



E L N E C

Core Curriculum

End-of-Life Nursing Education Consortium

Module 8: Final Hours



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The Nurse, Dying and Death

- **Nurses provide support to staff, patients/families**
- **Interpersonal competence**
- **Being present**
- **“Bearing witness”**
- **Interdisciplinary care**



Dying is an Individualized Personal Experience

- **There is no typical death**
- **Patient preferences**
- **Nurses advocate for choices**
 - Setting of death**
 - Support**

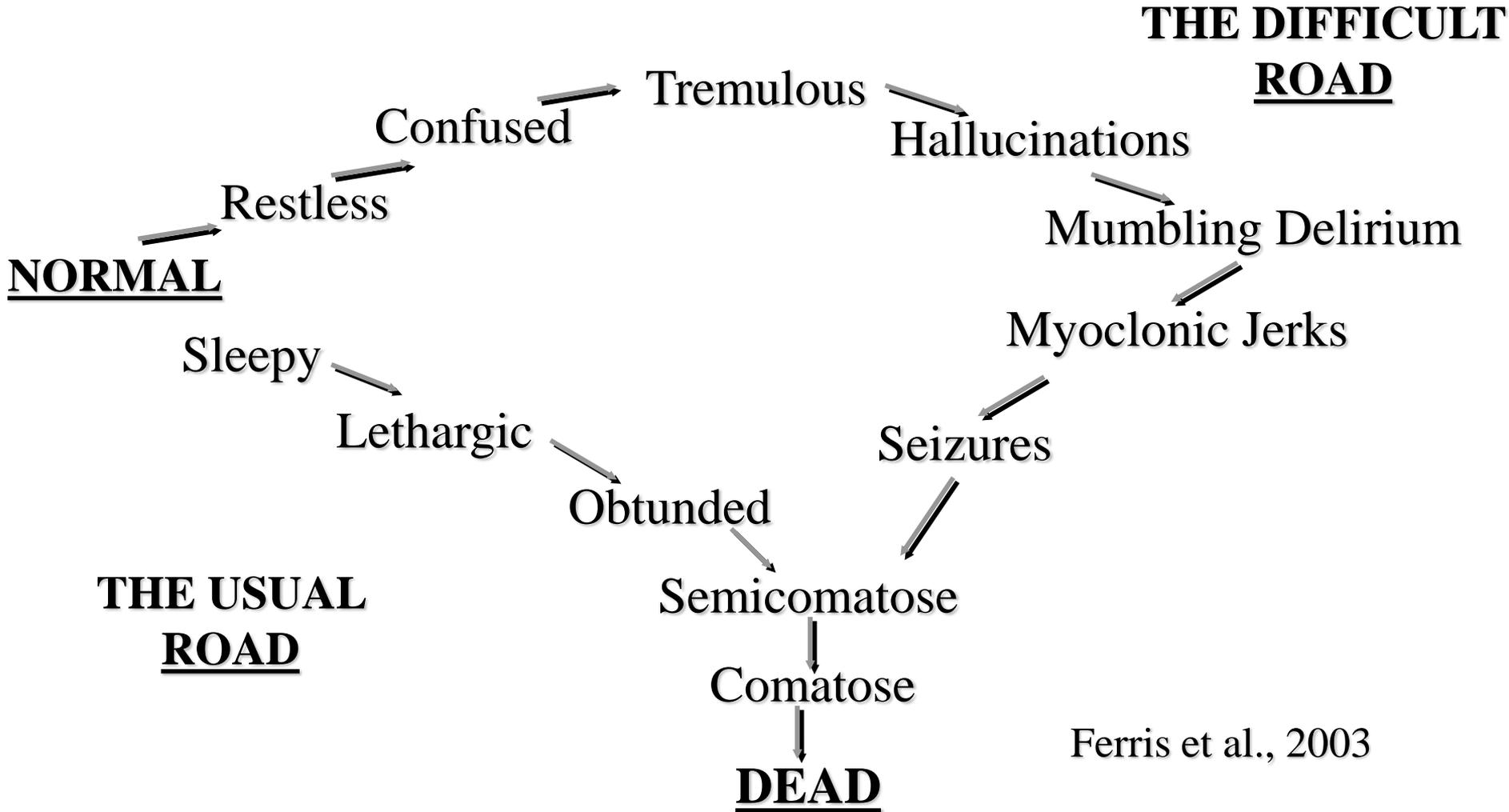


Open, Honest Communication

- **Convey caring, sensitivity, compassion**
- **Provide information in simple terms**
- **Patient awareness of dying**
- **Maintain presence**



