

Non-Cancer Diagnoses in Hospice

Objectives

- Identify common diagnoses cared for in hospice programs
- Recognize symptoms to report when caring for non-cancer hospice patients
- Verbalize interventions important to the hospice patient and their family

Top Four Non-Cancer Primary Diagnoses

- Debility (14.2%)
- Dementia (12.8%),
- Heart disease (11.2%)
- Lung disease (8.2%)

NHPCO

Heart Disease

According to the Rand Corporation:

“More Americans will die from diseases of the heart and the circulatory system than from any other cause. For most, the death will seem sudden, even if the person has been ill for some time.”

Congestive Heart Failure (CHF)

- Nearly 5 million people in the US have heart failure
- 550,000 new cases are diagnosed each year
- Heart failure can affect the left or right side of the heart, or both
- Congestive heart failure (CHF) is a progressive disease that most times leads to death

What Causes CHF

- Most often the coronary arteries have narrowed and impacted the blood flow to the heart - depriving the heart muscle of oxygen and weakening it. If the heart is like an engine running the body for example, these narrowed arteries are like a clogged fuel line in a car – preventing the heart from getting the gas, in this case oxygen, that it needs to survive.

What Causes CHF

Other causes include:

- Previous heart attack where the heart muscle and/or vessels have been damaged
- High blood pressure (hypertension)
- Infections that may have damaged the heart muscle
- Severe lung disease
- Other problems with vessels and valves of the heart

What Causes CHF

Other risks for heart failure include:

- Overweight
- Diabetes
- Chronic kidney disease
- Irregular or abnormal heartbeat (interrupting the flow of blood and oxygen to the heart)

Heart Failure is a Gradual Process

- It develops over a long period of time
- It gradually becomes worse
- May not be diagnosed until some changes have occurred in the body to compensate for the failure
- For hospice patients, you will often see other serious health problems as well

What changes occur?

The heart tries to deal with the extra fluid by:

- Becoming larger
- Developing more muscle mass
- Pumping faster

Blood vessels narrow and the heart diverts blood away from other important organs and tissues in order to keep blood flowing to the heart and brain

Signs and Symptoms of Heart Failure

- Sudden weight gain
- Shortness of breath not related to exercise or exertion
- Increase in swelling of legs and feet
- Swelling or pain in the abdomen
- Trouble sleeping due to shortness of breath
- Frequent, dry, hacking cough
- Increased tiredness

Treatment

- Treatment is designed to:
 - Lessen the fatigue
 - Reduce the shortness of breath
 - Decrease the tissue swelling
- There are a variety of medications that can be utilized to decrease these symptoms

Each Visit Inquire or Observe

- Are you having any pain?
- Do you have any shortness of breath?
- Are you coughing?
- Have you gained any weight?
- Observe extremities for swelling
- Is patient voiding normally?
- Do you feel dizzy or confused?
- Are you sleeping without problems?

What is Your Role As a Hospice Aide?

- Care for the patient with CHF will focus on comfort measures – to both the patient and family
- The patient's difficulty breathing may often cause the patient and family extreme stress
- The lack of oxygen may also cause the patient to experience delirium – that further frightens the family caregiver
- Provide assistance with Activities of Daily Living

What is Your Role As a Hospice Aide?

- Watch carefully for pressure sores due to decreased activity and/or swelling in limbs and sacrum
- Encourage patient to elevate legs unless contraindicated
- Have patient avoid tight shoes, knee-high stockings or other clothing that restricts the circulation
- Encourage small, frequent meals or snacks to avoid feeling overfull

Other Important Points about CHF

- High sodium foods may cause more fluid build up and more discomfort breathing
- Because the patient may be having stomach pain, the patient may refuse food and fluids
- Because medications can help some of the symptoms, report any signs of medication non-compliance to the RN

Questions

- What does CHF stand for?
- Name two symptoms of CHF.
- When is the CHF patient admitted to hospice?
- List three concerns you would report to the nurse related to your patient with CHF.
- Is it true that more people die from heart disease than any other disease in the US?

Neuromuscular Diseases

- Amyotrophic Lateral Sclerosis (ALS)
 - Lou Gehrig's disease
- Multiple Sclerosis (MS)

Amyotrophic Lateral Sclerosis

- Also called ALS or Lou Gehrig's disease
- More common in men
- Typically affects people 40 to 60 years old
- Only 5-10% of all cases are inherited
- 5,000 new cases are diagnosed each year

Causes

- The cause of ALS is unknown
- The disease attacks the nerve cells (motor neurons) that control voluntary movement
- The neurons in the brain and spinal cord degenerate or die
- The brain is not able to send messages to the spinal cord and then to the muscles

Signs & Symptoms

- Difficulty swallowing
- Slurred speech
- Muscle cramps or twitching
- Weakness in leg or arm
- Unsteady gait
- Stumbling or tripping
- Difficulty with buttons, zippers etc.

