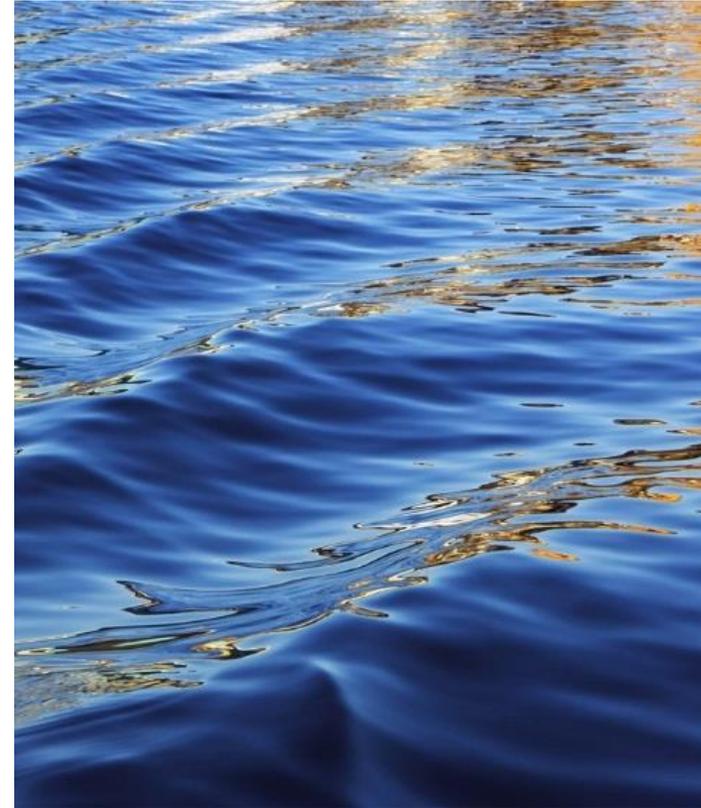




Death and Dying

Rachel Crow MSN, RN



Learning Outcomes

1. Describe the nursing management of the dying patient.
2. Discuss ethical and legal issues in end of life.
3. Describe the physical and psychologic manifestations of end of life.
4. Distinguish the purpose of Palliative care vs. Hospice care

" Death isn't a medical failure, it's a biological certainty. But poorly managed death IS a medical failure"

Dr. Kathryn Mannis

End of Life Defined

Generally, refers to the final phase of patient's illness when death is imminent.

Institute of Medicine defines this as the period during which an individual copes with declining health from a terminal illness or from the frailties associated with advanced age, even if death is not clearly imminent.

End of life (EOL) care is the term used for issues and services related to death and dying.

Advance Directives

Living Will

Medical Power
of Anttorney

Do Not
Resusciate
Order (DNR)

Out of Hospital
DNR

Allow Natural
Death

Do – Not – Resuscitate (DNR)

- ❖ The primary physician selected by or assigned to a patient who has primary responsibility for a patient's treatment or care. Does not include a resident, fellow, Nurse Practitioner, Physician Assistant or any other individual to whom a physician could delegate their duties.
- ❖ Any medical intervention used to restore circulatory or respiratory function that has ceased.
- ❖ Nursing must promptly inform the attending physician when a patient or the patient's legal representative revokes or expresses an intent to revoke the underlying consent to a DNR order.

DNR does not mean that medical assistance will not be given.

WHO Can Sign the DNR?



- The patient- IF they are competent and able to make their own medical decisions.
- Qualified Relative (Surrogate Decision-maker) -A patient's spouse, reasonably available adult children or parents (commonly referred to as legal next-of-kin)
- Legal Representative -A person specifically named by the patient or a court to be the patient's surrogate decision-maker for healthcare decisions when the patient is incapacitated or not evidencing decisional capacity, i.e., legal guardian, medical power of attorney.