Two Roads to Death

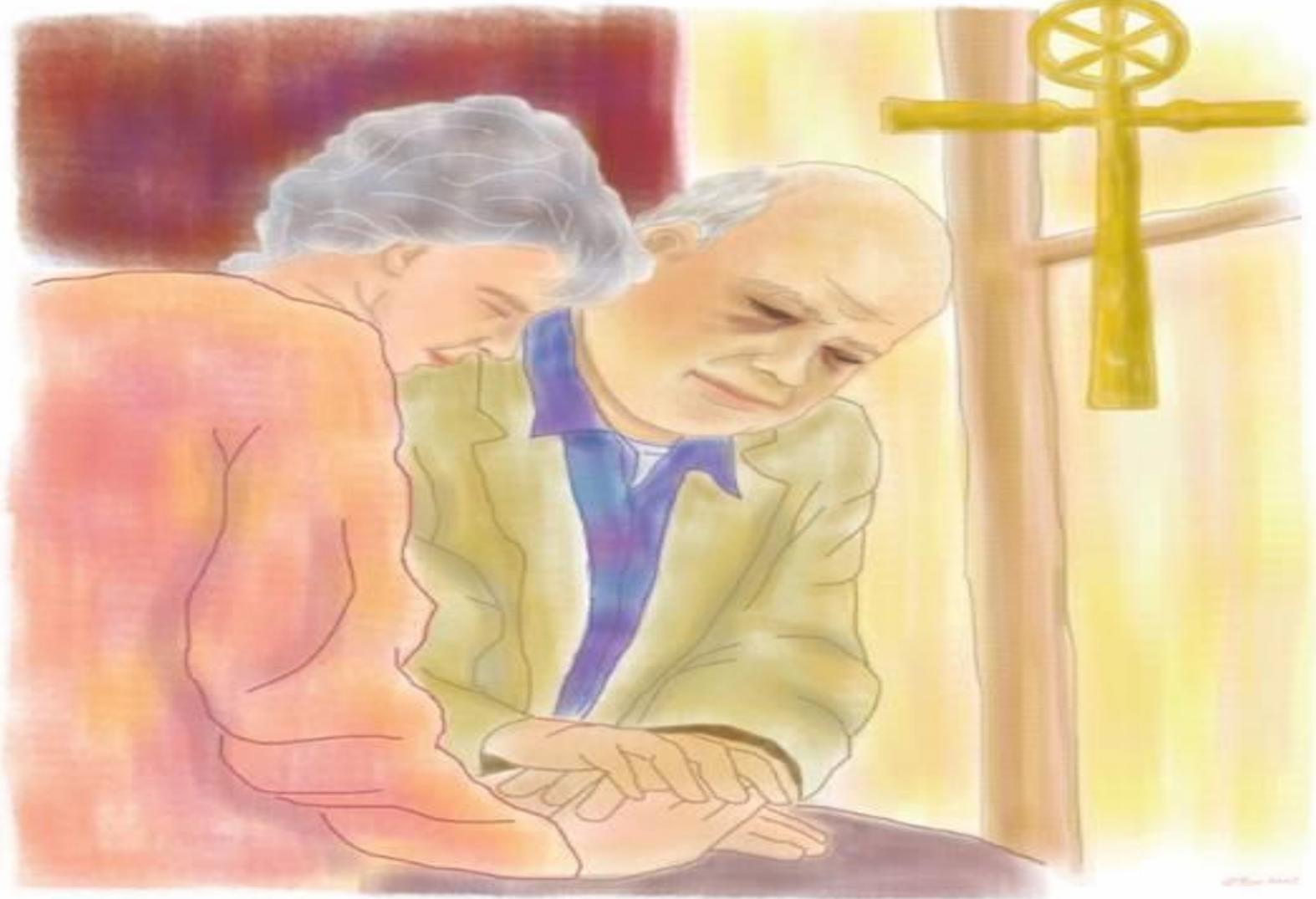


Ferris et al., 2003

Psychological and Emotional Considerations

- **Fear of dying process**
- **Fear of abandonment**
- **Fear of unknown**
- **Nearing death awareness**
- **Withdrawal**

