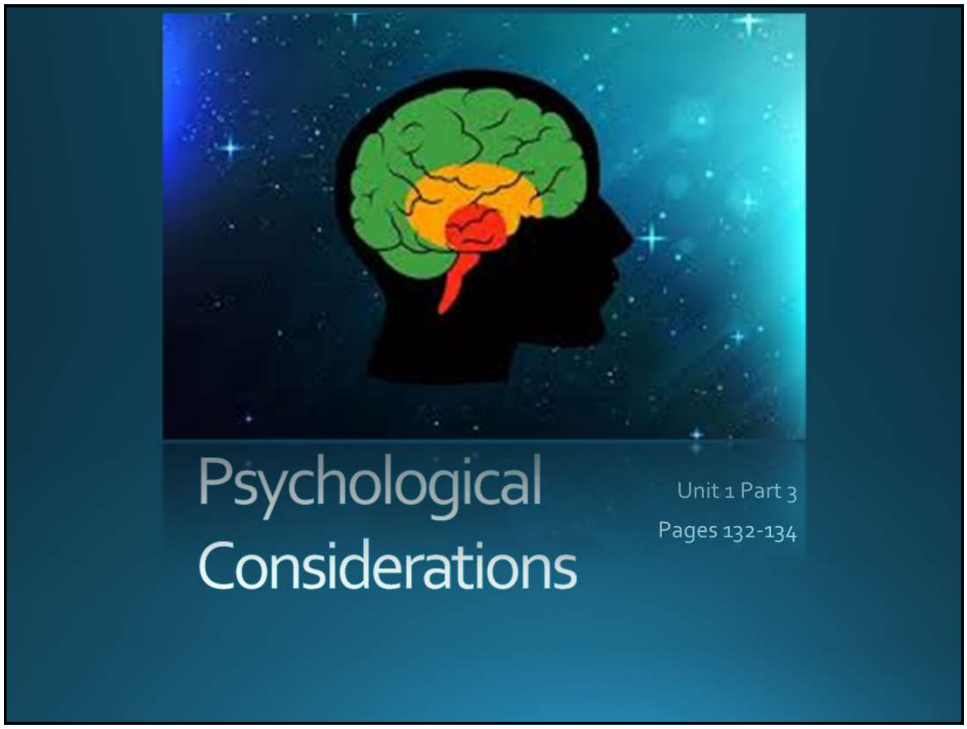

Psychological Considerations
Unit 1 Part 3
Pages 132-134

1


INTERACTING WITH THE TERMINALLY ILL PATIENT

2

- 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
- Most hospitals can offer assistance dealing with personal feelings about caring for terminally ill

3

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
  - **Mutual pretense -** all know but pretend not to know to avoid interpersonal conflicts
  - **Open -** permits everyone to work through various stages that precede death

4

Patient Autonomy

- Pg 122 – defined as ability and right of patients to make independent decisions regarding their medical care
- Doctors and Patients working together on how the patient's symptoms are controlled
- How conscious and alert patient's desire is at life's end
- As a radiologic technologist, you should be aware that some of your patients have made life choices and abide by their wishes

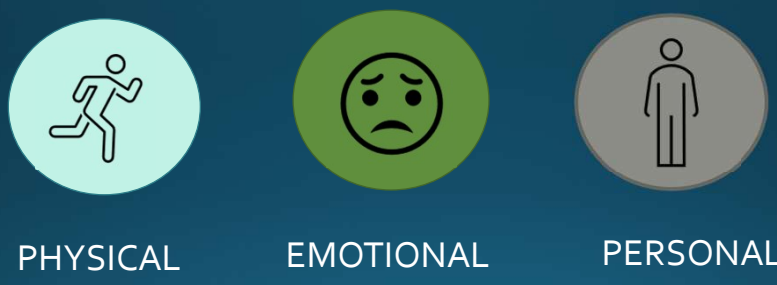
5

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

6

Aspects of Death



PHYSICAL EMOTIONAL PERSONAL

7

Physical aspects of death

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

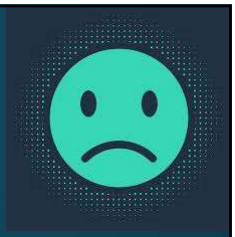
Rattling or gurgling sounds while breathing or breathing that is irregular and shallow, decreased number of breaths per minute, or breathing that switches between rapid and slow

