

RESTLESSNESS and DELIRIUM

- R/O treatable causes
- Address possible unfinished business.
- Importance of saying goodbye and to give permission to stop fighting
- Important family event or anniversary
- Educate the family.
 - Patient lacks awareness of behavior
 - Possible to be peacefully confused

Let Grandma stay in Bermuda.

“It is the power of our own humanity that can make the difference in the lives of others. We must value this as highly as our own expertise.”

PUCHALSKI AND FERRELL, 2010

EMOTIONAL and SPIRITUAL SUPPORT

- Care for the soul.
- Know your resources.
- Focus on retaining the patient’s dignity and feelings of value.
- Every family is unique and grieves differently.
- Good Communication is Essential.
- Just be with patient and family.
- Work with family to provide favorite activities, smells, sounds, etc.
- Support rituals.
- Your humanity is needed the most.
- Always be available.
- The family becomes your focus.
 - Be sure families are getting rest and breaks.
 - Provide coffee, water, etc.
- Continue to be available to answer questions.

Celebrate the person they are, NOT their disease.

SELF-CARE

- Allow yourself to be human.
 - Professional grieving
- It’s OK to cry.
- Importance of debriefing
 - Tea for the Soul
 - Hope Rounds
 - Explore the challenges and privilege of assisting a fellow human being through the dying process.
 - Acknowledge the spiritual impact of witnessing death.
- Identify moral distress and issues of death anxiety.
- Explore how your care made a difference.
- Review effective communication techniques, available resources and support.

The heart is never more open to change than when it is broken.

- The brain is not designed to endure sustained stress. The only way it can reset and recharge is through love, laughter, the arts and activities that nurture the soul.

SELF-CARE PROMISE

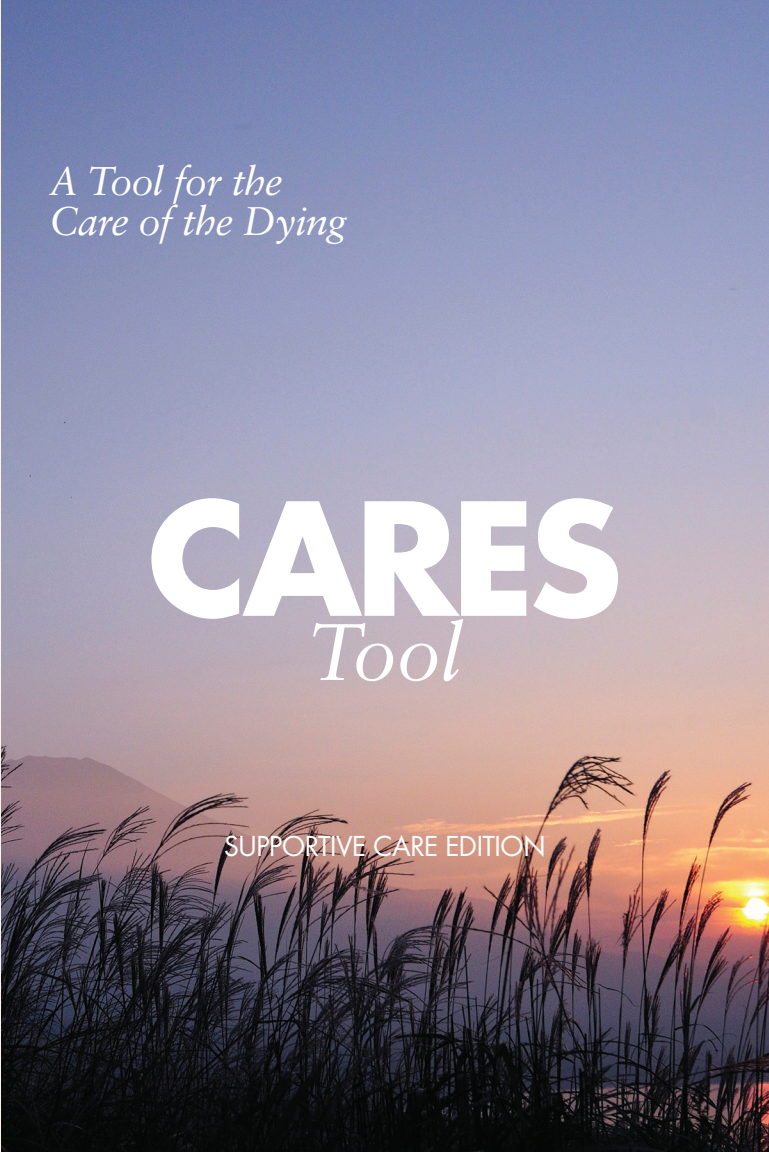
I promise to:

- Be realistic and not believe the pedestal I am placed upon.
- Accept that I am not all powerful and there is a power greater than me will ultimately determine the fate of my patient.
- Find comfort in knowing I did my very best.
- Celebrate the journey and the opportunity I was given.
- Review my actions and feelings daily so that I can identify parallels or issues about death causing me to overidentify with my patients and families.
- Stay in the present, and separate my personal issues from what has actually happened.
- Take the time to identify, explore and work through personal issues that surface.
- Never avoid the opportunity to be compassionate and demonstrate my humanity with others in crisis.
- Believe any grief or sadness I may personally encounter will be worth the journey.
- Acknowledge that I will be a better person for having made the effort to help.

A Tool for the Care of the Dying

CARES
Tool

SUPPORTIVE CARE EDITION



CARES Tool

Supportive Care Edition

Introduction

The following are recommendations and information about care of the dying that can be provided by supportive health care personnel. It is based on the original CARES Tool developed in 2012. It continues to follow the acronym CARES (Comfort, Airway, Restlessness and delirium, Emotional and spiritual support, and Self-care.) The tool is based on the most common needs of the dying and their family identified in research.

COMFORT

- Act as a patient advocate.
- Understand that 90 percent of patients die in pain.
- If they were in pain before they became unresponsive, they are probably still in pain.
- There will always be a last dose.
- Patients are more likely to die of their disease than from the opioids.
- There is no maximum dose of opioids for pain control.
- Evaluate need for procedures, tests and activities.
- Provide as much time for the patient and family to be together as possible.
- Continue to support the nurses efforts to comfort family and patient.
- Order/obtain a comfort cart.

COMFORT (CONTINUED)

- Support nurse's teaching
 - Stop or modify vital signs.
 - Stop nonessential medications.
 - Clarify IV fluid wishes.
 - Stop or reduce tube feedings.
 - Turn off monitors and alarms.
- Stop or decrease labs.
- Discontinue isolation.

Never underestimate the power of a washcloth.

- Be a patient and family advocate.
- Explain the difference between a normal dying process and suffering.

AIRWAY

- SOB can be reduced with use of a fan.
- Explain agonal breathing vs. suffering.
- Use of supplemental oxygen is more for the family.
- Work with nurse to control increased airway secretions.
- Morphine is still the gold standard of care.
- Emphasize use of touch and talking to patient.

"...there are worse things than having someone you love die. Most basic, it is having the person you love die badly, suffering as he or she dies. Worse still is realizing later on that much of his or her suffering was unnecessary."

IRA BYOCK, 2012

Comfort
Airway
Restlessness
Emotional support
Self-care