

Expect more from us. We do.

Palliative Care & Hospice Care 101



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Crossroads

"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”.

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?
- Does the Patient have to have a DNR ?
- What is the Hospice Medicare benefit?



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

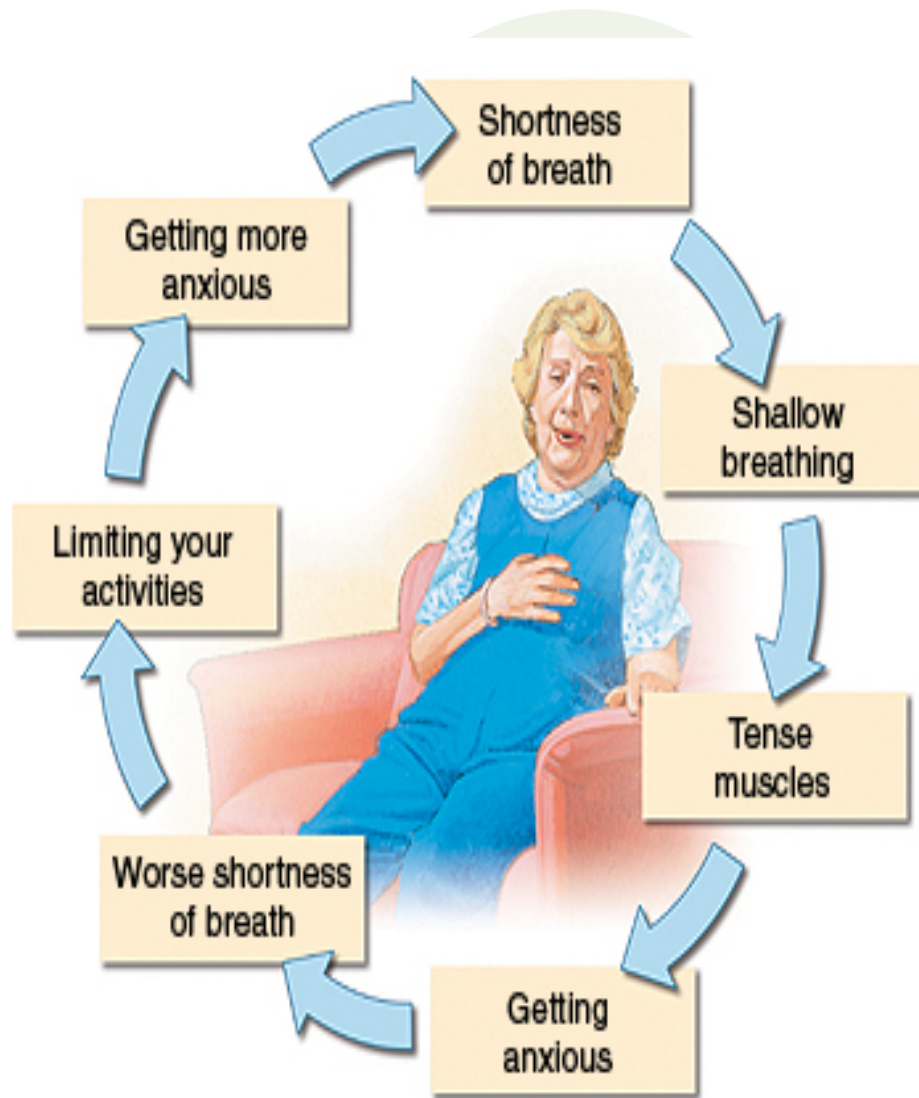
Pain Management

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.



crossroads

“ 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.
- World Health Organization. www.who.int/en/
- FLACC Behavioral Pain Assessment Scale. wps.prenhall.com/wps/media/objects/3101/317896/tools/flacc.pdf.

