

St Nicholas Hospice Care
Training sessions

*because
you matter*

St Nicholas
Hospice Care

A Registered Charity No. 287773

Comfort measures for residents at end of life

“A state of physical ease and freedom from pain or constraint”

Allowing the natural dying process to happen while
keeping someone as comfortable as possible.

Caring for residents at end of life

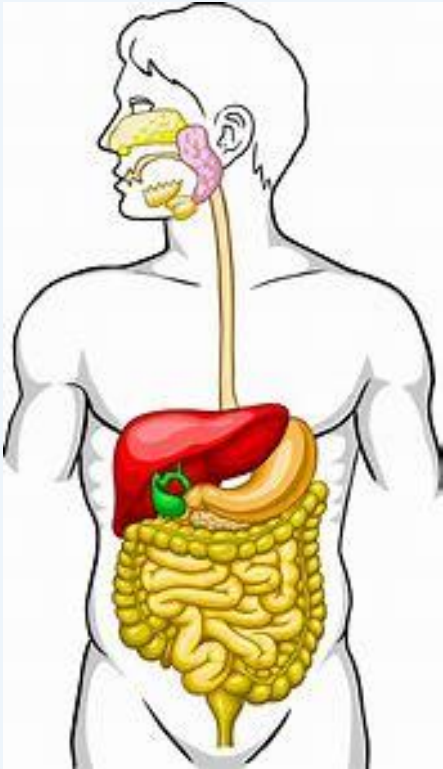
- To identify the needs of a resident at end of life in term of comfort measures.
- To highlight the supporting documentation and guidance in which you can refer to.
- To identify the practical ways you can support your residents comfort care needs.

What do comfort measures mean?

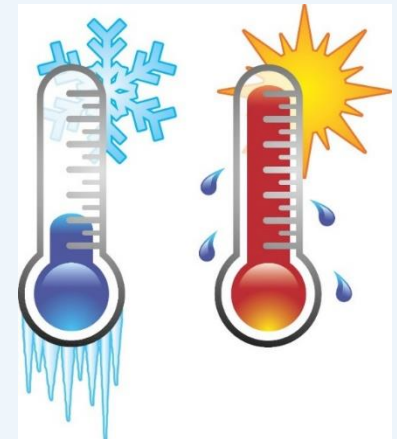
Comfort care is an essential part of care at the end of life. It is care that helps or soothes a person who is dying and will no longer benefit from active treatment. The goals are to prevent or relieve suffering as much as possible and to improve quality of life at the end of life while respecting the dying person's wishes.

<https://www.nia.nih.gov/health/providing-comfort-end-life>

Examples of Comfort Care



- Mouth Care
- Pressure area Care
- Pain – Emotional, physical and spiritual
- Breathing
- Digestion
- Temperature
- Fatigue



Mouth Care

Have you ever woken up with a dry mouth? How did you feel?

Maintaining oral health brings benefits in terms of self-esteem, dignity, social integration and nutrition.

Poor oral health can lead to pain and tooth loss, and can negatively affect self-esteem and the ability to eat, laugh and smile.

Alzheimer's Society 2015 (UK) amplified by NICE 2016



Mouth Care

- Fundamental element of end of life care
- Consider stopping or changing medication that could be causing a dry mouth
- Provide mouth care at least every hour if your resident is unconscious – Family members could carry this out enabling them to feel more involved
- Vaseline can be used on the lips. However, if a person is on oxygen apply a water-soluble lubricant (for example K-Y Jelly).
- Ensure teeth and dentures are cleaned daily and are fitted correctly
- Recognise when a person with dementia maybe experiencing oral health problems.

