PSYCHOLOGICAL CONSIDERATIONS

Part 3

INTERACTING WITH THE TERMINALLY ILL PATIENT

Unexpected death is much more complicated than anticipated death

Eventually you will experience patient death during imaging procedures

Calling a “false alarm” emergency code is always better than waiting too long to save a patient

You may still need assistance when working through the personal aspects of having a patient die

Understanding the Process

- *Awareness*
  - Closed - not told of condition
  - Suspicious - watch for clues of their condition, but tries not to let anyone know how knowledgeable they are
  - Open - permits everyone to work through various stages that precede death
  - Mutual pretense- all know but pretend not to know

Patient Autonomy

- Doctors and Patients working together
- How the patient's symptoms are controlled
- How conscious and alert patient's desire is at life's end

Patient Support Services

- Hospice care
- Home healthcare services
- Social services
- Organizations for person with specific terminal diseases (patient-to-patient)
- Pastoral and religious services
- Psychological support groups
- Family and Friends

Aspects of Death

EMOTIONAL

PERSONAL

PHYSICAL

Emotional

- Grief and mourning are natural and necessary parts of the healing process after a loss

Personal

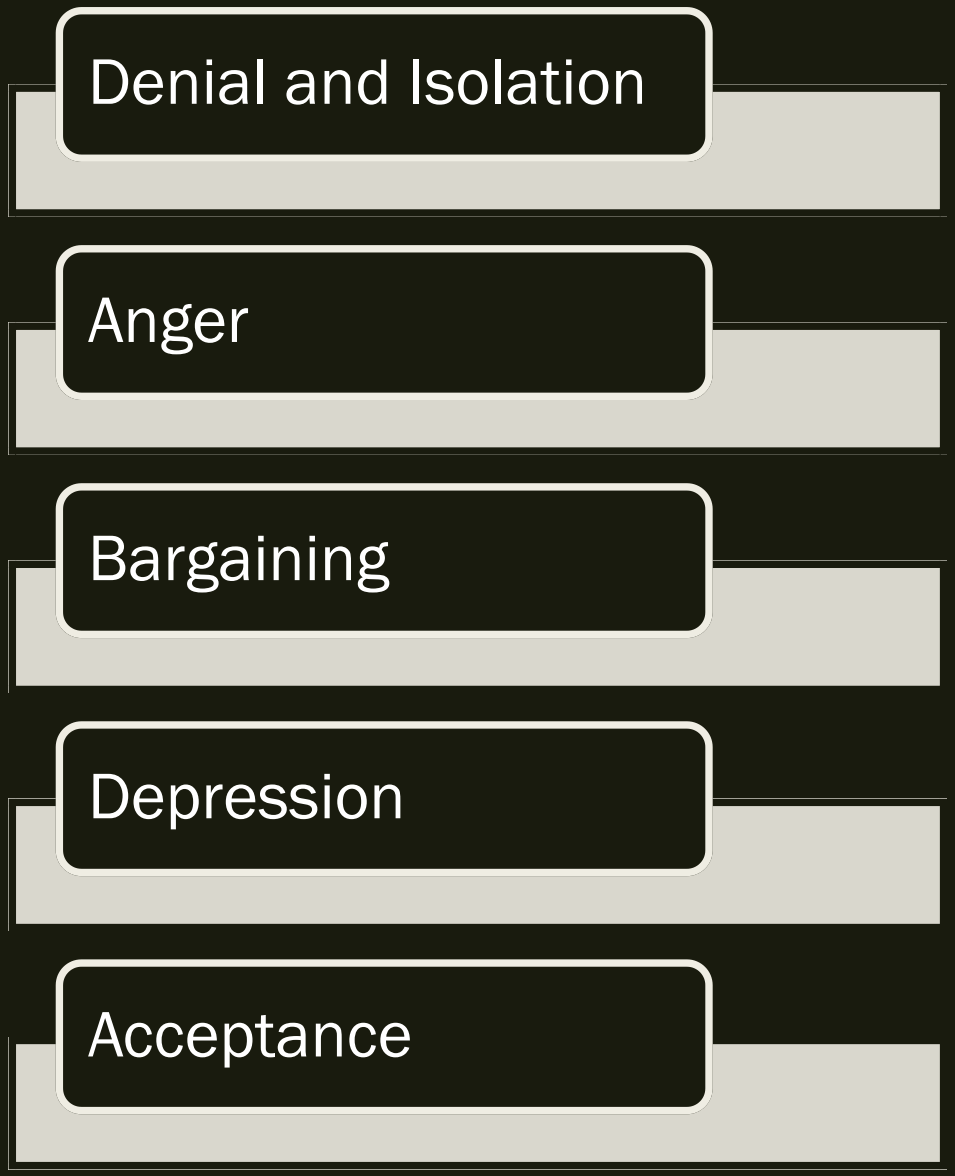
- Affects all in some way
- Everyone grieves at a different pace
- Be patient, give self time to grieve
- Personal support of family, friends, and clergy
- Some grieving individuals who experience grief in ways that impact their ongoing ability to function may need to seek professional help

