



Interdisciplinary Team Management of Symptoms at the End of Life

We Honor Veterans Conference
March 2019
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1



Objectives

- Learner will identify nonpharmacologic ways to manage pain at the end of life
- Learner will identify nonpharmacologic ways to manage shortness of breath and other symptoms at the end of life
- Learner will identify nonpharmacologic ways to manage anxiety and depression at the end of life

2



The Interdisciplinary Team

- Nurse
- Physician/NP/PA
- Social Worker
- Pharmacist
- Chaplain
- Therapist
- Home Health Aid
- Volunteer

3



Transdisciplinary Team

- Each team member draws on knowledge of their area of expertise AND transcends their traditional boundaries
- Each member meets the patient where they are at
- Each member has knowledge of other roles of the team and can help facilitate management of that symptom

4



Most feared symptom

Pain

5



Pain

- Definition – unpleasant physical sensation caused by illness or injury
- Total Pain per Dame Cicely Saunders
 - Physical
 - Psychological
 - Social
 - Spiritual

Whatever the patient says it is

6

Pain

- Chronic pain does not look like acute pain
 - No facial grimacing
 - No increase in blood pressure or heart rate
 - No writhing, difficulty speaking or breathing
- Patient may look normal

Or not

- Patient may decrease activity, sleep more, eat less, socialize less, talk less
- Depression might be less obvious sign of pain
- Patients with dementia may become delirious or agitated

7

Pain

- Gladys is a 72 year old female with metastatic pancreatic cancer. You are seeing patient to begin spiritual assessment. Her husband greets you at the door and says "right now might not be a good time".
- You ask about her current state and he states that she is in pain, hasn't slept and is angry.
- You ask if you might see her to assess and see if you can help her.
- You find her at the kitchen table leaning over with her head in her hands

8

Pain

- What are some things you can do right now?
 - Change positions
 - Cool rag, ice pack or warm pack
 - Distraction & conversation (relieve loneliness)
 - Essential oils, topical rubs
 - Breathing exercises
 - Hand/foot massage
 - Gentle physical touch
 - Take pain medications previously prescribed
 - Call the nurse for assistance

9

Pain

- You review the nonpharmacologic treatments with Gladys and her husband. You are able to help her settle down and she reports a reduction in her pain.
- But it is still present and you sense there is more to it.
- As you take her history you discover:
 - She has 3 children – 2 daughters whom she sees regularly
 - Her son has had mental health & drug issues for years and they haven't seen him for 3+ years. She reveals that she wants to see him 1 more time before she dies but doesn't know if that is possible

10

Pain

- **Total pain** = Physical, Psychological, Social, Spiritual suffering
- You wonder if this could be contributing to her pain?
- What next?
 - Acknowledge
 - Explore if willing
 - Be present
 - Pray if appropriate
 - Write a letter or call
 - Discuss at IDT
 - This will require the full IDT to develop a comprehensive plan

11

Nausea

12

Nausea

- Definition – unpleasant sensation of the urge to vomit.
 - Can be generalized or upper abdomen, chest or throat

Whatever the patient says it is

13

Nausea

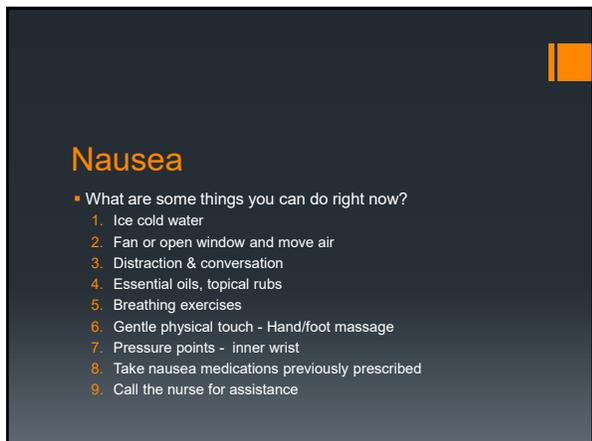
- Causes of nausea include:
 - V – vestibular - vertigo, supratentorial (anxiety)
 - O – obstruction – constipation, small bowel obstruction
 - M – dysMotility - GERD
 - I – Infection/Inflammation – abscess, gastroenteritis
 - T – toxins – medication side effects, chemotherapy, electrolyte abnormalities

14

Nausea

- Karla is 77 year old female resident of a long-term care center who had a stroke 4 years ago.
- Now she is eating less and losing weight
- You are seeing her for hospice evaluation.
- She is complaining of severe nausea.

