

In exploring the literature and referring to the Australian Commonwealth Government “Guidelines for a Palliative Approach in Residential Aged Care” (2004) along with the “NSW Guidelines for End of Life Care and Decision Making” (2005), I have developed some basic principals that could be utilized by any practitioner working with the aged, these however have been identified as being for the Advanced Practice Nurse in Aged Care..

Guidelines for the advanced practice nurse in aged care to assist in determining when end of life may be imminent and a more palliative approach to care required.

1. There are usually indicators that an elderly person’s general physical wellbeing has deteriorated to a stage where emotional and spiritual wellbeing are threatened. The Advanced Practice Nurse (APN) must be intuitive to these indicators and use their clinical knowledge, assessment & interpretive skills to raise the awareness of others who may be involved in decision-making at this stage in the lifecycle. (Scanlon 1998, Wurzbach 2002)
2. The APN must be prepared to initiate and to enter into a collaborative and consensus building approach to end of life care that reflects their knowledge and understanding of the resident and the residents wishes in this process. (Schlegal & Shannon 2000). Medical staff may or may not have this focus. The residents family must be involved, consulted and included in all end of life decisions, the APN will often be a source support in families where estrangement and/or complex grieving has occurred. (Norton & Talerico 2000)
3. The APN has a responsibility to ensure that advanced care planning reflects the resident’s & the family’s **current** wishes and that all documentation supports this.

4. The APN has a responsibility to ensure that distressing symptoms experienced by the resident are promptly and effectively managed to provide maximum comfort. Preparedness is a necessity, early referral to palliative care support, ensuring that adequate analgesia is prescribed and maintaining collaborative networks will all ensure timely responsiveness.
5. The APN must adopt an open, honest approach to reality of chronic illness, options, choices and expectations and in doing so acknowledge that as with many other terminal diseases, there is still the potential for remission or episodes of wellness to occur, interventions may need to change from palliative to therapeutic. The APN should always be prepared to alert medical staff to any observed need and/or request from the resident and or their family to adapt treatment and intervention to accommodate the disease process. (Hanratty et.al, 2002).
6. The APN must ensure that staff involved in caring for those who may be approaching end stage of life, have received education in palliative care. That they feel confident and are competent in supporting the physical, emotional and spiritual needs of the resident and their families through the dying process. The APN should enable access to counseling support services for staff that are struggling with palliative decisions in aged care. (Katz et al 1999)

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