QUESTIONS (SELECT ALL THAT APPLY)

1- According to the article Palliative Care Delivery Models by C. Wiencek and P. Coyne, there is strong evidence that palliative care does all except:
A- Improves quality of life for patients with advanced cancers and other serious illnesses.
B- Raises the cost insurance companies pay but does not increase cost for the patient due to a recent policy implemented in 2018.
C- Improves symptom management for patients with advanced cancers and other serious illnesses.
D- Saves money by reducing aggressive interventions with limited benefits.

2- According to the article: Palliative Care Delivery Models, there 4 major palliative care delivery models (listed below). Which one(s) have the greatest potential to reduce the soaring costs of hospital-based care?
1- Ambulatory clinics
2- Home-based programs
3- Inpatient palliative care units
4- Inpatient consultation

3- The paramedics are called to the home of an elderly woman who was reported to be “not doing well” by her family. When they arrive they find her unresponsive with a respiratory rate of 5 and a blood pressure of 55/24 and these numbers continue to rapidly drop. They go to her refrigerator to find her POLST. What level of care will not be found in section B of the POLST:
A- Comfort care only with no transfer to the hospital.
B- Limited treatment for comfort measures only.
C- Limited treatment for comfort measures only with organ preservation.
D- Full treatment including a breathing machine.

4- The nursing student went home to Wisconsin to visit her parents during winter break. She was helping her mother review end of life preferences. Her mother indicated that she had a strong will to live as long as possible and was very open to end of life treatments to prolong her life within “reason.” When her daughter pressed her about what this meant to her mother, her mom replied “You can do those electric pad things on my chest, you can inject medications into me but don’t you dare put any type of tube down my throat. I would never forgive you for that.” Based on these desires, her daughter helps her fill out what in section B of the POLST:
A- Comfort measures only.
B- Limited treatment.
C- Full treatment.
D- See “Advanced Directives” under Additional Orders.

5- To create an Advanced Directive a patient must be:
A- Competent & capacitated
B- Over the age of 65
C- Receiving palliative care
D- Have already registered a POLST

6- A patient on Medicare receiving hospice care will not have which of the item(s) covered:
A- Medical bed.
B- Antibiotics
C- Round the clock care.
D- 100% of respite care.

7- Which statement made by the student nurse below is inaccurate and demonstrates a need for further education:
A- Palliative care is for both the patient and the family.
B- Palliative care can still use aggressive treatments.
C- Palliative care is not used in conjunction with chemotherapy.
D- Palliative care is applicable early in the course of an illness.

8- Palliative care aims to improve the patient's quality of life. Quality of life can be divided into 4 categories: physical, social, psychological and spiritual. Label which category these fall in:

- Sexual Function
- Cognition
- Fatigue
- Suffering
- Enjoyment
- Attention
- Hope
- Happiness
- Pain Distress
- Appearance
- Meaning of Pain
- Financial Burden

9- Hospice will provide which one of the following medications:
A- Chemotherapy
B- Plavix
C- Benzodiazepines

D- Antibiotics

10- The student nurse was learning about palliative care in her Chronic Conditions course. Which statement made by the SN below about the Palliative Performance Scale Tool is inaccurate and demonstrates a need for further clarification:
A- “The PPS measures ambulation, activity and evidence of disease, self-care, oral intake and LOC.”
B- “90% of patients with a score of <50% will have < 6 months.”
C- “Length of survival is related to will to live.”
D- “74% accuracy predicting survival of < 4 weeks if dysphagia, cognitive failure and weight loss of 10 kg or more.”

11- What is one of the biggest issues concerning resuscitation?
A- Outcomes are usually poor.
B- 15% (or less) actually survive CPR.
C- Only 6.6% of resuscitated survivors are actually alive in one year.
D- All of the above are accurate.