Late Signs & Symptoms

As the disease progresses the following will occur:

- Loss of arm/hand and leg function
- Inability to chew and swallow
- Difficulty breathing and eventual loss of independent respiration

Note: Cognitive ability is usually not affected

Multiple Sclerosis

- Multiple Sclerosis (MS) is a disease of the central nervous system
- MS affects the fatty sheath (myelin sheath) that surrounds the nerve fibers
- Usually affects more women than men
- Onset around ages 20 - 40 years
- There is no cure, but treatment focuses on symptom management

Causes

- Environment
- Genetics (family history)
- Virus (theory, not proven)
- Autoimmune disease

Signs & Symptoms

- Vision impairment
- Loss of sensation in limbs
- Clumsiness or coordination problems
- Fatigue and weakness
- Loss of bladder control
- Memory loss and problems thinking

What is Your Role As a
Hospice Aide?

- Help patient keep stress level to a minimum
- Report any signs of depression
- Encourage patient to follow prescribed exercise program
- Encourage patient to minimize activity during the hottest part of the day

Questions

- What is another name for ALS?
- Is there a known cause of ALS?
- Name 2 signs/symptoms of ALS.
- Is there a cure for Multiple Sclerosis?
- Why is it significant to know the symptoms of MS when working with hospice patients.

Stroke

- About 800,000 people suffer a stroke each year
- It is the fourth-leading cause of death in the United States

What is a Stroke/CVA?

- Cerebrovascular Accident=CVA
- A stroke can occur when a blood clot blocks the blood flow to the brain
- Or when there is a bleed in the brain that blocks the blood flow
- Brain damage occurs after the blockage—cells begin to die

Types of stroke

Acute Stroke

- Hospice criteria for a sudden stroke is there is one of the following conditions for at least three days
 - Coma
 - Persistent vegetative state
 - Severely reduced level of consciousness with abnormal muscle contraction

Caring for the Acute Stroke Patient

- Skin Care
- Teaching family about
 - Skin Care
 - Turning
 - Positioning
 - Don't lay on affected side more than 1 hour at the time
 - Don't pull on affected side
 - Precautions with oral intake
 - Safety precautions

Care of Acute Stroke Continued

- Emotional support
- Communication:
 - Talk to patient as if they can hear you, whether they respond or not
 - Support family
 - Encourage family to talk to patient
 - Encourage family to continue to touch the patient
 - Hold their hand
 - Hug

Types of Stroke

Chronic Stroke

- Leaves the person with significant neurological deficiencies
- Some will be able to regain some of their lost function with rehab
- Others will continue to decline, regardless of the rehab efforts

Risk factors for chronic stroke patients

- Trouble swallowing—dysphagia
- Aspiration pneumonia
- Weight loss
- Recurrent Urinary Tract Infections (UTI)
- Blood infections
- Fever— cause unknown

Chronic Stroke and Hospice

- Patients have major deficits
- Stroke may be secondary to terminal condition
- Hospice manages symptoms that encompass the effects of a stroke
- The severity of their symptoms and other co-morbidities help determine when the stroke patient is eligible for hospice

Symptom Management

Physical

- Paralysis (may be right side, left side, upper extremity and/or lower extremity)
- Weakness/Loss of balance
- Bowel/bladder incontinence
- Dysphagia-Difficulty swallowing
- Aphasia- May Destroy the ability to communicate
- Pressure Ulcers
- Falls
- Seizures

Bowel/Bladder

- Maintain record of Bowel/Bladder activity
 - Important: Constipation potentially is an ongoing problem
 - Keep clean and dry
 - Assess skin for troubled areas-report
 - Educate family of importance
 - To keep clean and dry
 - Monitor bowel movements

Paralysis/Weakness

- Practice safety at all times
- If unable to handle alone, ask for help
- Familiarize with DME being utilized by patient
- Assess for how much patient can do for self
- Determine if deficit on dominant side
- Use appropriate body mechanics when moving patient
- Include range of motion in personal care if not contraindicated

Challenges with Dysphagia

- Strangle easily
- Aspirate
 - Aspiration Pneumonia
- "Cheeking food" or meds

Interventions

Treatment:

- Eat type of food consistency ordered– liquids, soft, pureed
- Eat slowly-sweep affected side of mouth frequently while eating
- Do not lay down immediately after eating
- May become unable to eat at all
- Educate family/ Emotional support

Aphasia

- Be patient
- Difficult for patient to express self
- Re-assure patient “it is ok”
- Recognize the frustration this causes the patient
- Ask simple questions– yes/no may be less stressful for patient

Skin Breakdown

- Keep clean and dry
- Assess skin each visit during personal care for areas of concern, paying close attention to pressure areas
- Report any concerns to supervisor
- Encourage patient/caregiver to turn at least every two hours
- Encourage not to lay on affected side more than an hour at the time

Symptom Management

- Emotional
 - Presence/ Listening
 - Supportive role
 - Medications
 - Therapy
- Treatment
 - Presence/ Listening
 - Supportive role
 - Medications
 - Therapy

Emotional Symptom Strategies

- Offer support to patient and family
- Listen carefully/ observe
- Give encouragement as appropriate
- Take your time if dealing with cognitive impairments
- Use simple clear language

Family Support

- Answer questions related to end-of-life-dying
 - The typical trajectory (path) for actively dying patients
 - May look at it from early, middle and late stages
 - Time left: May be 24 hours or up to 14 days
 - Acute stroke: May live longer than a patient who is frail and emaciated

Questions

- Stroke is the 4th leading cause of death in the US
- Name two interventions for the patient with dysphagia
- List three emotional support interventions
- Patience is important when dealing with the patient with aphasia
- Presence is a powerful intervention with the hospice patient/family