http://www.helpstartshere.org/health-wellness/about-death-and-dying.html

Physical

- **Confusion** – about time, place, and identity of loved ones; visions of people and places that are not present
- A **decreased need** for food and drink, as well as loss of appetite
- **Drowsiness** – an increased need for sleep and unresponsiveness
- **Withdrawal** and decreased socialization
- **Loss of bowel or bladder control** – caused by relaxing muscles in the pelvic area
- **Skin** becomes **cool** to the touch
- **Rattling or gurgling sounds** while breathing or breathing that is irregular and shallow, decreased number of breaths per minute, or breathing that switches between rapid and slow
- **Involuntary movements** (called myoclonus), changes in heart rate, and loss of reflexes in the legs and arms also mean that the end of life is near

http://currentnursing.com/reviews/care_of_dying_and_death.html



Five Stages of Grieving Process (Kubler-Ross)

Factors Affecting Patient's Emotional Responses

1. Age
2. Gender
3. Marital/family status
4. Socioeconomic factors
5. Cultural /religious variations
6. Physical condition
7. Self-image
8. Past health care experiences
9. Beliefs
10. Attitudes
11. Prejudices
12. Self-awareness

Grief and Counseling

- Grieving the death of a loved one is of course entirely natural
- During counseling a counselor will:
  - *Have the person talk about the deceased*
  - *Distinguish grief from trauma*
  - *Deal with guilt and help them organize the grief*

ADVANCE DIRECTIVE

Legal document which lists patient preferences in regards to specific medical interventions

- Used at **end of life** when patient is unable to make their own health care decisions

- Types:
  - *Living Will or*
  - *Durable Power of Attorney for Health Care*

**Sample living wills can be obtained (Free)
- National Partnership for Caring, Inc.
  - Tailored to each state's requirements

ADVANCE DIRECTIVES

- Medical decisions needing a living will include:
  - *Use of CPR*
  - *Use of intubation*
  - *Tube feeding*
  - *Administration of blood products*
  - *Surgery*
  - *Dialysis*
  - *Organ donation*
  - *Chemotherapy*

ADVANCE DIRECTIVES

- All inpatients are asked upon admission if they have a signed advance directive
  - *If yes, advance directive is included in chart*
  - *If no, documentation of the lack of an advanced directive is made in chart*

This documentation is required by all facilities which receive federal funding

Date: 8/01/06

I. **ORIGIN:** MD Office ☐ SurgiCenter ☐
PAT Lab ☐ ECU ☐
Nursing Unit CI Admissions Office ☐

II. **PATIENT HAS AN ADVANCE DIRECTIVE:** Initials

A. If patient/significant other has an Advance Directive in his/her possession:

Date the Advance Directive placed on chart 8/01/06 DATE: ☑ DB

B. If patient/significant other does not have Advance Directive in his/her possession:

1. Date which the patient/significant other was advised to bring Advance Directive to Hospital. _____ DATE: ☐

2. Did patient execute an Advance Directive on a previous admission which is known to express the patient's current wishes? Yes ☐ No ☐ Review ☐ ☐