12- What is the last dose syndrome?
A- An ethical way to assist a patient in their desire to cease living.
B- When the palliative pain medications reach peak toxicity in the patient and cause death instead of comfort measures.
C- Justification of a deliberate and potentially unsafe dose of pain medication used to relieve suffering. This is not an attempt to end life but an attempt to alleviate the patient who is experiencing harmful amounts of pain.
D- As discussed in class, a way to get around the complications associated with the Right to Die policies if a nurse is practicing in a Catholic hospital.

13- Which comment below demonstrates a need for further teaching:
A- Enteral feeding reduces the risk of aspiration in terminally ill patients.
B- Patients who fasted to end their lives experienced a peaceful death.
C- Hydration does not decrease “dry mouth.”
D- Dehydration actually causes euphoria and sleepiness.

14- Which symptoms below may be present during the final 48 hours before death:
A- Urinary incontinence
B- Myoclonus
C- Agitation
D- All the above

15- When a nurse contacts Hospice to inquire about a patient entering their program, Hospice will likely ask about all of the things below regarding the patient's status except:
A- Nothing by mouth
B- Bedridden
C Medications
D- Not alert

16- One of the biggest ethical issues at the end of life is that:
A- Patient is unable to speak for themselves.
B- Patient did not fill out a POLST.
C- Patient does not have an Advanced Directive.
D- Patient does not have adequate health insurance coverage.

ANSWERS

1- According to the article Palliative Care Delivery Models by C. Wiencek and P. Coyne, there is strong evidence that palliative care does all except:
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A- Comfort measures only.
*** B- Limited treatment. This includes IV fluids, antibiotics, cardiac monitor but no intubation, mechanical ventilation or advanced airway interventions. Means want to go to hospital.**
C- Full treatment.
D- See "Advanced Directives" under Additional Orders. ***(Maybe but this is beyond the scope of our class).***

5- To create an Advanced Directive a patient must be:
*** A- Competent & capacitated**
B- Over the age of 65
C- Receiving palliative care
D- Have already registered a POLST

6- A patient on Medicare receiving hospice care will not have which of the item(s) covered:
A- Medical bed.
B- Antibiotics
*** C- Round the clock care.**
D- 100% of respite care.
HOSPICE will also include:
Interdisciplinary care visits
Medical equip/supplies
Drugs for symptom management and pain relief
Short-term inpatient & respite care
Home health aid for ADL/bathing
Counseling/Social work
Spiritual care
Volunteer services
Bereavement services

7- Which statement made by the student nurse below demonstrates a need for further education:

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*** C- Palliative care is not used in conjunction with chemotherapy.**
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Sexual Function - SOCIAL
Cognition - PSYCHOLOGICAL
Fatigue - PHYSICAL
Suffering - SPIRITUAL
Enjoyment - PSYCHOLOGICAL
Attention - PSYCHOLOGICAL
Hope - SPIRITUAL
Happiness - PSYCHOLOGICAL
Pain Distress - PSYCHOLOGICAL
Appearance - SOCIAL
Meaning of Pain - SPIRITUAL
Financial Burden - SOCIAL

9- Hospice will provide which one of the following medications:
A- Chemotherapy
B- Plavix
*** C- Benzodiazepines**
*** D- Antibiotics (but ONLY for comfort)**

10- The student nurse was learning about palliative care in her Chronic Conditions course. Which statement made by the SN below about the Palliative Performance Scale Tool is inaccurate and demonstrates a need for further clarification:
A- "The PPS measures ambulation, activity and evidence of disease, self-care, oral intake and LOC."
B- "90% of patients with a score of <50% will have < 6 months."
*** C- "Length of survival is related to will to live." = wrong.**
Length of survival is r/t dysphagia, cognitive failure and weight loss of 10 kg or more.
D- "74% accuracy predicting survival of < 4 weeks if dysphagia, cognitive failure and weight loss of 10 kg or more."

11- What is one of the biggest issues concerning resuscitation?
A- Outcomes are usually poor.