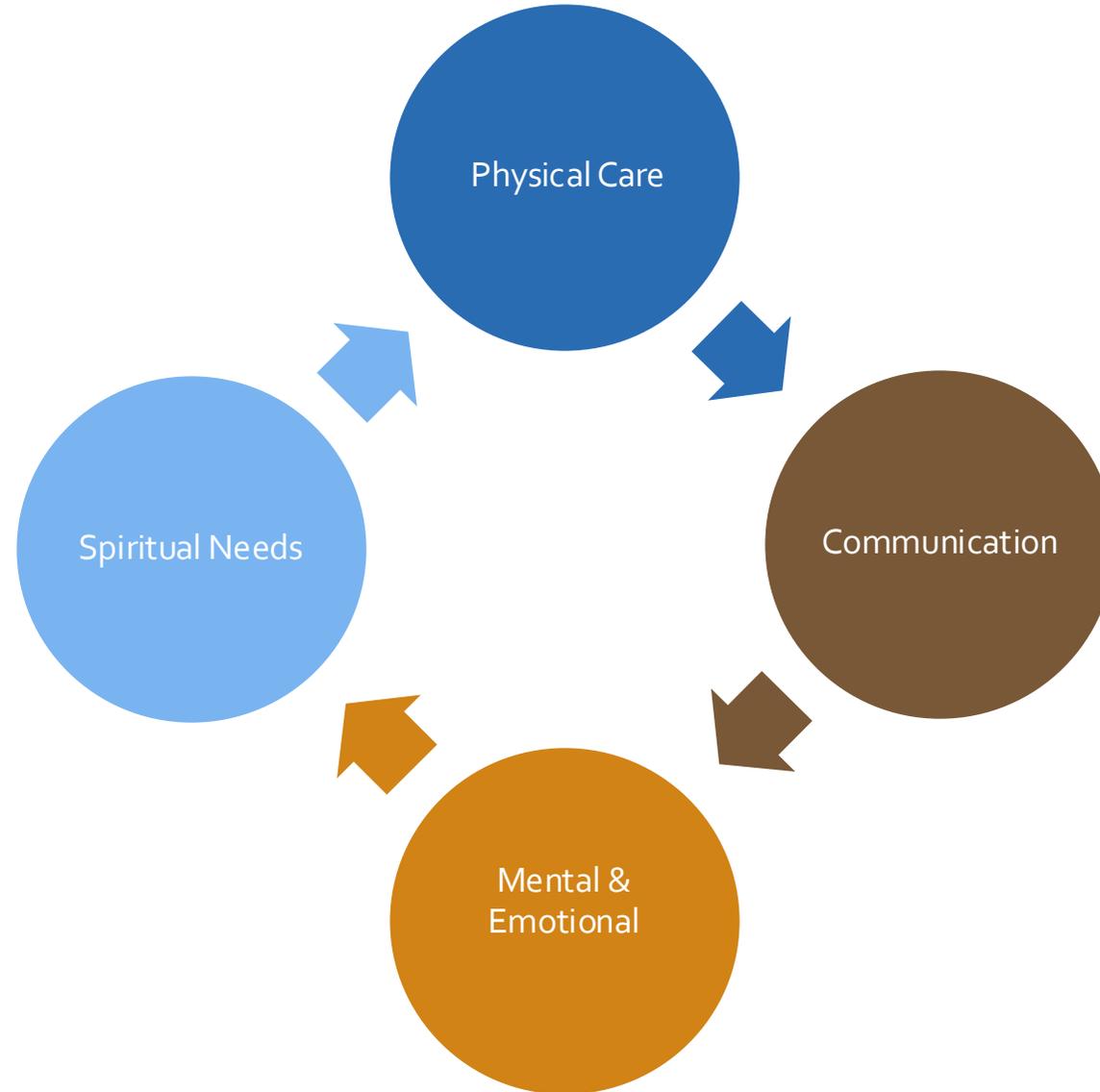
Code of Ethic for Nurses

- Respect for a patient decisions does not require that the nurse agree with or support all patient choices.
- Nurses are leaders who actively participate in the use of appropriate interventions in order to optimize the health and well-being of those in their care. This includes acting to minimize unwarranted, unwanted, or unnecessary medical treatment and patient suffering.
- Respect for human dignity requires the recognition of specific patient rights.