3. Date the Advance Directive placed on chart. _____ DATE: ☐

III. **PATIENT DOES NOT HAVE AN ADVANCE DIRECTIVE:**

A. Patient/significant other has received information on Advance Directive. Yes/Date ☐ No/Date ☐ ☐

Reason Deferred: _____

B. Patient/significant other has been advised to discuss questions about Advance Directive with his/her physician. _____ DATE: ☐

C. Patient/significant other declines information on Advance Directive at this time. _____ DATE: ☐

Initials	Signature	Initials	Signature
DB	Diane Brodbeck		

123456 60710 071006
PATIENT ,MARY C199
BERKSHIRE COMMONS FM 83YR S
READING PA 19604 NSP M
DR SMITH
MED
PATIENT ,JOHN C 6103780000

THE READING HOSPITAL AND MEDICAL CENTER

DOCUMENTATION FORM FOR ADVANCE DIRECTIVE

RH 3018 7.95

RESUSCITATION STATUS

Physician Orders: Life-Sustaining Treatment

Patient may choose resuscitation (CPR) or choose a DNR status

Do Not Resuscitate

This is a Physician Order Sheet based on the person's medical condition and wishes.
Any section not completed implies full treatment for that section.
Everyone shall be treated with dignity and respect.
These orders apply only during the time the patient is in a TRHMC facility.

Patient Name _____ Date of Birth _____

A. CARDIOPULMONARY RESUSCITATION (CPR): PERSON HAS NO PULSE AND IS NOT BREATHING.

☐ Resuscitate / CPR

☑ Do Not Attempt Resuscitation (DNR/no CPR)

Important Note: By Hospital policy, DNR orders are suspended during surgery, anesthesia or other invasive procedures or therapies that could result in death. After an informed discussion, the patient or surrogate and physician may elect to continue the DNR order. This decision must be well documented.

☐ Procedure Status: The DNR status shall not be suspended. The hospital policy noted above is declined after discussion with my patient and/or surrogate.

When not in cardiopulmonary arrest, follow orders B, C, D, and E.

B. MEDICAL INTERVENTIONS: PERSON HAS PULSE AND/OR IS BREATHING

☐ Comfort Measures only. Use medication by any route, oxygen, positioning, wound care, and other measures to relieve pain and suffering. Include the use of artificial hydration and nutrition unless specified in section D.

- *Do not transfer to higher level of care for life-sustaining treatment.*
- *Do not call MATT.*

☐ Limited Additional Interventions. Includes care described above. Use medical treatment, IV fluids, and cardiac monitor as indicated. Do not use intubation or mechanical ventilation. Could use BIPAP if indicated unless specified in section E.

- *Transfer to acute care from rehabilitation or psychiatric area if indicated.*
- *Avoid transfer to intensive care.*
- *May call MATT if indicated.*

☐ Full Treatment. Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.

- *Transfer to acute care from rehabilitation or psychiatric area if indicated.*
- *May transfer to intensive care if indicated.*

RESUSCITATION STATUS

- DNR orders are suspended for certain hospital procedures
  - *Surgery*
  - *IV contrast administration*
  - *Invasive procedures*
- Patient must choose box to continue DNR status during these procedures if this is the patient's wish

RESUSCITATION STATUS

- When a patient is not experiencing cardiopulmonary arrest, the orders in sections B, C, D, and E must be followed
  - *Medical interventions*
  - *Antibiotics*
  - *Tube feedings for nutrition*
  - *Other limitations*

C. ANTIBIOTICS

- ☐ No antibiotics. Use other measures to relieve symptoms.
- ☐ Determine use or limitation of antibiotics when infection occurs.
  (Decision making to be documented in the medical record at that time.)
- ☐ Use antibiotics if life can be prolonged.

