

The EPECTM-O

Education in Palliative and End-of-life Care - Oncology

Project

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EPEC™ – Oncology

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Module 6

Last Hours of Living

Overall message

**Care in last hours is as
important as at any other time
in cancer care.**

Objectives

- **Prepare, support the patient, family, caregivers**
- **Assess, manage the pathophysiological changes of dying**
- **Pronounce a death and notify the family**



Video

Last hours of living

- **Everyone will die**
 - <10% suddenly**
 - >90% prolonged illness**
- **Unique opportunities and risks**
- **Little experience with death**
 - Exaggerated sense of dying process**

Preparing for the last hours of life . . .

- Time course unpredictable
- Any setting that permits privacy, intimacy
- Anticipate need for medications, equipment, supplies
- Regularly review the plan of care

. . . Preparing for the last hours of life

- Caregivers**

 - Awareness of patient choices**

 - Knowledgeable, skilled, confident**

 - Rapid response**

- Likely events, signs, symptoms of the dying process**

Physiological changes during the dying process

- **Increasing weakness, fatigue**
- **Cutaneous ischemia**
- **Decreasing appetite/fluid intake**
- **Cardiac, renal dysfunction**
- **Neurological dysfunction**
- **Pain**
- **Loss of ability to close eyes**

Weakness / fatigue

- **Decreased ability to move**
- **Joint position fatigue**
- **Increased risk of pressure ulcers**
- **Increased need for care**

Activities of daily living

Turning, movement, massage

Decreasing appetite / food intake

- **Fears: “giving in,” starvation**

- **Reminders**

Food may be nauseating

Anorexia may be protective

Risk of aspiration

Clenched teeth express desires, control

- **Help family find alternative ways to care**

Decreasing fluid intake . . .

- Oral rehydrating fluids
- Fears: dehydration, thirst
- Remind families, caregivers

