Palliative Care & Hospice Care 101

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"If we are not aware of death, we are not mindful of our living",

Dr. Virginia Seno
Educator in end of life communication
OBJECTIVES

• Define principals of palliative care.

• Describe the palliative care paradigm.

• Identify the role of nurses in assessment and treatment of symptoms related to the terminal diagnosis.

• Identify common symptoms that are palliated at end of life.

• Distinguish the role of nursing in promoting Palliative care.
Palliative care is “comfort care”.

Expect more from us. We do.
PALLIATIVE CARE vs. HOSPICE CARE

- STILL RECEIVING TREATMENT
- ANY STAGE IN DISEASE PROCESS
- COMFORT CARE
- IMPROVED QUALITY OF LIFE

- TREATMENT FAILED-TERMINAL
- FINAL STAGE OF LIFE
- COMFORT CARE
- IMPROVED QUALITY OF LIFE
Commonly Asked Questions

• Where does Hospice Care take place?

• What is the Hospice Medicare benefit?

• Does the Patient have to have a DNR?
Levels of Hospice Care

- **Routine care**- can occur anywhere

- **Respite care**- for caregiver relief—maximum of 5 day period.

- **Continuous Care**- for symptoms requiring extensive intervention.

- **General Inpatient (GIP)** must occur in contracted LTC or hospital for symptoms that cannot be managed in the home setting.
Referral Process

• **Anyone can make a referral**
  
  consents can be signed and or an educational, informative discussion

• Must have a *Doctor’s order to admit* the patient.

• Can have the admission RN do a chart evaluation.

• Provide face sheet and H&P
BETTER QUALITY OF LIFE

EARLY REFERRAL TO HOSPICE
Early Referral to Hospice Care

- Allow the Patient to focus on Living
- Promote a Pro-active approach to Life
- Transition of family members from PCG to spouse, child, sibling.
- Use of Medicare Benefit- Respite, GIP
PRE HOSPICE CRITERIA FOR PALLIATIVE CARE-Clinical Indicators

- Frequent trips to the E.D. or the hospital
- Frequent Infections
- Weight Loss
- Changes in intake
- Frequent medication changes
- Falls
Clinical Indicators -continued

- Changes in mental status
- Frequent skin breakdown
- Labile blood glucose readings
- Frequent IV sticks for lab orders
- Pain Issues
- Shortness of Breath

**Patient verbalizes desire to minimize treatments, trips to the ER.**
Principles of Palliative/Hospice Care

• Patient and Family are seen as 1 unit

• Patient-centered and Patient driven Plan of Care

• Holistic Approach

• Interdisciplinary Approach

• All symptoms palliated to promote comfort
Conditions treated while on Hospice

- Pneumonia
- Urinary tract infections
- Fractures
- Upper Respiratory infections

- Can the patient go to the Hospital?
- Can a patient work while on Hospice?
Transitioning from Hospital to Hospice Care

- Curative to palliative

- Symptom Management
Clinical Indicators for Hospice

- Frequent trips to the E.D. or the hospital
- Frequent Urinary Tract Infections
- Frequent Respiratory infections
- Weight Loss
- Changes in intake
- Frequent medication changes
- Falls
Symptoms Palliated at the End of Life

PAIN
DYSPNEA
ANXIETY
NAUSEA AND VOMITING
CONSTIPATION
AGITATION
CONGESTION
Pain Management

WHO LADDER

FLACC SCALE
EVERY PATIENT ON NARCOTICS SHOULD BE ON A BOWEL REGIME!!
Expect more from us. We do.
Assess the patient and families desires
Expect more from us. We do.
“when you control pain and other symptoms, people not only feel better, they live longer.”

Dr. Sean Morrison, President of American Academy of Hospice and Palliative Medicine
Palliative/Hospice Care Option

- Provide facts
- Provide literature
- Hospice and palliative care website
- Hope remains

NHPA
Questions

- ????????
References

- NHPCO Website [www.nhpco.org](http://www.nhpco.org).