

<p style="text-align: center;"><i>K</i></p> <p>What do I know about End of Life (EOL)?</p> <p>Ethics EOL Grief</p> <p>Add 5 things you know about the topic</p>	<p style="text-align: center;"><i>W</i></p> <p>What do I want to know about EOL?</p> <p>Add 5 things you want to know</p>	<p style="text-align: center;"><i>L</i></p> <p>What did I learn about EOL?</p> <p>Add what you learned</p>
<p>Care for the patient and their family.</p> <p>Make sure to know patient's religion and what they want to comfort them.</p> <p>Prepare to arrange gifts to family from patient such as handprints or heart recording.</p> <p>Prepare for palliative care or hospice care.</p> <p>Make sure to provide family support and comforts that the family may need during grief.</p>	<p>How can I better optimize end of life care for patient?</p> <p>Do they feel pain?</p> <p>What happens when the oxygen is removed?</p> <p>What is the last sense the patient will have?</p> <p>What resources can I give the family?</p>	<p>I learned weak pulses and skin mottling were a sign of decreased perfusion. I also learned terminal secretions is what causes Cheyne stokes and gurgling. We should not suction the patient to remove secretions it will only make it worst. We can give Benadryl it helps with removing secretions by drying the secretions.</p> <p>I learned about Kennedy ulcers; they occur instantly. It also means that no perfusion is in the area affected.</p> <p>We want to provide attentive listening to the patient and family. We can do this by encouraging them to talk, be silent, not changing the subject, avoiding misunderstanding, and encouraging reminiscing. Instead of saying "I'm sorry" we should say "I wish".</p>