's body is ready and wanting to stop — but the person is still unresolved or unreconciled over some important issue or with some significant relationship — he or she will tend to linger even though very uncomfortable or debilitated in order to finish whatever needs finishing. On the other hand, when a person is emotionally-spiritually-mentally resolved and ready for this release, but his or her body has not completed its final

physical process, the person will continue to live until the physical shut down is completed.

The experience we call death occurs when the body completes its natural process of shutting down and when the “spirit” completes its natural process of reconciling and finishing. These two processes need to happen in a way appropriate for the values, beliefs and life-styles of the dying person so that the death can occur as a peaceful release.

Therefore, as you seek to prepare yourself as this event approaches, the members of your hospice care team want you to know what to expect and how to respond in ways that will help your loved one accomplish this transition with support, understanding and ease. This is the great gift of love you have to offer your loved one as this moment approaches.

## **Normal Physical Signs and Symptoms**

### **Coolness**

The person's hands, then arms and feet, then legs become increasingly cool to the touch, and at the same time the color of the skin may change. This is a normal indication that the circulation of blood is decreasing to the body's extremities and being reserved for the most vital organs. Keep the person warm with a blanket, but do not use an electric one.

### **Sleeping**

The person may spend an increasing amount of time sleeping and appear to be uncommunicative or unresponsive. This normal change is due in part to changes in the metabolism of the body. Sit with your loved one, hold his or her hand, do not shake or speak loudly but speak softly and naturally. Do not talk about the person in the person's presence. Speak to him or her directly as you normally would, even though there may be no response.

### **Disorientation**

The person may seem to be confused about the time, place and identity of people surrounding him or her. This is also due in part to the metabolism changes. Identify yourself by name before you speak rather than ask the person to guess who you are. Speak softly, clearly and truthfully when you need to communicate something important for the patient's comfort, such as, "It is time to take your medication," and explain the reason for the communication, such as "so you won't begin to hurt." Do not use this method to try to manipulate the patient to meet your needs.

**Incontinence**

The person may lose control of urine and/or bowel matter as the muscles in that area begin to relax. Discuss with your hospice nurse what can be done to protect the bed and keep your loved one clean and comfortable.

**Congestion**

The person may have sounds coming from his or her chest as though marbles were rolling around inside. This normal change is due to the decrease of fluid intake and an inability to cough up secretions, or due to thickness of secretions. Suctioning usually only increases the secretions and causes discomfort. Gently turn the person's head to the side and allow gravity to drain the secretions. You may also gently wipe the mouth with a moist cloth. The sound of the congestion is distressing for the family, but does not always indicate discomfort for the patient as a disease reaches end stage.

**Restlessness**

The person may make restless and repetitive motions. This often happens and is due in part to the decrease in oxygen circulation to the brain and to metabolism changes. Do not interfere with or try to restrain such motions. To have a calming effect, speak in a quiet, natural way, lightly massage the forehead, read to the person or play soothing music.

**Urine Decrease**

The person's urine output normally decreases due to the decreased fluid intake as well as decrease in circulation through the kidneys. Consult with your hospice nurse to determine whether there may be a need to insert or irrigate a catheter.

**Breathing Pattern Changes**

The person's regular characteristic breathing pattern may change with the onset of a different breathing pace which alternates with periods of no breathing. This is called the "Cheyne-Stokes" symptom, and is very common. It indicates decreased circulation in the internal organs. Elevating the head may help bring comfort. Hold his or her hand and speak gently.

**Decreased Senses**

Hearing and vision may decrease. Soft lights in the room may help with seeing. Always assume that the patient can hear you, as hearing is the last of the five senses to be lost. Touch, such as holding a hand or placing a washcloth on the face can also be comforting. Talk clearly to your loved one and say the things you need or want to say.

## **Fatigue and Weakness**

Weakness and fatigue usually increase as the person approaches the time of death. It is unlikely that the person will be able to move around in the bed or raise his or her head. At the end of life, fatigue need not be resisted; the person who is too fatigued to move may require assistance with positioning.