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

8

Emotional aspects of death



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

Personal aspects of death

- 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

9

Kubler-Ross

Stages of Death and Dying

- Denial – refuses to believe
- Anger – when no longer able to deny
- Bargaining – accepts death, but wants more time
- Depression – realizes death will come soon
- Acceptance – understands and accepts the fact they are going to die

https://empowercommunityhealth.org/death-and-dying/

10

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

11

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

12

13

Advance Directive

Legal document which lists patient preferences regarding specific medical interventions

14

- Used at <u>end of life</u> 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

15

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

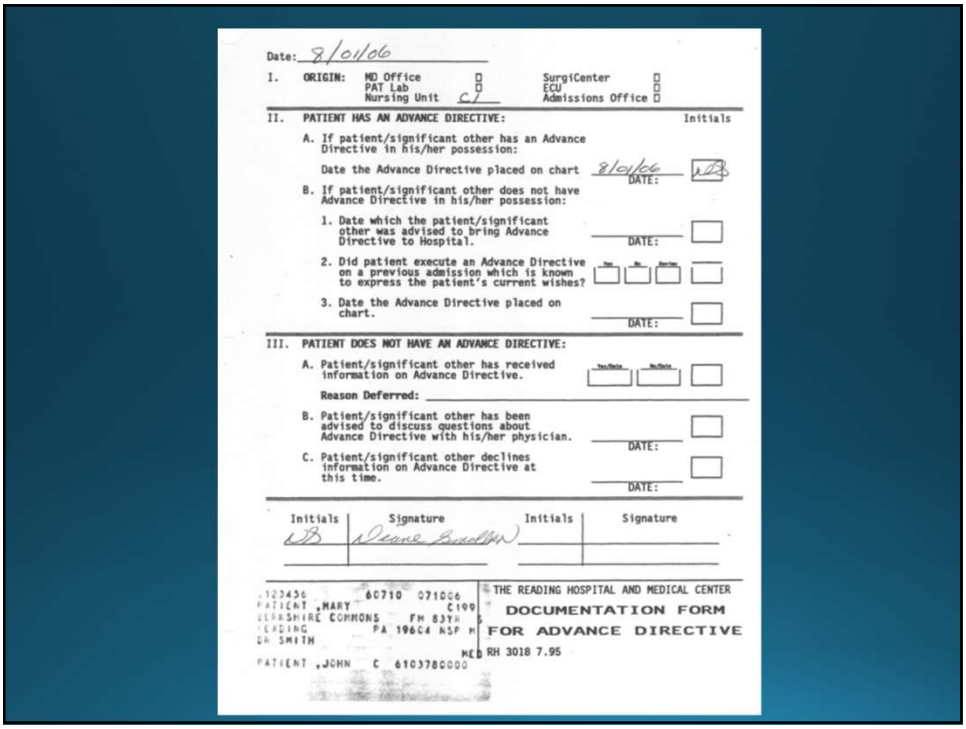
16

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

17



Date: 8/01/06

I. ORIGIN: MD Office ☐ PAT Lab ☐ Nursing Unit CT SurgiCenter ☐ ECU ☐ 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: WB

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 ☐ Don't know ☐

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/Refuse ☐ No/Refuse ☐

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
WB	Deane Bradley		

123436 60710 071006
PATIENT ,MARY C199
BERKSHIRE COMMONS FM 83YR
READING PA 19604 NSP H
DR SMITH

THE READING HOSPITAL AND MEDICAL CENTER
DOCUMENTATION FORM
FOR ADVANCE DIRECTIVE
RH 3018 7.95

PATIENT ,JOHN C 6103780000

18

RESUSCITATION STATUS

Physician Orders: Life-Sustaining Treatment

Patient may choose resuscitation (CPR) or

choose a DNR status (Do Not Resuscitate)