B- 15% (or less) actually survive CPR.
C- Only 6.6% of resuscitated survivors are actually alive in one year.
* **D- All of the above are accurate.**
* **Then family has to make the decision to take them off of the ventilator if they are not able to speak for themself.**

12- What is the last dose syndrome?
A- An ethical way to assist a patient in their desire to cease living.
B- When the palliative pain medications reach peak toxicity in the patient and cause death instead of comfort measures.
*** C- Justification of a deliberate and potentially unsafe dose of pain medication used to relieve suffering. This is not an attempt to end life but an attempt to alleviate the patient who is experiencing harmful amounts of pain.**
D- As discussed in class, a way to get around the complications associated with the Right to Die policies if a nurse is practicing in a Catholic hospital.

How do you know if the last dose killed them or it was just the status of their disease?

13- Which comment below demonstrates a need for further teaching:
*** A- Enteral feeding reduces the risk of aspiration in terminally ill patients. They will drown in their own fluids and it makes them <u>more</u> uncomfortable.**
B- Patients who fasted to end their lives experienced a peaceful death.
C- Hydration does not decrease “dry mouth.”
D- Dehydration actually causes euphoria and sleepiness.

* **Fluids & TPN = Increased Discomfort (confusing and will likely need to educate family about this)**

14- Which symptoms below may be present during the final 48 hours before death:
A- Urinary incontinence **(can use a foley catheter)**
B- Myoclonus **(Myoclonic jerks can l/t seizures. Can be because of medications.)**
C- Agitation
* **D- All the above**
* **Patients will also experience death rattle, pain, dyspnea, N/V**

Death almost there:
- Decreased UO
- Cold, mottled extremities

- Chyene Stokes
- Increased periods of apnea
- Suctioning can increase agitation (cleaning mouth OK)
- Elevate HOB if having difficulty breathing
- Scopalamine patches or atropine to dry up secretions
- Family presence can be important or not so be open

DEATH: Pupils fixed, pt. mottled/waxy, muscles & sphincters relax. Remove tubes and equipment tune in to the family, allow them time with their loved one.

Hospice & Pain Meds - dispose of in kitty litter.

15- When a nurse contacts Hospice to inquire about a patient entering their program, Hospice will likely ask about all of the things below regarding the patient's status except:
A- Nothing by mouth
B- Bedridden
*** C Medications**
D- Not alert
Sorry, funny wording of the questions here - was trying to capture the key elements of the PPST.

*** Hospice used the PPST (Palliative Performance Scale Tool) (100 points) Looks at ambulation, effect of disease, PO, LOC. 90% of patients with a score of less than 50 will live less than 6 months. Also look at dyspnea at rest and delirium.**

16- One of the biggest ethical issues at the end of life is that:
*** A- Patient is unable to speak for themselves. i.e. High ammonia levels**
B- Patients have not filled out a POLST. **(POLSTs do not cross state lines)**
C- Patients have not prepared an Advanced Directive.
D- Patient does not have adequate health insurance coverage.

PERSONAL NOTES

Palliative care focuses on:
The patient and the family

Palliative care is for both:
1- End-of-life-care
2- Living with a serious illness, while receiving treatment for that illness

Practice Questions for Palliative Care

Palliative care is applicable early in the course of an illness in conjunction with other therapies that are intended to prolong the end of life such as chemotherapy.

Palliative care can still provide aggressive care towards a disease. Pain can be expressed non-verbally.

Who pays for palliative care?
Hospitals absorb the cost since it saves $ on extended stays, ICU and interventions that may be futile.

Social worker - POLST, Ad. Directives, Counsel pt and family, provide support, deal with anticipatory grief, address different developmental stages, memory making, blended families, provide grief resources,

NP - Consults for symptom management (N/V, Pain, Anxiety), goals of care, needs of pt and family, educate others about this work.
Chaplain - provide for spiritual needs of pt., families and staff. Lots of stress in situation so helps provide sense of comfort.