## **Normal Emotional, Spiritual and Mental Signs And Symptoms**

### **Withdrawal**

The person may seem unresponsive, withdrawn, or in a comatose like state. This indicates preparation for release, a detaching from surroundings and relationships, and a beginning of "letting go." Since hearing remains all the way to the end, speak to your loved one in your normal tone of voice, identifying yourself by name when you speak, hold his or her hand, and say whatever you need to say that will help the person "let go." Touch and nonverbal communication at this time is very important, as is having patience with the person who is sick.

### **Vision-Like Experiences**

The person may speak or claim to have spoken to persons who have already died, or to see or have seen places not presently accessible or visible to you. This does not indicate a hallucination or a drug reaction. The person is beginning to detach from this life and is being prepared for the transition so it will not be frightening. Do not contradict, explain away, belittle or argue about what the person claims to have seen or heard. Just because you cannot see or hear it does not mean it's not real to your loved one. Affirm his or her experiences — they are normal and common. If they frighten your loved one, explain to him or her that they are normal.

### **Restlessness**

The person may perform repetitive and restless tasks. This may indicate that something is still unresolved or unfinished that is disturbing him or her, and preventing him or her from letting go. Your hospice team members will assist you in identifying what may be happening, and help you find ways to help the person find release from the tension or fear. Other things which may be helpful in calming the person are to recall a favorite place the person enjoyed, a favorite experience, read something comforting, play music and give assurance that it is OK to let go.

### **Fluid and Food Decrease**

When the person may want little or no fluid or food, this may indicate that the person is ready for the final shut down. You may help your loved one by giving permission to let go whenever he or she is ready. At the same time, affirm the person's ongoing value to you and the good you will carry forward into your life that you received from him or her.

### **Decreased Socialization**

The person may only want to be with a very few or even just one person. This is a sign of preparation for release and an affirmation of whose support is most needed in order to make the approaching transition. If you are not part of this "inner circle" at the end, it does not mean you are not loved or are unimportant; it means you have already fulfilled your task with him or her and it is the time for you to say "goodbye." If you are part of the final "inner circle" of support, the person needs your affirmation, support and permission.

The dying person has limited strength and energy to deal with socialization. This withdrawal and detachment occurs as they become more involved in making the transition, a journey that must be made alone. Do not interpret this as a rejection or lack of love, but as a natural part of the process of death through which everyone must pass. Your loved one needs your support and love.

### **Unusual Communication**

The person may make a seemingly "out of character" or a meaningless statement, gesture or request. This may indicate that he or she is ready to say "goodbye" and is "testing" to see if you are ready to let him or her go. Accept the moment as a beautiful gift when it is offered: kiss, hug, hold, cry and say whatever you most need to say.

### **Giving Permission**

Giving permission to your loved one to let go without making him or her feel guilty for leaving or trying to keep him or her with you to meet your own needs can be difficult. A dying person will normally try to hold on, even though it brings prolonged discomfort, in order to be sure that those who are going to be left behind will be alright. Therefore, your ability to release the dying person from this concern and give him or her assurance that it's all right to let go whenever he or she is ready is one of the greatest gifts you have to give your loved one at this time.

## Saying Goodbye

When the person is ready to die and you are able to let go, then it is the time to say "goodbye." Saying "goodbye" is your final gift of love to the loved one, for it achieves closure and makes the final release possible. It may be helpful to lie in bed with the person and hold him or her, or to take their hand and then say everything you need to say so that afterward you never say to yourself, "why didn't I say this or that to him or her?" It may be as simple as saying, "I love you." It may include recounting favorite memories, places and activities you shared. It may include saying, "I'm sorry for whatever I contributed to add tensions or difficulties in our relationship." It may also include saying, "Thank you for ..."

Tears do not need to be hidden from your loved one or apologized for; tears express your love and help you to let go.