AND (allow natural death)

Code Status Information

Code Status	
Full Code	
Modified Resuscitation Specifics:	
Discussed with::	Patient

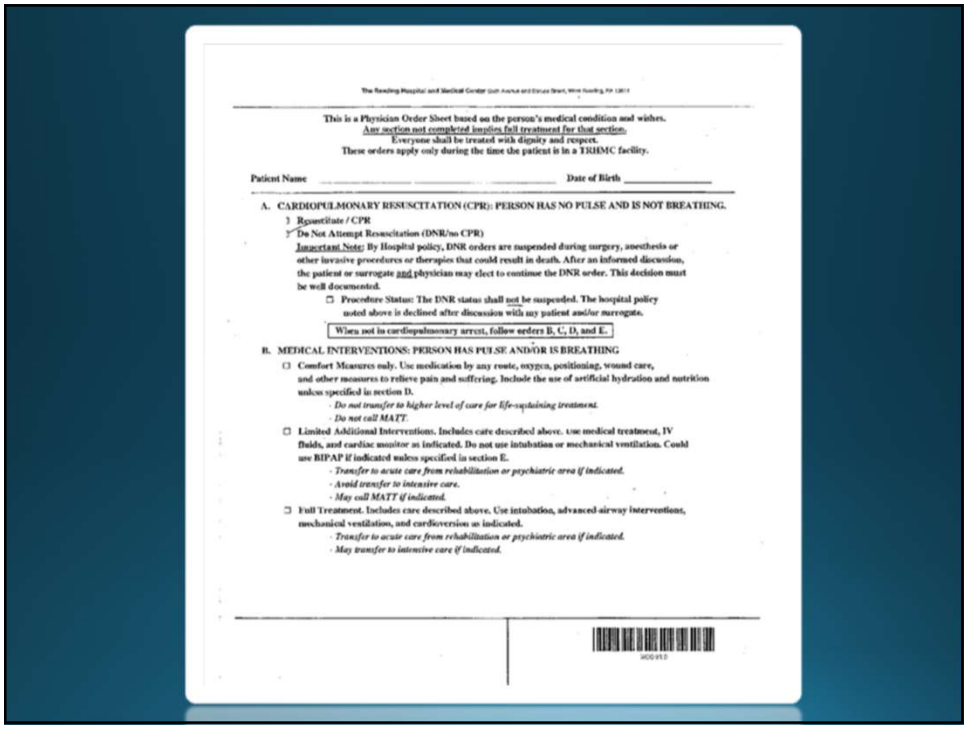
Code Status Information

Code Status	
Allow Natural Death (DNR)	
Modified Resuscitation Specifics:	
Discussed with::	Family Member
Resuscitation Status during a procedure?:	FULL CODE during a procedure

Code Status Information

Code Status	
Modified Code	
Modified Resuscitation Specifics:	
Modified Code::	Ventilation Permitted but No Cardiac Resuscitation
Discussed with::	Child
Resuscitation Status during a procedure?:	DNR during a procedure