How to tell if someone with dementia has mouth problems

- Refusal to eat (particularly hard or cold foods)
- Frequent pulling at the face or mouth
- Leaving previously worn dentures out of their mouth
- Increased restlessness, moaning or shouting
- Disturbed sleep
- Refusal to take part in daily activities
- Aggressive behaviour

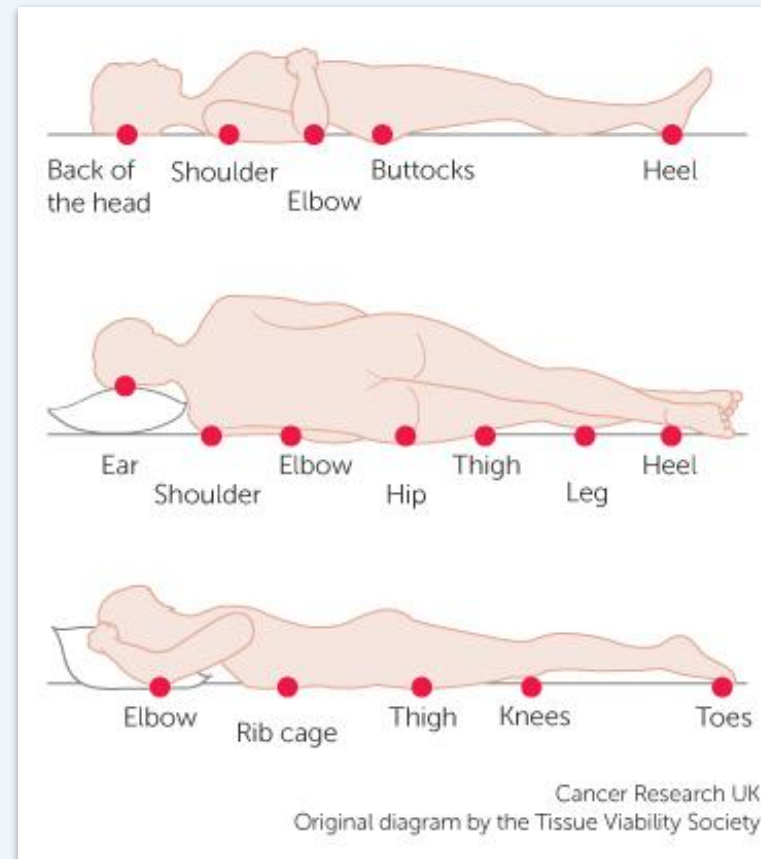


Common Oral Problems

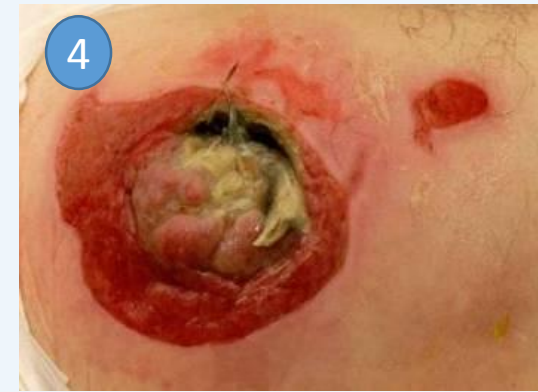
- Thrush
- Xerostomia
- Mucositis
- Drooling
- Changes in taste
- Halitosis

Pressure Area Care

- Discolouration
- Numbness
- Pain
- Bleeding / weeping
- Itching
- Heat
- Hardness
- Blanching or non blanching



Pressure Ulcer Categories



What support can you provide

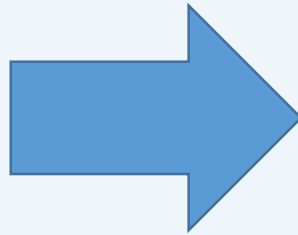
- Applying special dressings that speed up the healing process and may help to relieve pressure
- Moving and regularly changing your position
- Using specially designed static foam mattresses or cushions, or dynamic mattresses and cushions that have a pump to provide a constant flow of air
- Eating a healthy, balanced diet
- Slide Sheets / Wendyletts
- Barrier Creams



Breathing

It is common for people to experience noisy respiratory secretions at the end of life. However there may be other reasons that someone becomes breathless.