## Physical Changes as Death Nears

- Loss of the ability to swallow
- **Blood pressure** decreases; the **pulse** may increase at first but then often decreases just before death.
- **Body temperature** can go up and down; a fever is common and can be treated with medicine to help with comfort or by applying cool clothes to the body.
- There can be increased **sweating**, often the body may feel clammy. Taking away a heavy cover or using a low fan may help.
- **Skin color** changes: red with fever, bluish with cold. A pale yellowish skin color often comes just before death as blood shifts away from the skin.
- **Breathing changes** are common. It may increase, decrease or become irregular in rate; periods of no breathing (apnea) are common. As time goes on, breathing often gets shallow as well.
- **Congestion** will present as a rattling sound in the lungs and/or upper throat. This happens because the patient is too weak to clear the throat or cough. The congestion can be changed by the patient's position, can be very loud, and sometimes can just come and go. Raising the head of the bed and swabbing the mouth with oral swabs gives comfort and helps you to care for your loved one. There are also some medicines that help if this occurs.
- The **arms and legs** of the body may become cool to the touch. The hands and feet may become purplish. These symptoms are because of low blood flow. Using pillows to raise the arms and legs may give comfort and lower swelling that often occurs.
- Involuntary muscle twitches may occur. These result from imbalance in the blood. The twitches are not painful and no action needs to be taken.

## What can you do to help?

The goal of the Tanner Hospice Care team is comfort for the patient and family. There are some things family members can do. The following is a list to guide you on things you can do for your loved one during this time:

- Allow your loved one to sleep as much as they wish.
- Include the children in your family in the experience. Counselors can help to prepare them or answer questions.
- Turn your loved one if it makes him or her more comfortable.
- Wet their mouth with a washcloth or mouth swab; apply lip balm on their lips.
- If your loved one has a fever or is hot, apply a cool cloth to their forehead.
- Write down what your loved one says, this may give you comfort later.
- Play your loved one's favorite music. Bring personal items that may bring them comfort.
- Ask visitors and other family members to talk directly to the patient and tell them who they are.
- Continue to touch and stay close to your loved one.
- Let your loved one know that it is OK for them to let go; they may need reassurance that everyone will be OK.

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## A Closer Look at the Dying Process

When confronted with approaching death, many wonder exactly when death will occur. Many families and patients as well ask the question, “How much time is left?” This is often difficult to answer: the dying do not always cooperate with the predictions of doctors, nurses, etc.

As every person moves toward the end of life, each will go through something different. Death comes in its own time, and in its own way. The dying process may begin long before the death actually takes place. This process allows a person to not only think about death, but also to know this applies to him or her. Sadly, the person doesn’t always share these thoughts and feelings with family and friends.

Hospice staff have often observed that even predictions by physicians about length or time from the original diagnosis till death is often inaccurate. These are only statistical guidelines. On an individual basis, there are specific signs of approaching death, which may be observed, and which do indicate that death is drawing near. Each patient is different, not all will show these signs and symptoms of approaching death.

Depending on the type of terminal illness and the metabolic condition of the patient, different signs and symptoms may arise. Your physician or hospice nurse can often explain these signs and symptoms to you. If you have questions about changes in your loved ones condition, feel free to ask your hospice nurse.

There are two phases which occur prior to death: the “pre-active phase” of dying, and the “active phase” of dying. On average, the pre-active phase of dying may last about two weeks, while on average, the active phase lasts about three days.

We say “on average” because there are often exceptions to the rule. Some patients have exhibited signs of the preactive phase of dying for a month or more, while some patients exhibit signs of the active phase of dying for two weeks. Many hospice nurses have thought death was soon to occur, when a patient had an unusually low blood pressure and changes in breathing patterns. However, some patients can recover and live a week, a month or longer.

### **Signs of the Pre-active Phase of Dying**

- Increased restlessness, confusion, agitation, inability to stay content in one position and insisting on changing positions frequently (often exhausting caregivers)
- Withdrawal from active participation in social activities
- Increased periods of sleep, lethargy
- Decreased intake of food and liquids
- Beginning to show periods of pausing in breathing (apnea) whether awake or sleeping
- Patient reports seeing persons who have already died
- Patient may state that he or she is dying
- Patient requests family visit to settle “unfinished business” and tie up “loose ends”
- Inability to heal or recover from wounds or in infections
- Increased swelling (edema) of either the extremities or the entire body

