

N442 DHW Chapter 24 ATI Ch 5 pp 42: Palliative and End-of-Life Care (Hospice)

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Slide 3 : You may be seeing this phenomena in your adult health clinicals where the physical care of the seriously ill is so complex that decisions must be made between saving a life; treatments that “may” have positive effects but also may exacerbate other health problems; extending life versus allowing clients to die peacefully; competing desires of a client versus their families; costs versus outcome just to name a few. While often this care is directed mainly towards and individual, it involves the family and even the community in terms of the physical, emotional, and financial costs.

Slide 4: These are some of the concepts and issues related to the care of clients with chronic and serious disease. These incorporate personal, political, social, medical, nursing, financial, ethical issues. Your textbook references the publication *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life* (2015) , from the Institute of Medicine (IOM) and the key issues facing seriously ill and dying persons receiving care at the end of life. An example is that of cost and qualifications for someone to be able to be provided community-based hospice care. This is seen in the gaps in care which exist for persons after discharge from the acute care facility but who due to costs or lack of meeting hospice criteria to not qualify for the palliative care services that are common to many medical centers.

Slide 5: According to the WHO, palliative care can and should be offered to many people early in the course of al illness I conjunction with other therapies that are intended to prolong life, i.e. chemotherapy or radiation therapy, and includes testing needed to better understand and manage distressing clinical complications.

Slide 6: You may have hear of the classic work of Elisabeth Kubler-Ross, *On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy, and Their Own Families* (1969) She outlines stages of dying. Her work lead to the important focus on understanding the need of the dying person and the need for pain relief in terminally ill person.

Since then great strides have been made in palliative and hospice care, with the key concepts for this care including compassionate care delivered by a highly functional expert interprofessional team, holistic focus, emphasis on pain management and symptom control, and focus on improvement of the quality of life.

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