D. ARTIFICIALLY-ADMINISTERED NUTRITION: ALWAYS OFFER FOOD BY MOUTH IF FEASIBLE.

- ☐ No artificial nutrition by tube.
- ☐ Defined trial period of artificial nutrition by tube.
  (Decision making to be documented in the medical record at that time.)
- ☐ Long-term artificial nutrition by tube.

E. OTHER POSSIBLE LIMITATIONS:

- ☐ None at this time
- ☐ No blood or blood by-products
- ☐ No intravenous hydration
- ☐ No elective intubation
- ☐ No BIPAP
- ☐ No dialysis
- ☐ Other: _____

F. DISCUSSED WITH:

- ☐ Patient
- ☐ Healthcare Agent
- ☐ Healthcare Representative
- ☐ Court-Appointed Guardian
- ☐ Other: _____

Mandatory: Print Your Name

Physician Completing This Order Form	Date	Time	Telephone

Please Print

Name of Patient / Authorized Representative	Telephone
Signature of Patient or Authorized Representative (Optional)	Telephone

PT #:

RESUSCITATION STATUS FOR OUTPATIENTS

- Some outpatients may enter the hospital with specific PA Out-of-Hospital DNR Orders
- This form must be honored for all procedures
- Some outpatients may not have the form but will have a bracelet or necklace in its place
- This form of DNR identification should be honored as well

honor only this form –

DEPARTMENT OF HEALTH

OUT-OF-HOSPITAL DO-NOT-RESUSCITATE ORDER

1. **Patient's Name:**_____

2A. Attending Physician Statement:

I, the undersigned, state that I am the attending physician of the patient named above. The above-named patient, or the patient's surrogate or other person by virtue of that person's legal relationship to the patient, has requested this order, and I have made a determination that this patient is eligible for an order and satisfies one of the following: (1) the patient has an end-stage medical condition; (2) the patient is in a terminal condition; (3) the patient is permanently unconscious and has a living will directing that no cardiopulmonary resuscitation be provided to the patient in the event of the patient's cardiac or respiratory arrest; or (4) the patient is permanently unconscious and has a living will authorizing the surrogate or other person named below to request an out-of-hospital do-not-resuscitate order for the patient. I direct any and all emergency medical services personnel, commencing on the date of my signature below, to withhold cardiopulmonary resuscitation, (cardiac compression, invasive airway techniques, artificial ventilation, defibrillation and other related procedures) from the patient in the event of the patient's respiratory or cardiac arrest. If the patient is not yet in cardiac or respiratory arrest, I further direct such personnel to provide to the patient other medical interventions, such as intravenous fluids, oxygen or other therapies necessary to provide comfort, care or to alleviate pain, unless directed otherwise by the patient or the emergency medical services provider's authorized medical command physician.

Signature of Physician:_____ Printed:_____

Date: _____ _____ Emergency Telephone Number:_____

Bracelet issued: _____Yes _____No Necklace issued: _____Yes _____No

2B. Attending Physician Statement for Patient Pregnant When Order Issues (in addition to above statement):

I, the undersigned, certify that an obstetrician has examined the patient named above and that the obstetrician and I have certified in the patient's medical record as required by law that life-sustaining treatment, nutrition, hydration and cardiopulmonary resuscitation will have one of the following consequences if provided to this pregnant patient: (1) they will not maintain the pregnant patient in such a way as to permit the continuing development and live birth of the unborn child; or (2) they will be physically harmful to the pregnant patient; or (3) they will cause pain to the pregnant patient which cannot be alleviated by medication.