Physician - clinician, educator

Communication Barriers:
1- Fears surrounding death
2- Lack of personal experience with death
3- Healthcare provider insensitivity (interrupting, patronizing, not allowing pt./family to express their views)
4- Providers guilt for not being able to “save” the pt.
5- Desire to project hope
6- Disagreement with pt./family’s decisions
7- Lack of cultural competency of the pt./family
8- Your own personal grief issues
9- Ethical concerns

DO NOT use the term ***“I’m sorry”*** rather use ***“I wish”*** (key point from ELNEC Module)

Questions to ask:
Pull up a chair and ask:
- ***"What has been important to you and your family?"***
- ***"What gives your life meaning?"***

- **What language do you prefer to speak?**
- **Do you have any foods you would like to enjoy or avoid?**
- **Do you have a preference for a male caregiver?**

Asses who is considered "family" + who in the family is permitted to receive information

In some cultures, telling a pt. they have a terminal illness or are dying is forbidden.

Also, identify if the family even wants to talk (perhaps someone from the interdisciplinary team has already spoken with them)

Ask permission before engaging in a lengthy conversation.

Open ended questions > to yes/no questions

Grief assessment = for pt., family members and significant others. Begins upon admittance & at time of diagnosis.
Grief can not be prevented.

Factors affecting grief:
- Hx of substance abuse

Legacy work - meaningful work to leave behind for patient's family's.

Meds @ end of life:
- K - Ketamine
- L - Lorazepam
- M - Midazolam
- (O)
- P - Propofol

NOT HELPFUL WORDS *(do not say these things)*:
- *At least you have your children.*

- *You had so many wonderful years together you are lucky.*
- *You are young you will meet someone else.*
- *At least her suffering is over, she is in a better place.*
- *He lived a really long & full life.*

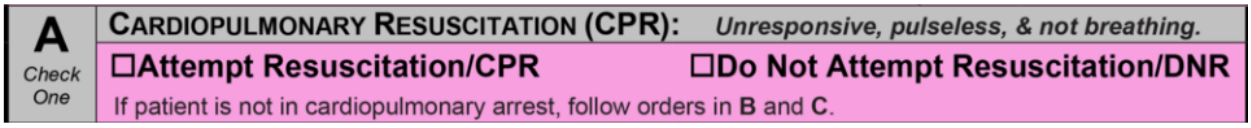
FOR CHILDREN use word DEATH ***(don't use "gone to sleep, passed on, gone away)***

Pediatric Palliative Care - DOES NOT end at the time of death.

A **POLST** form may be used **in** addition to—or instead of—a **DNR** order. Like a **DNR** order, a **POLST** tells emergency medical personnel and other medical providers whether or not to administer cardiopulmonary resuscitation (CPR) **in** case of emergency.

Differences between an **advance directive** and a **POLST** Form. Unlike **advance directives**, a **POLST** summarizes the patients' wishes **in the** form of medical orders. An **advance directive** is a legal document that allows you to share your wishes with your health care team if you can't speak for yourself.