Dehydration does not cause distress

Dehydration may be protective

. . . Decreasing fluid intake

- **Parenteral fluids may be harmful**

**Fluid overload, breathlessness, cough,
secretions**

- **Mucosa / conjunctiva care**

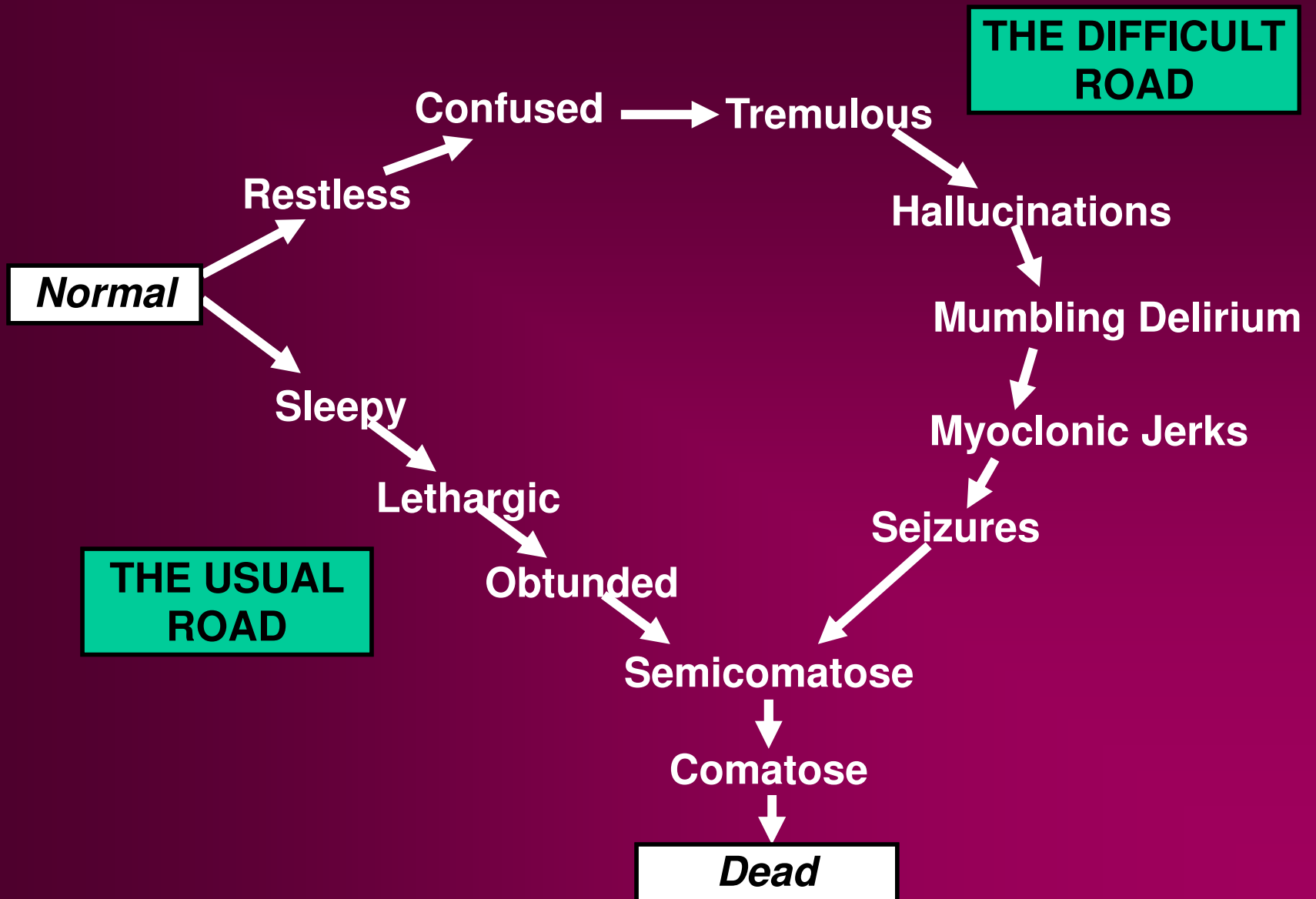
Cardiac, renal dysfunction

- Tachycardia, hypotension
- Peripheral cooling, cyanosis
- Mottling of skin
- Diminished urine output
- Parenteral fluids will not reverse

Neurological dysfunction

- Decreasing level of consciousness
- Communication with the unconscious patient
- Terminal delirium
- Changes in respiration
- Loss of ability to swallow, sphincter control

Two roads to death



Decreasing level of consciousness

- “The usual road to death”
- Progression
- Eyelash reflex

Communication with the unconscious patient . . .

- Distressing to family
- Awareness > ability to respond
- Assume patient hears everything

. . . Communication with the unconscious patient

- Create familiar environment**
- Include in conversations**
 - Assure of presence, safety**
- Give permission to die**
- Touch**

Terminal delirium

- “The difficult road to death”
- Medical management
 - Benzodiazepines
 - Lorazepam, midazolam
 - Neuroleptics
 - Haloperidol, chlorpromazine
- Seizures
- Family needs support, education

Changes in respiration . . .

- **Altered breathing patterns**

Diminishing tidal volume

Apnea

Cheyne-Stokes respirations

Accessory muscle use

Last reflex breaths

. . . Changes in respiration

- **Fears**

 - Suffocation**

- **Management**

 - Family support**

 - Oxygen may prolong dying process**

 - Breathlessness**

Loss of ability to swallow

- **Loss of gag reflex**
- **Build-up of saliva, secretions**

Scopolamine to dry secretions

Postural drainage

Positioning

Suctioning

Loss of sphincter control

- **Incontinence of urine, stool**
- **Family needs knowledge, support**
- **Cleaning, skin care**
- **Urinary catheters**
- **Absorbent pads, surfaces**

Pain in the last hours of life . . .

- **Fear of increased pain**
- **Assessment of the unconscious patient**

Persistent vs. fleeting expression

Grimace or physiologic signs

Incident vs. rest pain

Distinction from terminal delirium

. . . Pain in the last hours of life

- Management when no urine output**

**Stop routine dosing, infusions of
morphine**

Breakthrough dosing as needed (PRN)

Least invasive route of administration

Loss of ability to close eyes

- **Loss of retro-orbital fat pad**
- **Insufficient eyelid length**
- **Conjunctival exposure**

Increased risk of dryness, pain

Maintain moisture

Medications

- Limit to essential medications
- Choose less-invasive route of administration

Buccal mucosa or oral first, then
consider rectal

Subcutaneous, intravenous rarely

Intramuscular almost never

Dying in institutions

- **Home-like environment**
 - Permit privacy, intimacy**
 - Personal items, photos**
- **Continuity of care plans**
- **Avoid abrupt changes of settings**
- **Consider a specialized unit**

Signs that death has occurred . . .

- Absence of heartbeat, respirations
- Pupils fixed
- Color turns to a waxen pallor as blood settles
- Body temperature drops

. . . Signs that death has occurred

- **Muscles, sphincters relax**
- **Release of stool, urine**
- **Eyes can remain open**
- **Jaw falls open**
- **Body fluids may trickle internally**

What to do when death occurs

- Don't call "911"
- Whom to call
- No specific "rules"
- Rarely any need for coroner
- Organ donation
- Traditions, rites, rituals

Moving the body

- **Prepare the body**
- **Choice of funeral service providers**
- **Wrapping, moving the body**

Family presence

Intolerance of closed body bags

Pronouncing death

- “Please come...”
- Entering the room
- Pronouncing
- Documenting

Telephone notification

- Sometimes necessary
- Use six steps of good communication

Bereavement care

- Bereavement care
- Attendance at funeral
- Follow up to assess grief reactions, provide support
- Assistance with practical matters
 - Redeem insurance
 - Will, financial obligations, estate closure

Summary

Care in last hours is as important as at any other time in cancer care.