American Nurses Association

- Care for patient with a DNR orders is no different from care for any other patient. Patients with DNR order must not be abandoned, nor should these orders lead to any diminishment in nursing care

Four Areas of Nursing Interventions for EOL



Physical Care



- Physical Assessment Care should focus on the need for:
 - Oxygen
 - Nutrition
 - Pain Relief
 - Mobility
 - Skin care
 - Delirium and Agitation



Use

Use lay terms
not a bunch of
medical jargon



Respect

Respect
cultural
background



Respond

Respond to
difficult
questions but it
is ok if you do
not have the
answer... be
Honest

COMMUNICATION

Respond with Sensitivity

Mental and Emotional Well Being

Anxiety and
Depression

Anger

Hopelessness
and
Powerlessness

Fear



Assessment of Spiritual Needs



Respect for Beliefs and Practices/ Cultural Sensitivity



Collaborate with interdisciplinary care team



Create a supportive environment

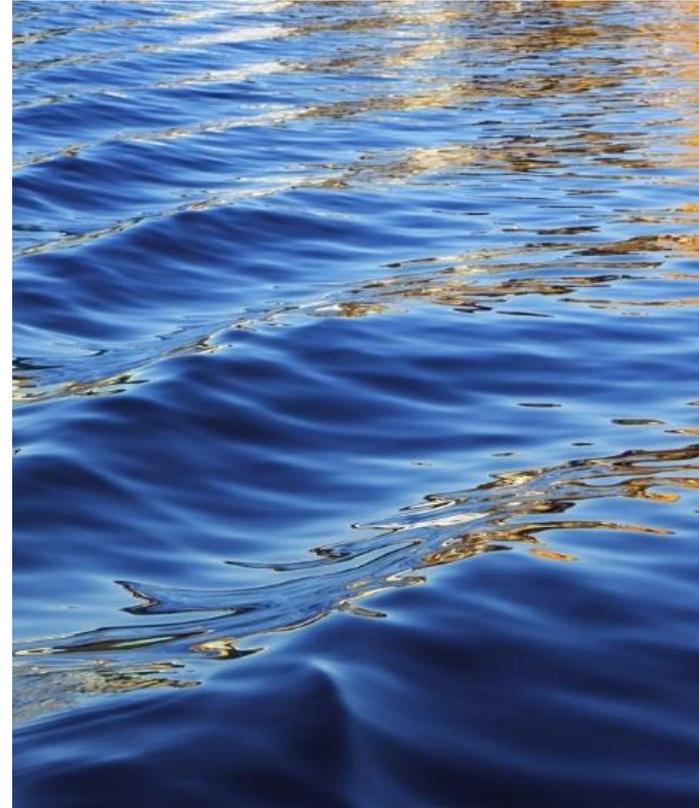
Spiritual Care

Identify and support the patient's and families spiritual, religious and culture needs.



Hospice care is for patients diagnosed with a terminal illness who have six months or less to live, care is focus on comfort treatment.

Palliative care is for patients at any stage of serious illness, even as early as the day of diagnosis, and are therefore still pursuing curative treatment.



Palliative Care vs Hospice Care

Palliative

- Used to improve quality of life
- Used at any stage of a serious illness
- Can be used along with curative treatments
- Symptom management of life-limiting illness
- Goals of Care- Explores medical condition, prognosis and course of treatments. Including potential benefits and burdens of different treatment options including comfort care.

Hospice

- Used to improve quality of life
- Specifically, for those nearing the end of life, but a misconception is that the patient must be actively dying.
- Focused on comfort when curative treatments are no longer effective
- Symptom management and comfort care

[A Beautiful Day in the Neighborhood \(2019\) - Mr. Rogers Comes to Visit Scene \(9/10\) | Movieclips \(youtube.com\)](#)

[Bing Videos](#)