### **Signs of the Active Phase of Dying**

- Inability to arouse patient at all (coma) or ability to only arouse patient with great effort but patient quickly returns to severely unresponsive state (semi-coma)
- Severe agitation in the patient, hallucinations, acting “crazy” and not in the patient’s normal manner or personality
- Much longer periods of pausing in breathing (apnea), ranging from 10-45 seconds
- Dramatic changes in the breathing pattern including apnea, but also including very rapid breathing or cyclic changes in the patterns of breathing (such as slow progressing to very fast and then slow again, or shallow progressing to very deep breathing while also changing rate of breathing to very fast to then slow)
- Severe respiratory congestion or fluid buildup in the lungs
- Inability to swallow any fluids at all (not just having lost the desire for fluids)
- Patient states he or she is going to die
- Patient is breathing through wide-open mouth continuously and can no longer speak, even if awake
- Urinary and bowel incontinence (in patients who had previously been continent)
- Marked decrease in urine output and darkening color of urine (may appear brown or red like blood)
- Blood pressure dropping dramatically from patients normal range (more than a 20 or 30 point drop) or systolic blood pressure below 70 and diastolic blood pressure below 50
- Patient’s pulse rate elevates above 100, sometimes into the 140-150 range

- Body temperature may decrease or may elevate; temperature may be low-grade (99) or quite high (104-105)
- Patient's extremities (such as hands, arms, feet and legs) feel very cold to touch
- Extremities may have a bluish or purple coloring (especially hands and feet); this is called cyanosis or sometimes mottling
- Patient's body is held in rigid, unchanging position

Although all patients do not show all these signs, many of these signs will be seen in some patients. Remember, that each of your loved one's lived life as an individual — each patient will experience this journey on his or her own and differently. This is only intended as a guide; your loved one may exhibit each of these symptoms or only a few. On occasion, hospice patients may quietly die in their sleep or experience sudden death.

Changes in your loved one's condition can occur suddenly and unexpectedly. A variety of physical changes may happen in the last hours and days of life which can be alarming if not understood. If you have questions about any of the changing signs or symptoms appearing in your loved one, ask your hospice nurse to explain them.

### **Impending Death**

The impending death of a patient is not a medical emergency and does not require emergency room treatment. You and your hospice team have worked together to allow your loved one to die at home in a familiar environment; nothing must be done immediately unless the patient is having severe symptoms. If so, call the hospice nurse.

### **How will you know when death has occurred?**

The death of a hospice patient is not an emergency. Nothing must be done immediately. The signs of death include such things as no breathing, no heartbeat, release of bowel and bladder, no response, eyelids slightly open, eyes fixed on a certain spot, no blinking, jaw relaxed and mouth slightly open.

When you think death has occurred, call the Tanner Hospice Care nurse at 770.214.2355. She or he will come to the home. The hospice nurse will call the funeral home and doctor and will assist you in any way she or he can. The body does not have to be moved until you are ready. If the family wants to assist in preparing the body by bathing or dressing, that may be done.

## **Bereavement and Beyond**

One of the most meaningful services of Tanner Hospice Care is our bereavement program. Because patients and their respective families are special to us, our relationship with the family continues after the patient's death. The family and/or caregivers will be contacted by the bereavement coordinator shortly after your loved one's death.

Much appears in the literature about the emotions and feelings associated with grief. Those who have lost a loved one often have many emotions and feelings which are intense, confusing and sometimes overwhelming. The period right after the death of a loved one is a time of regrouping and sometimes relief. One should not feel guilty about the sense of relief — more active grieving and sadness may occur later. Some of the feelings caregivers and families have after the loss of a loved one include denial, anger, depression, acceptance and hope. Hope is the assurance that physical death does not diminish shared memories and ideas.

There is not a way to fully prepare for the loss of a loved one. Tanner Hospice Care is available to help family members and significant others go on living after the loss of their loved one. Members of the hospice team will continue to support you by telephone, mail and visits as needed. Support groups are available for your participation.

## **Thank You**

The staff at Tanner Hospice Care thanks you for the privilege of assisting with the care of your loved one. You have allowed us to share in one of the most intimate times in the life of a family. We appreciate the trust placed in us and will take with us treasured memories of you and your loved one.