19



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.*

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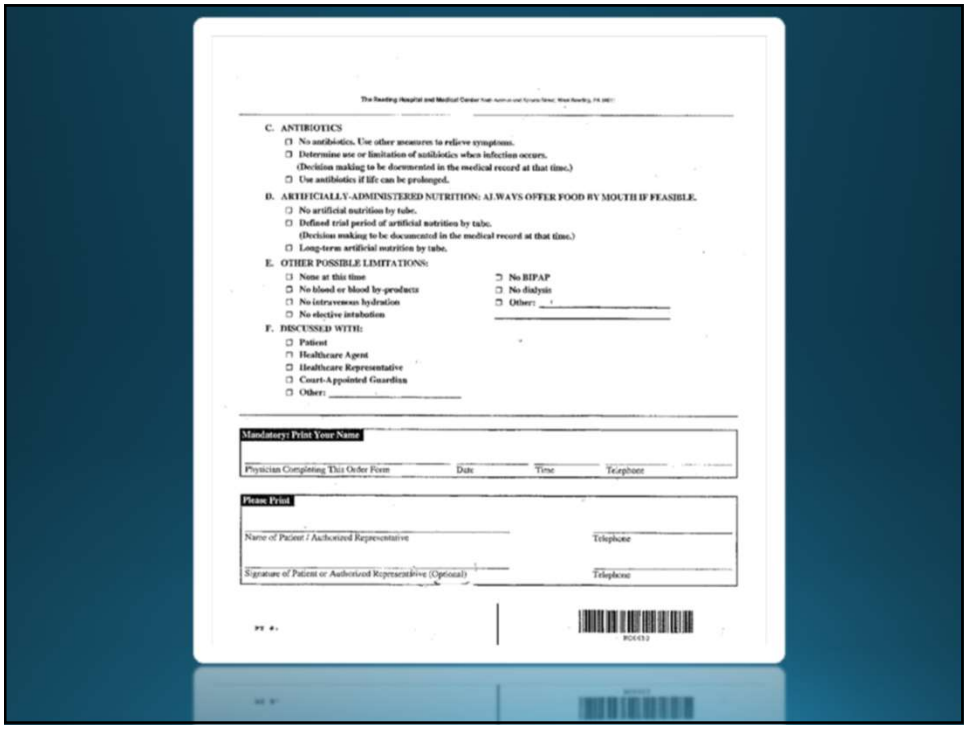
RESUSCITATION STATUS

- 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

21



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 #:

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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

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RESUSCITATION STATUS FOR OUTPATIENTS

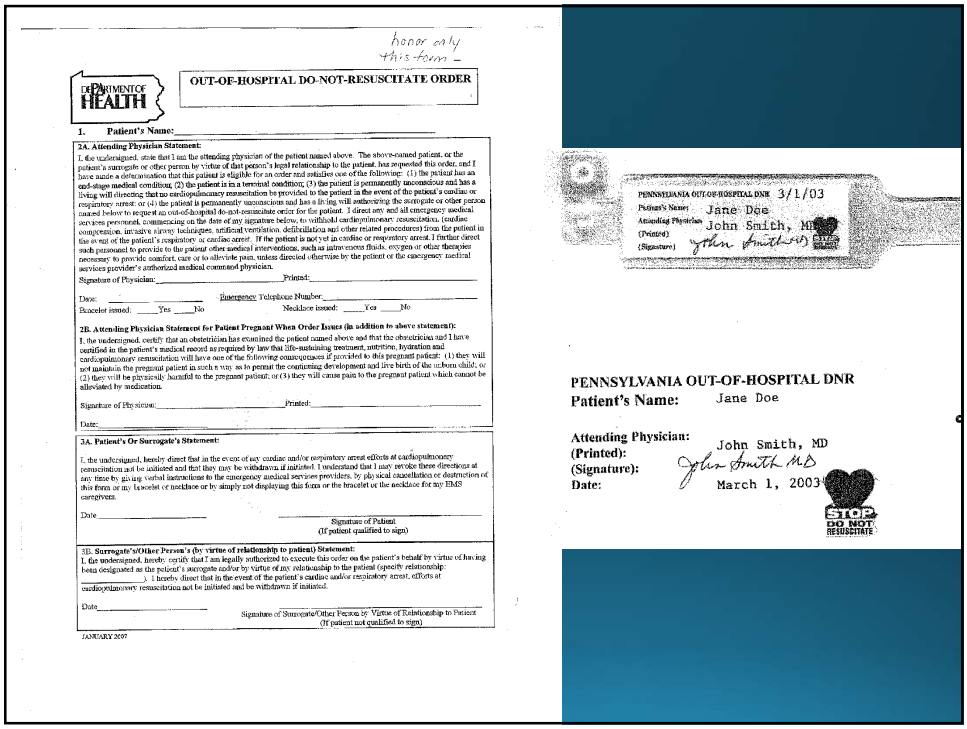
Some outpatients may enter the hospital with specific PA Out-of-Hospital DNR Orders