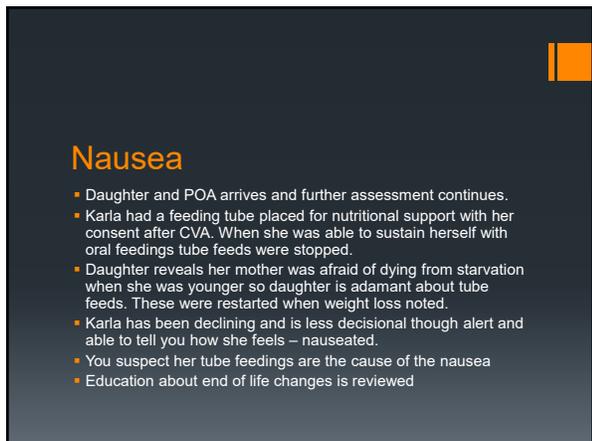
15



Nausea

- What are some things you can do right now?
 1. Ice cold water
 2. Fan or open window and move air
 3. Distraction & conversation
 4. Essential oils, topical rubs
 5. Breathing exercises
 6. Gentle physical touch - Hand/foot massage
 7. Pressure points - inner wrist
 8. Take nausea medications previously prescribed
 9. Call the nurse for assistance

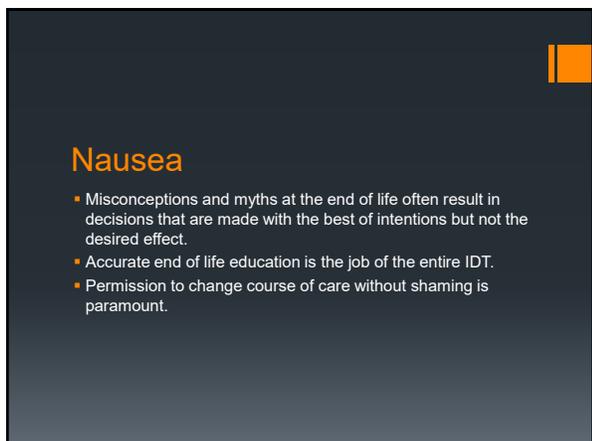
16



Nausea

- Daughter and POA arrives and further assessment continues.
- Karla had a feeding tube placed for nutritional support with her consent after CVA. When she was able to sustain herself with oral feedings tube feeds were stopped.
- Daughter reveals her mother was afraid of dying from starvation when she was younger so daughter is adamant about tube feeds. These were restarted when weight loss noted.
- Karla has been declining and is less decisional though alert and able to tell you how she feels – nauseated.
- You suspect her tube feedings are the cause of the nausea
- Education about end of life changes is reviewed

17



Nausea

- Misconceptions and myths at the end of life often result in decisions that are made with the best of intentions but not the desired effect.
- Accurate end of life education is the job of the entire IDT.
- Permission to change course of care without shaming is paramount.

18

second most common fear

Shortness of Breath

19

Shortness of Breath

- Definition – subjective sensation of difficulty breathing
- May not have low oxygen saturations

Whatever the patient says it is

20

Shortness of Breath

- Causes:
 - Cardiac diseases – congestive heart failure
 - Respiratory diseases – emphysema
 - Anemia
 - Anxiety
 - Metabolic abnormalities
 - Chest wall pathology
 - Constipation

21

Shortness of Breath

- Leroy is an 80 year old male with end stage COPD. You are seeing him in his home with his son who just moved in to care for him. When you arrive the son is panicking as his dad is short of breath. He asks you to help.