Berry & Griffie, 2010



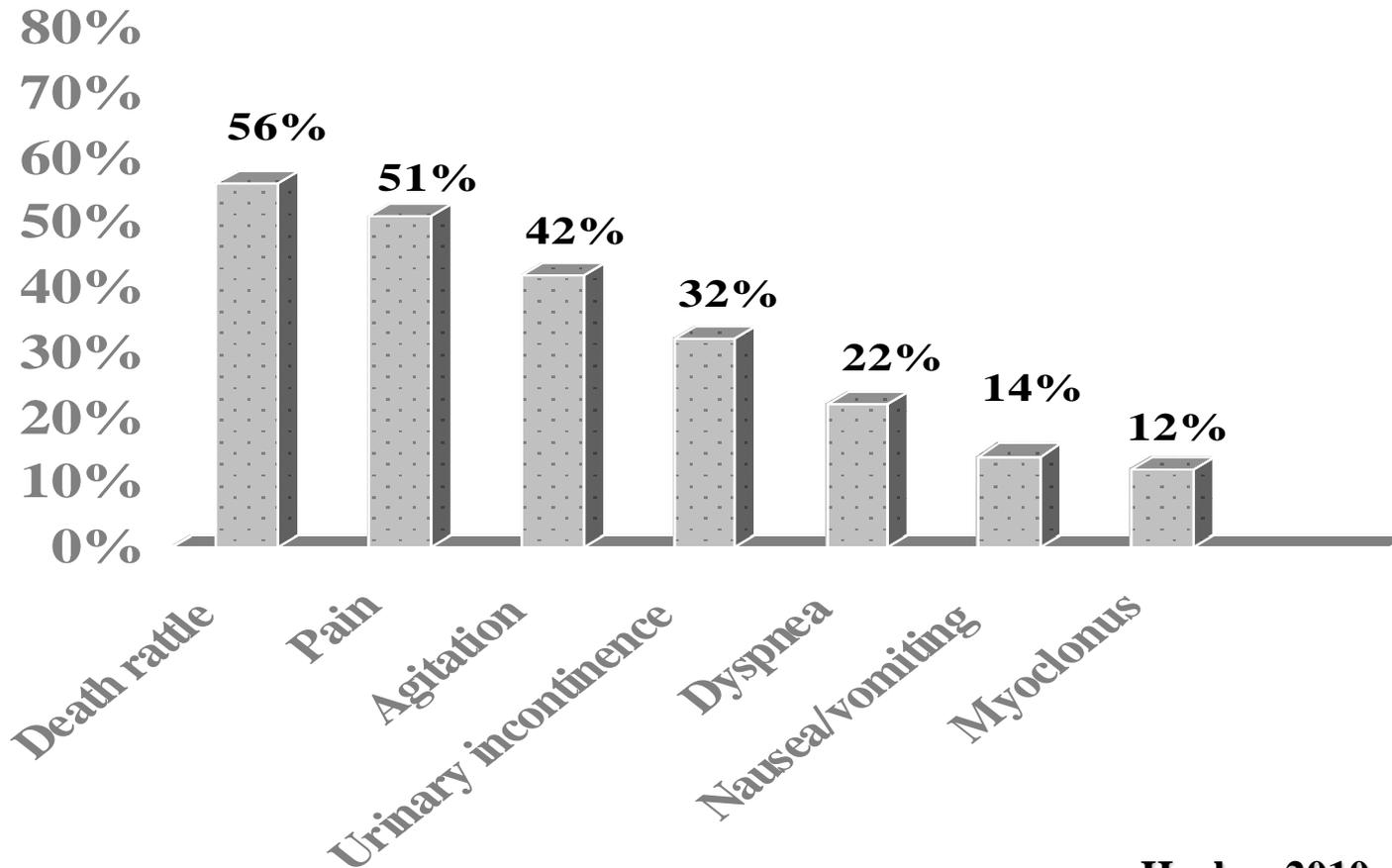
What About Artificial Nutrition & Hydration at End of Life?