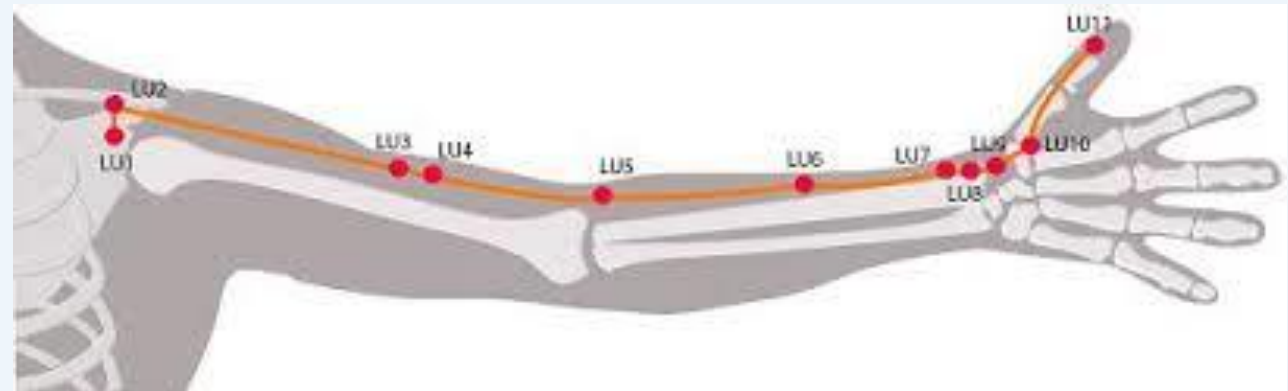
Infection
Malignancy
Embolism
Anxiety / Fear
Anaemia
Positioning
Musculoskeletal issues –
weakness, fractured ribs,
poor posture
Obesity, ascites



Your resident might be gasping for breath
They may look clammy, overwhelmed or panicky
They may feel like they are suffocating
See saw movements on the chest
Deep / Shallow breathing
Increased respiratory rate

Breathing comfort measures

- Be reassured that the person you are caring for is very rarely in distress when they have noisy secretions
- Consider positioning – sitting them up, positioning them slightly on one side, using pillows for comfort
- Breathing techniques
- Fan therapy
- Opening a window
- Stroking the lung channel
- Reduce anxiety and panic



Pain – Physical and Emotional

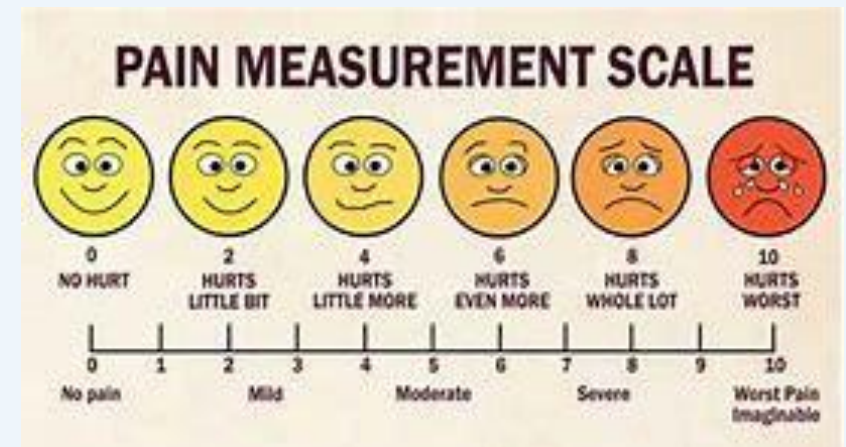
- Acute/Chronic pain
- General discomfort from their illness
- Pressure Sores
- Being in one position for too long
- Spiritual pain – Self image, relatedness, hope and forgiveness

“An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage” or more simply “pain is what the patient says hurts”

Adult Palliative network guidelines 4th edition

Can you recognise when the person you are caring for is in pain?

- Facial expressions (frowning, grimacing)
- Has their behaviour changed
- Have their eating or sleeping patterns altered
- Could pain be affecting their Activities of daily living
- Is there a particular time of day they appear worse
- Is their pain worse on movement
- The person you are caring for does not seem peaceful



Relieving Symptoms of Pain

- Medication

There are several routes that can be used to give pain relief:

- Oral using tablets, dispersible tablets or syrups
- Sublingual (dissolving under the tongue)
- Buccal (dissolving on the inside of the cheek)
- Transdermal patch (slow release)
- Subcutaneous injection (under the skin),
- Syringe pumps (also known as syringe drivers) for continual infusion of medication.