22

Shortness of Breath

- What are some things you can do right now?
 1. Have patient check oxygen source if they use it
 2. Fan or open window and move air
 3. Breathing exercises
 4. Change positions – sit forward in tripod position
 5. Distraction & conversation (yes or no questions)
 6. Essential oils, topical rubs – if tolerated
 7. Gentle physical touch - Hand/foot massage
 8. Take medications previously prescribed for shortness of breath
 9. Call the nurse for assistance

23

Shortness of Breath

- Action plans
 - Providers may have a detailed action plan in place in the home for patients with predictable and frequent exacerbations of symptoms
 - Ask about them & educate family as needed
- Breathing exercises
 - Pursed-lip breathing
 - Breathing from the diaphragm
 - Huff cough

24

Anxiety

25

Anxiety

- Definition – emotional state of feeling nervous, unsettled, inner turmoil, dread, apprehension; perception of current or future threat

Whatever the patient says it is

26

Anxiety

- Causes of anxiety at the end of life:
 - Preexisting psychiatric condition
 - Component of other symptoms like pain or nausea
 - Fear of not being able to achieve relief
 - Side effect of medications
 - Withdrawal of medications/chemicals
 - Metabolic abnormalities
 - Existential concerns about end of life

27

Anxiety

- Jim is a 56 year old veteran with end stage lung cancer that you are seeing in his home to complete a POLST.
- He is initially polite and happy to see you but as the conversation moves toward resuscitation desires he becomes distressed and short-tempered. He is insisting on full CPR.
- He becomes more anxious as family members try to convince him otherwise.

28

Anxiety

- What are some things you can do right now?
 1. Redirect/pause the discussion
 2. Breathing exercises
 3. Distraction & conversation (have them tell you a funny story)
 4. Fan or open window and move air
 5. Change positions – near window or sun
 6. Essential oils, topical rubs
 7. Music
 8. Gentle physical touch - Hand/foot massage
 9. Take medications previously prescribed for anxiety
 10. Call the nurse for assistance

29

Anxiety

- Guided imagery:
 - "a mind-body exercise based on prompting patients to formulate meaningful mental pictures to achieve relaxation and reduce anxiety. Many guided imagery scripts include common elements such as asking the patient to sit or lie in a comfortable position, quieting the mind, removing negative thoughts and images, and calling to mind a vivid image or scenario that is calming and relaxing (a 'safe place'). The content of a guided imagery script can include quiet and peaceful music with focus on a "safe place" where one feels secure and relaxed."
- Breathing exercises

30



Anxiety

- Later, when Jim has settled the topic is re-approached with his permission
 - He reluctantly reveals that he believes if he doesn't attempt resuscitation then he is committing suicide.
 - This prompts a phone call to your chaplain who agrees to see him soon
 - Clarified with Jim that this is not the same as suicide results in a completed POLST that all family members can support

31



Common Denominators

1. Change positions
2. Cool rag or warm pack
3. Fan or open window
4. Distraction & conversation
5. Essential oils, topical rubs
6. Breathing exercises
7. Gentle physical touch - Hand/foot massage
8. Take medications previously prescribed
9. Call the nurse for assistance
10. *Look for triggers - engage family or friend to help*

32



Actual most feared symptom

Abandonment

33



Most important

Mindful Presence

- **Being** rather than doing also means being attentive to patient's or family's indirect cues of emotion.
- Recognizing and acknowledging when a patient or family member is emotional can be done nonverbally, through the use of presence and touch.
- Attempts to hold back or conceal emotions can actually be opportunities to provide silent support.
- Opportunities to be empathic aren't always obvious

<https://www.glowm.com/mis/IRM%20Module3%20Mindfulness.docx>

34



Resources

- PCNoW
 - Palliative Care Network of Wisconsin
 - Fast Facts
 - Free website
 - Free app
- Guided Imagery
 - <http://academyforguidedimagery.com>
- Breathing Apps – many free ones

Down load now

35



Questions

36