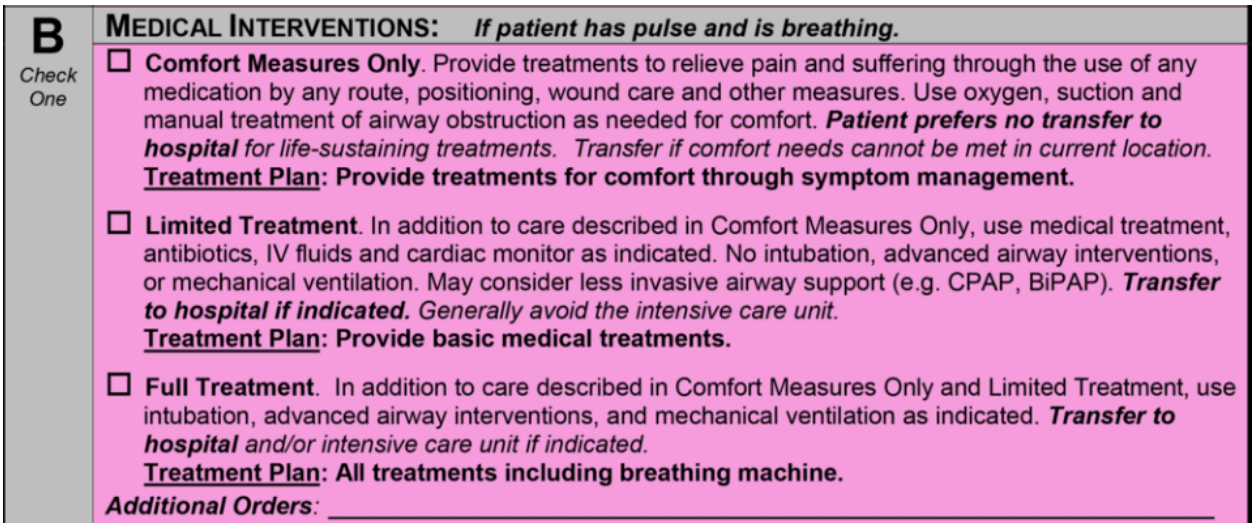
POLST:



Section A:

Cardiopulmonary Resuscitation (CPR)

These orders apply only when a person has no pulse and is not breathing; this section does not apply to any other medical circumstance. If a person wants CPR, the "attempt resuscitation/CPR" box should be checked. If a person does not want CPR, the "do not attempt resuscitation/DNR" box should be checked.



B Check One	MEDICAL INTERVENTIONS: *If patient has pulse and is breathing.*
	☐ **Comfort Measures Only**. Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Patient prefers no transfer to hospital*** *for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.* **Treatment Plan: Provide treatments for comfort through symptom management.**
	☐ **Limited Treatment**. In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). ***Transfer to hospital if indicated.*** *Generally avoid the intensive care unit.* **Treatment Plan: Provide basic medical treatments.**
	☐ **Full Treatment**. In addition to care described in Comfort Measures Only and Limited Treatment, use intubation, advanced airway interventions, and mechanical ventilation as indicated. ***Transfer to hospital*** *and/or intensive care unit if indicated.* **Treatment Plan: All treatments including breathing machine.**
	Additional Orders: _____

Section B: Medical Interventions

This section is designed to guide care in a situation when the person is not in cardiopulmonary arrest. There are three levels of medical interventions found on POLST forms:

1. **Comfort Measures Only/Allow Natural Death**. The treatment plan is to maximize comfort through symptom management. This box should be check if a person's goal is to maximize comfort and not go to the hospital unless necessary (comfort needs cannot be met).
2. **Limited Treatment**. The treatment plan is to go to the hospital if needed but to avoid mechanical ventilation and generally avoid the intensive care unit (ICU). This should be ordered if a person's goal is to get treatments for reversible conditions or a worsening underlying disease with the goal of restoring a person to their current state of health. Examples include going to the hospital for dehydration or for pneumonia.
3. **Full Treatment**. The treatment plan should include all life-sustaining treatments possible, including intubation, advanced airway intervention, mechanical ventilation, and cardioversion.

C Check One	ARTIFICIALLY ADMINISTERED NUTRITION:	*Offer food by mouth if feasible.*
	☐ No artificial nutrition by tube.	***Additional Orders (e.g., defining the length of a trial period):*** _____
	☐ Defined trial period of artificial nutrition by tube	
	☐ Long-term artificial nutrition by tube.	

Section C: Artificially Administered Nutrition

These orders indicate instructions regarding the use of artificially administered nutrition for a person who cannot take fluids by mouth.

If patient CAN NOT sign for themselves, a family member can sign for them while in their presence.