Caring for the Terminally Ill

Must come to terms with own mortality first.
Have ability to practice holistic care (physical, biological, social, psychological, & spiritual)
Recognize need to care for the family as well as the patient.
Advocate for the patient to maintain control and independence as long as possible

Family Reactions to a Potentially Fatal Illness:

Discovery and Diagnosis

"Finding out of the illness"
Shock and disbelief
Denial, Guilt
Anticipatory grief

Induction and Remission

"Inducing a remission"
Anger, depression and ambivalence r/t side effects of treatment: *"Is it worth it?"*
Bargaining for remission

Maintenance

"Treatment continues"
Social isolation as crisis closes outside communications
Hope and fear – hope for cure, fear return of disease

Recovery

"Cessation of treatment"
Ambivalence – there was security in ongoing treatment
Overprotectiveness – constant watch for reoccurrence

Relapse

"Remission ends"
Denial, anger, depression
Anticipatory grief
Loss of hope – each relapse decreases chance of survival

Terminal Stage

"Death is near"
Fear of death, Fear of pain, Fear of loss of control, Fear of isolation and loneliness

Caring for the dying patient

Fears of caring for a dying patient come from our own insecurities about death. It is important to focus on the needs of the dying patient and his/her family, not ourselves. However, it is important to debrief ourselves <u>following</u> the provision of care and this is often neglected.

Specific guidelines for care of the dying patient:

- Talk to the patient!
  - Give the patient a sense of control
  - Ask what, when, and from whom
  - Acknowledge difficult requests
  - Let the patient set the tone
  - Maximize limited time
  - Deal with patient fears
  - Let the patient die <u>his</u> way
- Maintain independence and self-esteem
- Promote comfort; provide for physical needs
- Prevent loneliness and isolation
- Involve the grieving family in the care
- Meet spiritual needs by supporting <u>their</u> beliefs, not your own
- Promote family cohesion
  - Allow unlimited visitation as much as possible
  - How to answer the question "Should I call the family in now?"

Knowing when death is near

Clinical signs of impending death:

- Loss of muscle tone
  - Relaxation of the facial muscles (jaw may sag)
  - Difficulty speaking
  - Difficulty swallowing with gradual loss of the gag reflex
  - Changes in the functioning of the musculature of the GI and GU tracts
- Slowing of circulation
  - Diminished sensation
  - Mottling and cyanosis of the extremities
  - Cold skin, first in feet, then later hands, ears, nose (despite normal core temp)
- Changes in vital signs
  - Weaker pulse, decreased blood pressure
  - Rapid, shallow, irregular, or slow respirations; mouth breathing
- Sensory impairment
  - Tactile sense decreases
  - Vision fails
  - Hearing felt to be last sense to go
- Level of consciousness
  - Varies
  - Sometimes period of restlessness followed by peacefulness

Clinical signs of imminent death:

- Dilated, fixed pupils (eyes may be partly opened or closed)
- Inability to move; loss of reflexes
- Faster, weaker pulse; lowered blood pressure
- Cheyne-Stokes respirations
- Noisy breathing (death rattle) due to collection of mucus in throat

^Care of the body after death

Be sure you talk to the person who has the real right to authorize disposition of the body.
Some families may request body not to go to the morgue, rather have it picked up from the room.
Allow family to see the body if they request; bathe prior to visitation; don't rush them; be near.
Specific guidelines for preparing the body for transfer to the morgue:

- Avoid using strings if provided with the morgue pack (leaves indentations)
- Use wide gauze to <u>loosely</u> wrap around fingers so they are together
- Don't use chin strap; chin can be repositioned later if needed.
- <u>Do</u> put something <u>little</u> under the head (i.e. small head pillow or towel) to position it slightly forward. You do not want the head extended, you want "normal" positioning.
- Do not put body face down.
- If plastic packs (bags) are used, keep it loose at the head.

Ask family about removal of clothes and where they want them to go (with them or to the funeral home with the body)

^At the Funeral Home

Continuation of family support
Family may choose cremation or burial
Role of Funeral Director very similar to nursing support and medical procedures
Important to consider cultural variations related to death, cremation, burial, embalming

^Purpose of Embalming in priority order:

1.

2.

3.

^Personal communication, Bob Herrington, Funeral Director, Watson's Funeral Home