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

24



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 sustain 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

25

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

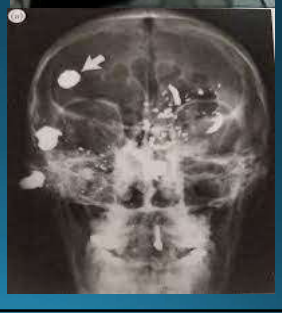
26

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

27

As an x-ray technologist, 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



28

- It is important to do your job professionally while treating the deceased patient with dignity
- It is acceptable 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

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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

30

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

31

History Taking

Most critical and valuable diagnostic tool

Pages 135-139

32

Clinical History

Describes the information available about the patient's condition

Must get pertinent information from the patient for the radiologist to properly interpret images

Learn methods of accomplishing a valid patient interview is important as a technologist

33

History Taking

- 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

34

Desirable Qualities in an Interviewer (RT)

- **Respect** — ALWAYS introduce yourself and your title! Use Mr. and Ms. Instead of 1st name
- **Genuineness** — Be polite and professional. Explain that we just need to ask a few questions for the radiologist
- **Empathy** — Share your concern and understanding by nodding, take notes. Answer their questions

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

35

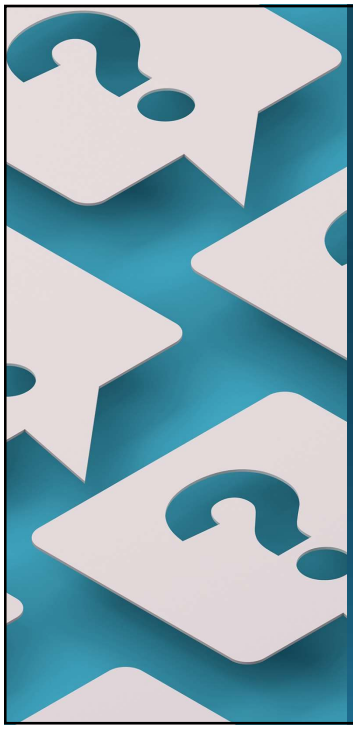
Data Collection Process

- **Objective:** signs that can be seen, heard, felt, smelled or read on a chart
- **Subjective:** data perceived *only by patient* = emotions, level of pain

  Neither one is necessarily more important

- Ask patient to **define and clarify**
  - Pain – question is it localized and when did it start?

36



Questioning Skills

- Open ended questions "*what kind of trouble are you having that you're getting a chest x-ray today?"*
- 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) *"how long has this been going on?"*
- Repetition (rewording or reflecting) – helps clarify and validate
- Summarization (Condense) – verify accuracy

37

LEADING QUESTIONS

- Best to <u>avoid</u> 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 radiate anywhere?"
    - Allows patient to consider the true course of the pain

38

What are parts of clinical history?

- Chief Complaint
- "Sacred Seven"
- Vital signs
- Pregnancy and LMP
- Allergies

39

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

40

CHIEF COMPLAINT (ICD-10 code)

"why is the patient here today?"

Symptoms
Incidental finding and asymptomatic
Coughing
Expectoration
Chest pain
Hemoptysis
Shortness of breath
Chest distress
Back pain
Other symptoms
Fever
Fatigue
Headache
Weight loss
Shoulder pain
Hoarseness
Other signs
Abdominal pain
Nausea
Vomiting
Palpitation

41

Sacred Seven

LOCALIZATION CHRONOLOGY QUALITY SEVERITY

ONSET AGGRAVATING OR ALLEVIATING FACTORS ASSOCIATED MANIFESTATIONS

42

Sacred Seven in Radiology

- As a radiologic technologist, we typically do not need to compile a complete medical history on patients – this is completed by physician and/or nurse
- Our role is to collect a focused history specific to the procedure being performed
- Obtain information that is clinically applicable for the radiologist to dictate images appropriately. This will be based off procedure, diagnosis code and comes with experience

