

Module III-Death and Dying

Activity - Scenarios

You may divide the participants into small groups of 3-4 and assign a case study to each group. Give them ample time to discuss (5-7 minutes) and then have each group discuss their scenario and their strategies to deal with it. Each group may select someone to write their strategies and someone to report for the group.

1. Ms. Jones is 90 years old and has a terminal condition related to her end-stage COPD and lung cancer. She has been in the hospice program for 5 months. In the last week she has become bedbound, she has stopped eating and drinking, she is sleeping more and not taking anything by mouth. Today, as you arrive you can hear her respirations. Her respirations are noisy and they sound moist. Her son has come home from out of state and he is quite concerned about her noisy respirations. He even tells you to call 911 for his mother. You are aware of her DNR and she has told you a month ago that she was “tired” and would like to “go home.”

Describe what you believe is happening to Ms. Jones and why you believe that.

What do you think is the best way to deal with the son?

Do you call 911? Explain.

2. Ms. Sally is an 87 year old who has cancer of the bone. She is a frail 100 lb. lady who lives with her spouse who is also very unsteady on his feet. Ms. Sally has been on hospice for 1 month. She is obviously declining. Her pain is so intense she will hardly move a muscle. Since your last visit she has become incontinent of stool and urine. Family reports she has had 6 large BMs since yesterday, although she is requiring large doses of pain medication to control her pain. Her only response to verbal stimulation is opening her eyes momentarily. Her attentive daughter who is the primary caregiver, is concerned that turning her causes a great deal of pain and knows the consequences of bedsores if she isn't turned.

The daughter asked you, “What should I do about turning her?”

What would be your response?

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3. Mr. Smith is a 90 year old male with Parkinson's disease and the residual of two right sided strokes and was never able to adapt to using his left hand very well. He has been total care for 2 and a half years. He is total care. He is able to transfer from the bed to the wheelchair with maximum assistance. His speech is so impaired that communication is very difficult, at best. Throughout his disease process he has had a good appetite, eating 3 meals a day every day, although a challenge each time. He had problems with getting strangled throughout his sickness, but as of late it became a big problem and he became discouraged about even going to the table to eat. His eating decreased to only six teaspoons of food at a meal and not excited about eating at all as he had been in the past. In the last month, we have seen him withdraw from the limited activities he enjoyed. He will go all day sometimes and say not more than six words. The time he is sleeping has increased from 12 hours a day to 19 hours a day over the last week. And then occasionally, he was very restless and did not sleep at all. He has reported seeing angels dressed in black on more than one occasion and on Thanksgiving he told his grandchildren he would not be here for another Christmas.

What phase of dying was he in?

What symptoms did he demonstrate?

What would the Hospice Aide's role with Mr. Smith at this time in his end of life journey?

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Answers for Activity 1

Scenario #1

1. Describe what you believe is happening to Ms. Jones and why you believe that. Ms. Jones is dying- compare the symptoms to the actively dying phase.

She is bedbound, not eating, sleeping, noisy respirations and talking about going home earlier this month.

What do you think is the best way to deal with the son? You have some options:

1. Listen to his story and engage your active listening skills.
The response should be in a caring, understanding manner
2. If you are comfortable explaining the noisy respirations to him then that is appropriate. If you choose to do this, be sure to check for understanding and satisfaction.
3. Call your supervisor.
4. Do you call 911? Explain.

Scenario #2:

The daughter asked you, "What should I do about turning her?"

What would be your response?

This is a question you may feel the need to defer to your supervisor or RN case manager.

Or

Another option: In some cases, the patient is given their pain med in advance of movement to help manage their pain. The timeframe of how far in advance would be dependent on the medication being used.

Or

Since she is incontinent of stool and has to be kept clean and dry, when this activity is taking place repositioning might be appropriate at that time, to keep down the amount of movement and decrease the chance of creating more discomfort.

Scenario #3.

What phase of dying was he in? Pre-active phase

What symptoms did he demonstrate? Withdrawal, restlessness, increased sleeping, decreased appetite, talking about dying, seeing things,

What would the Hospice Aide's role with Mr. Smith at this time in his end of life journey? Listen, Listen, Be present for him and support him. Provide him with compassion and caring during your work with him.