- Perceptions of “starving to death”
- Enteral feeding does not reduce risk of aspiration or mortality
- Hydration does not decrease “dry mouth”
- Patients who fasted to end their lives experienced peaceful death

Ersek, 2003; HPNA, 2003a;

Ganzini et al., 2003; Prince-Paul & Daly, 2010

Frequency of Symptoms Last 48 Hours



Harlos, 2010;
Lunney et al., 2003



Pain During the Final Hours of Life

- **Assessment and management of pain is critical**
- **Behavioral cues**
- **First rule out other potential causes of distress**

Opioids

- **Dosing of opioids given during last hours based on appropriate assessment and reassessment.**
- **Dose may be decreased**
- **Consider other routes:**
 - **Oral**
 - **Rectal**
 - **Subcutaneous**

Accumulation of Metabolites

- **Morphine and hydromorphone undergo glucuronidation producing M-3-G & H-3-G**
- **Both accumulate in renal dysfunction producing hallucinations, myoclonus and other adverse affects**

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Intractable Pain at the End of Life

- **Pain may be intractable even with aggressive treatment**
- **Total sedation may be the only alternative**

Palliative Sedation at End of Life

Consider:

- All possible etiologies and treatments
- Education of patient/family regarding goals and outcomes
- Interdisciplinary team approach

Symptoms of Imminent Death

- **Decreased urine output**
- **Cold and mottled extremities**
- **Vital sign and breathing changes**
- **Respiratory congestion**
- **“Death rattle”**
- **Delirium/confusion**
- **Restlessness**

Kehl, 2004; Matzo, 2009; Rousseau, 2007

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Management of Imminent Death Symptoms

- **Elevate head of bed**
- **Begin anticholinergic drugs**
- **Reduce or withhold IV fluids/enteral feedings**

Matzo, 2009; Rousseau, 2007

The Death Vigil

- Family presence
- Common fears
 - Being alone with patient
 - Painful death
 - Time of death
 - Giving “last dose”



Bedside Vigil

Nursing Interventions: Support

- **Collaboration with physician/team**
- **Reassurance and education**
- **Role model comforting**
- **Physical comforting**
- **Spiritual care; honor culture**



Resuscitation

- **No advance planning**
- **Unrealistic beliefs regarding survival**
- **Outcomes are usually poor**
- **Family presence during resuscitation**

Heyland et al., 2006;
Wallace et al., 2002

Thoughts of Patients Who Survived Resuscitation

- Felt that neither their confidentiality or their dignity had been compromised.



End-of-Life Practice Issues: Withdrawal of Ventilator Support (cont.)

- **Decision to withdraw ventilator support is made on behalf of patient**
- **Prognosis poor and deemed futile**
- **Provide educational support to staff**

Campbell et al., 2010; McAdam & Puntillo, 2010



Signs That Death Has Occurred

- **Absence of heartbeat, respirations**
- **Pupils fixed**
- **Color**
- **Body temperature drops**
- **Muscles, sphincters relax**