Signature of Physician:_____ Printed:_____

Date:_____

3A. Patient's Or Surrogate's Statement:

I, the undersigned, hereby direct that in the event of my cardiac and/or respiratory arrest efforts at cardiopulmonary resuscitation not be initiated and that they may be withdrawn if initiated. I understand that I may revoke these directions at any time by giving verbal instructions to the emergency medical services providers, by physical cancellation or destruction of this form or my bracelet or necklace or by simply not displaying this form or the bracelet or the necklace for my EMS caregivers.

Date_____ _____

Signature of Patient
(If patient qualified to sign)

3B. Surrogate's/Other Person's (by virtue of relationship to patient) Statement:

I, the undersigned, hereby certify that I am legally authorized to execute this order on the patient's behalf by virtue of having been designated as the patient's surrogate and/or by virtue of my relationship to the patient (specify relationship: _____). I hereby direct that in the event of the patient's cardiac and/or respiratory arrest, efforts at cardiopulmonary resuscitation not be initiated and be withdrawn if initiated.

Date_____ _____

Signature of Surrogate/Other Person by Virtue of Relationship to Patient
(If patient not qualified to sign)

JANUARY 2007

PENNSYLVANIA OUT-OF-HOSPITAL DNR 3/1/03
Patient's Name: Jane Doe
Attending Physician (Printed) John Smith, MD
(Signature) John Smith MD

PENNSYLVANIA OUT-OF-HOSPITAL DNR

Patient's Name: Jane Doe

Attending Physician (Printed): John Smith, MD

(Signature): John Smith MD

Date: March 1, 2003

STOP DO NOT RESUSCITATE

RESUSCITATION STATUS FOR OUTPATIENTS

- Radiologist should discuss DNR order with patient before contrast is administered
- Patient has the right to revoke DNR order before exam begins
  - *Form should be destroyed*
  - *Bracelet or necklace needs to be removed and destroyed*
- Patient may reinstate DNR status following the exam
  - *New form needs to be completed*

HOW DO YOU PERCEIVE A DYING PATIENT AS A HEALTHCARE PROFESSIONAL????

You may be present when a patient dies

- Code called but patient could not be resuscitated
- Trauma patient presents DOA or shortly after arrival
- Images needed on a “brain dead” patient before organ donation
- Images needed in the morgue for an autopsy
- Images needed on stillborn babies or those who have died shortly after being born

- It is important to do your job professionally while treating the deceased patient with dignity
- It is all right to express emotions after the fact
- Crying is O.K.—WE ARE ALL HUMAN!
- If you witness something tragic, please contact faculty and we will provide proper direction and support

If you need to discuss your feelings with someone, contact:

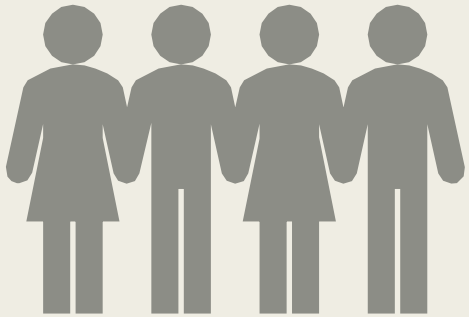
Quest

1-800-364-6352

OTHER PROGRAMS THE HOSPITAL OFFERS

No One Dies Alone

- Volunteer Companion Program
  - *Volunteer provides companionship to dying patient*
- Anyone can volunteer
  - *Employees*
- Call Volunteer Services Department for more information Extension 8477



PERINATAL AND INFANT LOSS

- Perinatal and Infant Loss Bereavement Support Team
- Yellow rose placed on doors and charts of patients who have suffered a loss

PATIENT HISTORY

Chapter 12

History Taking

- Most critical and valuable diagnostic tool
  - *Obtain clinical information to contribute to diagnosis process*
    - Pain in right hand vs. Pain over anterior aspect of the distal portion of the 2nd metacarpal
- Explain the purpose :
  - *I need to ask you just a few questions to verify your information for the radiologist. It is important that the doctor looking at your x-rays knows this information. I apologize if any of the questions are things you have answered before.*
- Art of Healing- take genuine interest in what the patient is saying