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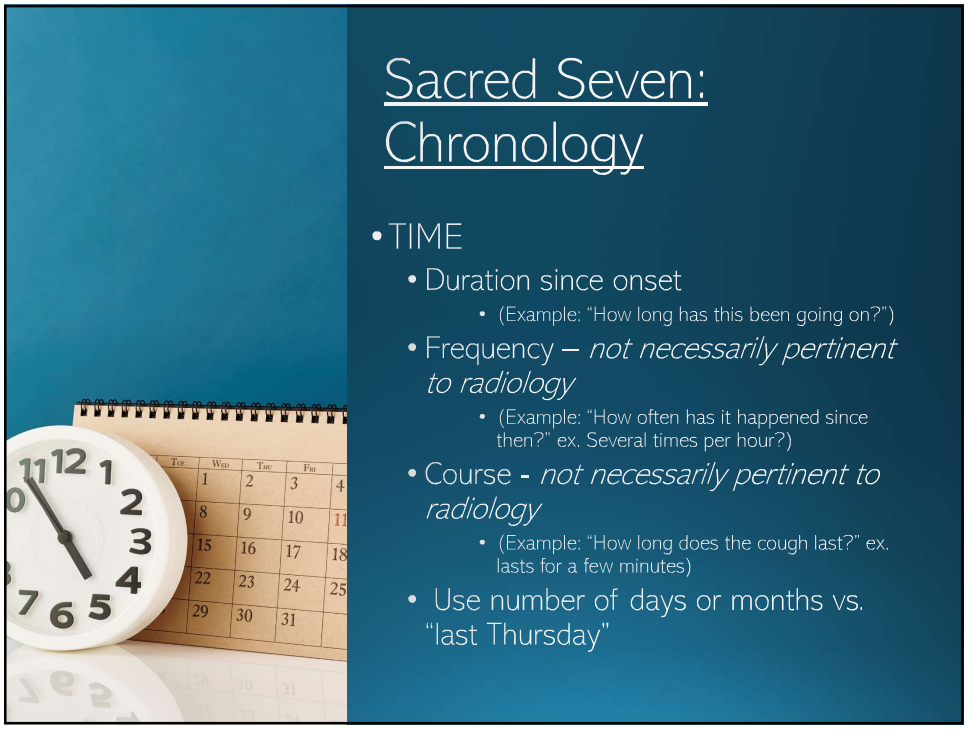
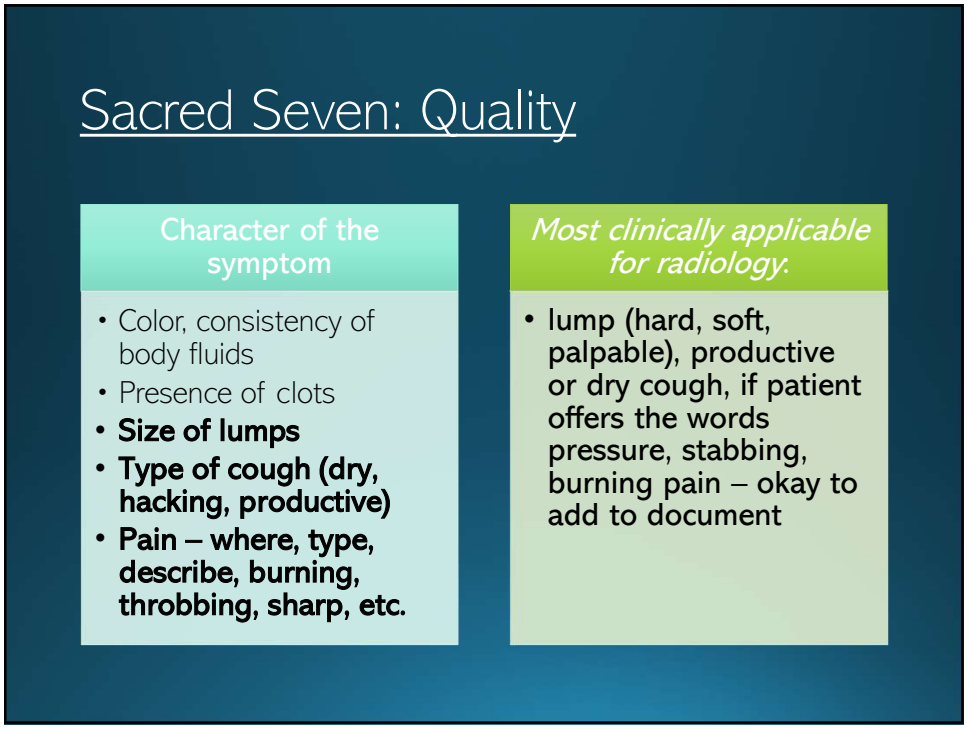
Sacred Seven: Localization