- Repositioning – When was the last time you moved someone?

(30 degree tilt using pillows to take the pressure off) Making sure the sheets aren't creased up underneath someone (this can be painful and bruise the skin)

- Distraction

music, reading, television, photographs, conversation and activities

- Complementary therapies

They can help with relaxation in turn helping relieve pain. Common therapies include mindfulness, meditation, massage, aromatherapy, reflexology, hypnotherapy, music therapy and Reiki.

Just in case medications

Shortness of breath

- Morphine

Agitation

- Midazolam
- Lorazepam
- Levomepromazine

Pain

- Diamorphine
- Morphine
- Oxycodone

Excessive Secretions

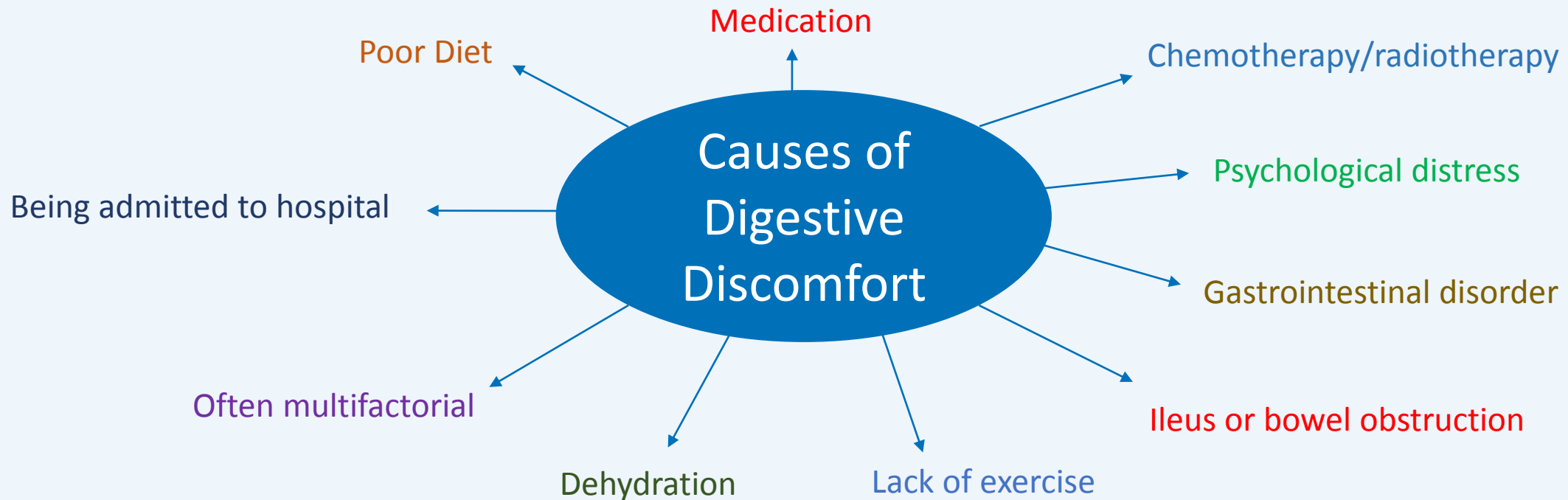
- Hyoscine butylbromide
- Glycopyrronium bromide

Nausea and Vomiting

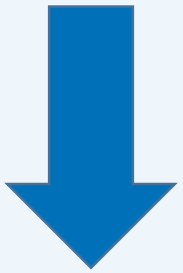
- Levomepromazine
- Metoclopramide
- Cyclizine

Digestive discomfort

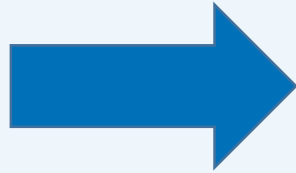
Nausea, vomiting, constipation and loss of appetite are common at end of life. Of course there are medications to control these symptoms but there are many things you can do to support the person you are caring for too.



