

Palliative Care EOL Tips

SIGNS AND SYMPTOMS

Comprehensive and compassionate end-of-life care including recognizing when death is near, appropriately assessing EOL symptoms and providing interventions to ensure comfort and dignity.

Symptoms include:

- **Hours remaining:**
 - Cooling and mottling of extremities, bradycardia, terminal secretions, prolonged periods of apnea, cyanosis, waxy facial appearance, obtundation
- **Days remaining:**
 - Oliguria or anuria, little or no response to auditory or visual stimuli, terminal secretions (audible “noisy” respirations from accumulation of saliva and secretions related to decreased swallowing), “rally day”(surge of unexpected energy or level of consciousness), temperature fluctuations, increased heart rate, near-death awareness experiences
- **Weeks remaining:**
 - Decreasing socialization, mental status changes, decreased oral intake, fatigue, bedbound with potential for skin breakdown, decrease in functional status. Patient may state, “I just want to be left alone” or “I’m not hungry and don’t have energy to get up anymore.”
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Some patients may exhibit discomfort in their last days. Commonly occurring symptoms requiring interventions are pain, dyspnea, nausea, anxiety, agitation, and terminal secretions.

Pain Symptom Assessments

- **Alert/Oriented patients**
 - Use numeric pain scale, document PQRST
- **Unresponsive/cognitively impaired patients**
 - Use PAINAD- may need to add to flowsheet, must complete the flowsheet to obtain score.
 - Use CPOT in critical care areas- may need to add to flowsheet, must complete the flowsheet to obtain score.

INTERVENTIONS

1. **Reassess** the patient’s and family’s desire to receive information related to illness progression.
2. If the patient can participate, **revisit definition of quality of life and wishes for end-of-life care**. Include desired family members in discussions and reviews.
3. **Reassess** the patient and family frequently for changing needs and responses to interventions.
4. **Monitor** and manage symptoms with a focus on comfort.
5. **Simplify** medication regimens and retain only those needed for active symptoms.
6. **Use interventions** that are minimally invasive and culturally appropriate.

Medications

- Dyspnea/air hunger: opioids (morphine or dilaudid). Can be IV, liquid (absorbs buccally) or oral. IV/Liquid preferred at EOL.
- Pain: opioids, IV, Sublingual, oral.
- Anxiety/agitation: Ativan/ Haldol etc. Does **NOT** treat air hunger.
- Terminal Secretions: anticholinergics (robinul, atropine, scopolamine) for excessive upper airway secretions.

DESIRED NURSING OUTCOMES

- **Promote** shared decision-making and informed discussions related to the patient’s goals and preferences in the face of disease progression and impending death.
- **Acknowledge** multiple psychosocial and spiritual needs, including anticipatory grief, and collaborate with skilled team members to support the family.
- **Maximize** patient comfort and quality of life (as defined by the patient) until death.
- Equip the family by **normalizing the dying process** and providing supportive bedside interventions.

Resources:

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