- Define the exact, precise area of concern of the Chief Complaint.
- May need to use touch:
  - *touching for emphasis* - involves using touch to highlight specific locations
  - *touching for palpitation* – applying fingers with light pressure to help localize pain areas and for positioning
- Some pain is "non-localized" and patient may not have a complaint to a specific region

44


Sacred Seven: Chronology
• TIME
• Duration since onset
• (Example: "How long has this been going on?")
• Frequency – *not necessarily pertinent to radiology*
• (Example: "How often has it happened since then?" ex. Several times per hour?)
• Course - *not necessarily pertinent to radiology*
• (Example: "How long does the cough last?" ex. lasts for a few minutes)
• Use number of days or months vs. "last Thursday"

45


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.**
Most clinically applicable for radiology.
• **lump (hard, soft, palpable), productive or dry cough, if patient offers the words pressure, stabbing, burning pain – okay to add to document**

46

Sacred Seven: Severity

Intensity

Quantity

Extent

Examples: multiple lacerations across posterior hand, road rash entire lateral femur

47

Sacred Seven: Onset

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

More clinically applicable:
Use diagnosis code to assist you with questions. Injury? MVA?

48

Sacred Seven: Aggravating or Alleviating Factors

WHAT HELPS?

WHAT MAKES IT WORSE?

Most clinically appropriate:
Valuable questions when performing fluoroscopy procedures.
Patient may state that "shoulder hurts more when raising arm"

49

Sacred Seven: Associated Manifestations

- Do other symptoms accompany the condition? Some symptoms/illnesses may affect other body parts

50

Examples of history documentation

- Lower back pain radiating into left leg, for 2 weeks, worse when laying down. Hx of MVC 5 years ago, no recent injury
- Burning epigastric pain, nausea, vomiting for 1 day
- Multiple lacerations on forehead and right cheek S/P MVC today. Headache and nausea

- Lower back pain, worse with sitting, feels better with Tylenol and heat. Pain happens several times an hour
- Stomach pain for 1 day, vomiting clear fluids
- Car accident, pain in forehead

51

Examples of history documentation

- Right side anterior chest pressure on exertion for 3 days, pain radiates down right arm, Hx of OHS 2 years ago
- Swelling and pain left lateral ankle post fall this morning, bruising laterally. Pain with weightbearing
- Productive cough with shortness of breath intermittently for 1 week, Hx of recent bronchitis

- Intense chest pressure when exercising and walking up steps, pain goes down patient's humerus and forearm. Pain started Sunday. Patient had OHS and throat surgery
- Fell, ankle pain, feels better with ice and raising leg
- Cough with green phlegm, SOB

52

What other things are you (RT) assessing while taking history and obtaining images?

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

53

Ending the History Taking: *Procedure Questions and Explanations*

Explain	Explain the positioning ("I'll be taking several images of your neck in different positions" or explain the fluoro procedure)
Time	State the approximate length of procedure ("this will take about 10 minutes")
Devices	Explain why you will need to use immobilization devices ("I just need to use this cushion to roll you up for another view of your spine")
Inform	Inform the patient about the machine movement/sounds ("the machine is going to come over top of you, but not touch you")
Questions	ALWAYS allow them to ask any concerns or questions

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55