Your observations and actions










- Distended abdomen
- Abdominal pain
- Taking little or no interest in food
- Frequent watery or loose stool (overflow)
- Smells heightening the nausea sensation



- Massage bowel in correct direction
- Offer foods the person likes in smaller portions and perhaps more frequently
- Hydration (frequent sips)
- Offer the toilet or commode where possible for dignity and position
- Moving someone away from strong smells heightening the nausea
- If in distress there are enemas and suppositories that can be given

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Temperature

Is a change in temperature an indication of approaching death?

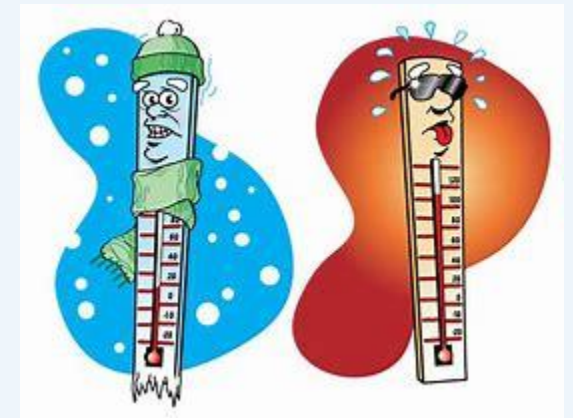
Towards the very end of life, the patient's temperature can vary considerably as the body isn't regulating its temperature as well as it did do.

This may cause episodes of both high and low temperature, although the overall body temperature will drop as the person begins to die.



Causes of a temperate change

- Disease Progression
- Infection e.g. (urine/chest)
- Drug reactions
- Pain
- Fear and anxiety
- Hypoxia (low oxygen levels)
- Low sugar levels



What can you do?

- Adjust the room temperature to suit the person's needs
- Apply a damp cloth to cool the forehead and back of neck or provide blankets (not electric), if the person is chilled
- Use a fan to circulate air and cool the person
- Sucking on Ice or lolly pops to keep cool
- Relaxation techniques
- Consider medications to reduce temperature
- Liaise with GP, district nurses and Palliative Care team



Fatigue

Fatigue is a persistent feeling of extreme tiredness, weakness or lack of energy. It's different to normal tiredness as it is not necessarily caused by exertion or relieved by rest. Fatigue is a subjective feeling and individuals will experience it in their own way.

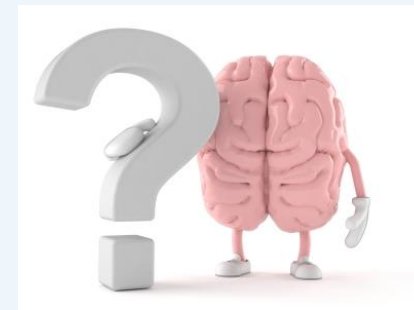
Fatigue is a very common symptom in palliative care. Nearly all people living with a terminal illness will have fatigue at some point. Fatigue can be very frustrating and upsetting for people as they become less able to carry out their usual activities.

mariecurie.org.uk



Effects of fatigue

- Difficulty doing the smallest chores e.g. brushing your hair, showering, cleaning teeth
- A feeling of having no energy. You feel as if you could spend whole days in bed
- Lack of concentration
- Having trouble thinking, speaking, or making decisions
- Difficulty in remembering things
- Feeling breathless after only light activity
- Dizziness or a feeling of light-headedness
- Difficulty sleeping
- Feeling more emotional than usual



How can I support my residents with fatigue?

Often there is no quick fix for fatigue and the best way to manage it is to help the patient make the most of the energy they do have.

The following tips may help:

- Plan the day ahead so that they can do activities when they have most energy.
- Spread activities out across the day with enough rest in between – short naps during the day might be helpful.
- Prioritise the activities that are most important to them.
- Suggest sitting down to do tasks like preparing meals.
- Encourage good sleep habits at night.
- Limit Visitors if you find them tiring – It is ok to say no!

mariecurie.org.uk



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