Care Following Death

- **Preparing the family**
- **Care after death**

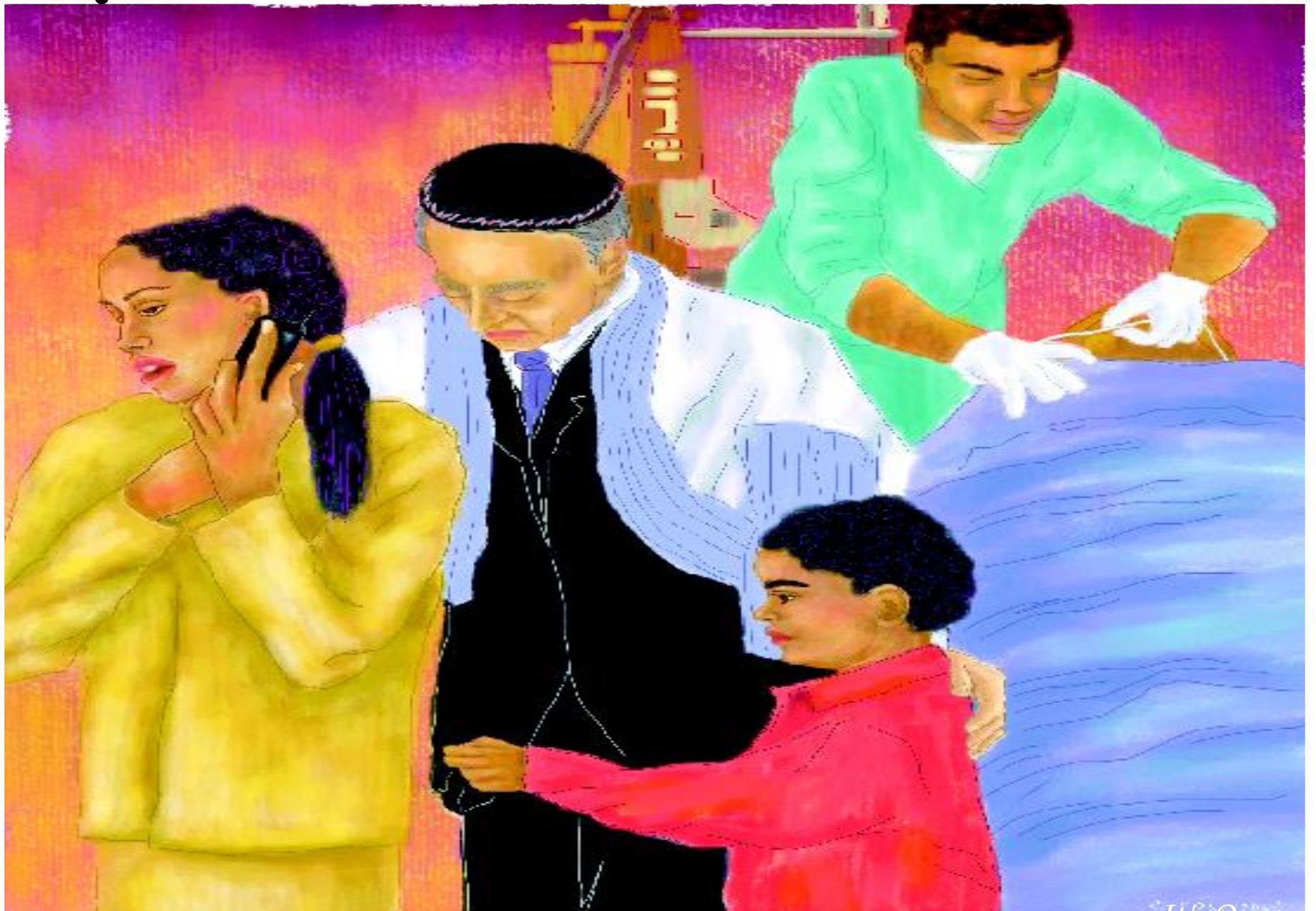
Hallenbeck, 2005

Care Following Death (cont)

- **Plans for burial/embalming**
- **Removal of the body**
- **Assistance with calls and notification**

Care Following Death (cont)

- **Destroying medications**
- **Assisting with arrangements**
- **Initiating bereavement support**



It's Over.

Nurses Caring for Themselves and Colleagues: Burnout Prevention

- **Provide support to staff**
- **Organize rituals/memorials**
- **Model self care strategies**
 - **Healthy body**
 - **Healthy mind**
 - **Healthy social life**
 - **Healthy spirit**



Conclusion

Family members will always remember the last days, hours, and minutes of their loved one's life. Nurses have a unique opportunity to be invited to spend these precious moments with them and to make those moments memorable in a positive way.

Wired for life



Rose 2003