Desirable Qualities in an Interviewer (RT)

- Respect
- Genuineness
- Empathy

If lacking any of the above = decrease in good faith of the patient; Information may be withheld

Data Collection Process

- Objective
- Subjective
- Neither one is necessarily more important
- Ask patient to define and clarify
  - *Pain – question is it localized and when did it start*

Questioning Skills

- Open ended questions
- Facilitation (nod, umhum, “go on”) to encourage more detail
- Silence (yes silence is a communication SKILL) – gives patient time to remember, reflect…
- Probing questions (try to get more detail)
- Repetition (rewording or reflecting) – helps clarify and validate
- Summarization (Condense) – verify accuracy

LEADING QUESTIONS

- Best to **avoid** leading questions
- Patients may say what they think you want to hear instead of what is actually happening
  - *"Does the pain radiate into your back?"*
    - Leading question
  - *"Does the pain stay in one place, or does it seem to move?"*
    - Allows patient to consider the true course of the pain

What are parts of clinical history?

- Chief Complaint
- “Sacred Seven”
- Vital signs
- Pregnancy and LMP
- Allergies

CHIEF COMPLAINT

- Single most important issue of the patient's clinical history
- Allows the Radiologist to focus on a specific area for diagnosis
- Sometimes a patient may have more than one chief complaint
- Do not need to obtain a complete medical history
- Focus the clinical history on the procedure about to be performed

Sacred Seven

LOCALIZATION

CHRONOLOGY

QUALITY

SEVERITY

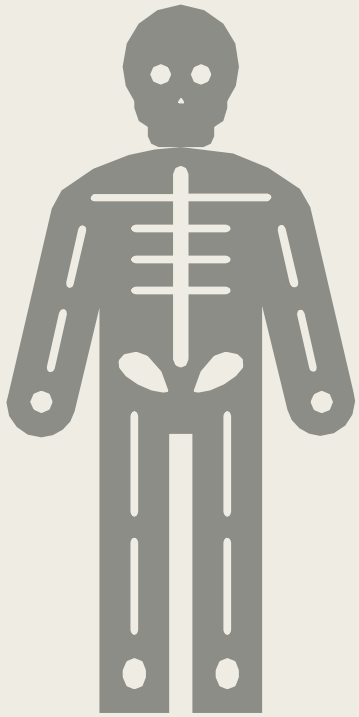
ONSET

AGGRAVATING OR ALLEVIATING FACTORS

ASSOCIATED MANIFESTATIONS

Sacred Seven: Localization

- Define the exact, precise area of concern of the Chief Complaint.
- May need to use touch
- Some pain is “non-localized”



Sacred Seven: Chronology

- TIME
  - *Duration since onset*
    - *(Example: “When did it start?”)*
  - *Frequency*
    - *(Example: “How often has it happened since then?”)*
  - *Course*
    - *(Example: “How long does the cough last?”)*
  - *Seconds, minutes, hours, days, weeks, months*

Sacred Seven: Quality

- Character of the symptom
  - *Color, consistency of body fluids*
  - *Presence of clots*
  - *Size of lumps*
  - *Type of cough (dry, hacking, productive)*
  - *Pain – where, type, describe, burning, throbbing, sharp, etc.*

Sacred Seven: Severity

Intensity

Quantity

Extent

Sacred Seven: Onset

- What were you doing when it happened?
- At night when in bed vs. with exercise?
- Anything unusual happen when this first occurred?

Sacred Seven: Aggravating or Alleviating Factors

WHAT HELPS?

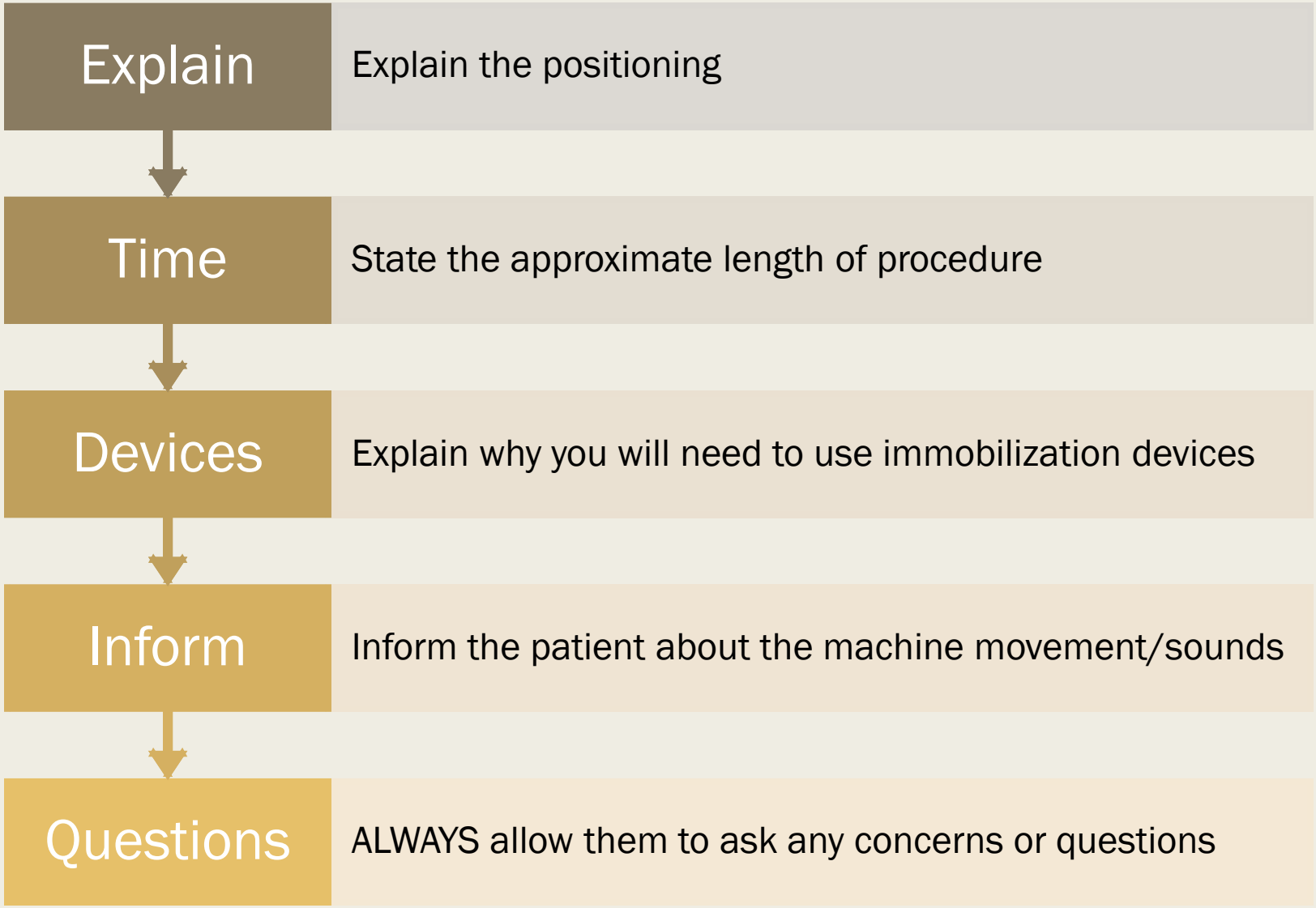
WHAT MAKES IT WORSE?

Sacred Seven: Associated Manifestations

- Do other symptoms accompany the condition?

What other things are you (RT) assessing?

- Condition of the patient
  - *Balance/mobility*
  - *Level of Consciousness*
  - *Range of Motion*
  - *Pain*
  - *Vital signs (later)*



Ending the History Taking:
Procedure Questions and Explanations