

Pain & Symptom Management for the Hospice Patient

Objectives

- Define pain
- Identify types of pain
- Identify treatment for pain
- Examine the role of the Hospice Aide in pain management
- Explore other common symptoms
- Identify interventions to help manage common symptoms of the hospice patient

Hospice & Symptom Management

- The focus of hospice care is to improve the quality of life for patients at the end of life.
- The hospice staff will provide comfort, whether that be physical, emotional or spiritual.
- The care is to relieve/control pain and manage other symptoms.

What is Pain?

Pain is: "An unpleasant sensation that can range from mild, localized discomfort to agony. Pain has both physical and emotional components. "

Medterms

An RN's definition of pain

"Whatever the experiencing person says it is, existing whenever and wherever the person say it does."

Margo McCaffery, RN

Causes of Pain

- Somatogenic-Problems with the body
- Psychogenic-Disturbances associated with the mind
- Phantom-From a part of the body that has been lost

Duration of Pain

- Usually temporary (leaves when the painful stimulus is removed)
- Acute-lasts less than 30 days
- Chronic-lasts for more than six months

Function of Pain

- Warns the body something is wrong
- Prevents us from further injury or bodily damage
- Motivation to get medical attention

Facts about Pain

- Pain is not normal
- Indication that something is wrong
- Interferes with person's functioning and quality of life
- Most common reason for visits to physician.
- Pain represents >50% of ED visits and 30% family practice visits
- It is believed that 12-80% of the population have chronic pain

Types of Pain Experienced by Hospice Patients

- Physical
- Emotional
- Spiritual

Barriers to Reporting Pain

- Patient is non-verbal
- Patient has Alzheimer's disease
- Elderly patient may not realize injury/pain, such as numbness, paralysis
- Depression
- Cultural

Causes of Physical Pain for the Hospice Patient

- Medical tests
- Tumor
- Spinal cord compression
- Treatment
- The terminal condition

Causes of Emotional Pain for the Hospice Patient

- Fear of the unknown
- Separation from family & friends
- Leaving the family
- Unfinished business
- Dying

Causes of Spiritual Pain for the Hospice Patient

- Questions about spirituality
- End of Life issues related to faith, higher power
- "Have I made peace?" "Am I ready to die?"
- Feelings of guilt, regret, sadness
- Dying

Exercise

- While providing care to Mr. Rogers, he seems anxious. He asked you if you think he is a good man. Your response: "Of course, I do." He follows with, "Do you think I am good enough to go to heaven?"
- How do you respond?

Other Causes of Pain

- Stomach Ulcers
- Skin breakdown
- Back ache
- Arthritis
- Headaches
- Broken bones
- AIDS
- Fractures (Compression)
- Surgery
- Radiation
- Constipation
- Nausea/vomiting
- Sore throat
- Carpal tunnel
- MS
- Neuropathy
- Phantom Pain

Descriptions of Pain

- Sharp
- Dull
- Constant
- Severe
- Excruciating
- Discomfort
- Unusual feeling
- Pounding
- Radiating
- Burning
- Pressure
- Throbbing
- Comes & Goes

Words that Mean Pain

- Ache
- Discomfort
- Illness
- Irritation
- Strain
- Tenderness
- Throb
- Tingle
- Burning
- Crick
- Hurt
- Affliction

Manifestations that may Represent Pain

- Guarding a specific area of the body
- Grimacing/facial expressions
- Verbalize pain
- Decrease in activity
- Decreased appetite
- Crying
- Moaning

Pain Management

- A major goal of hospice is keeping the patient comfortable. It takes the whole team to do this
- Hospice Aides in many cases spend the most time with the patient, therefore gather important information to share with the Interdisciplinary Group
- Your role is vital to the hospice patient's well-being

Pain Management-Physical

- Observing the patient
- Repositioning
- Medications
- Distractions
- Encouraging patient to talk honestly about pain
- Relaxation
- Listen to what the patient says
- Acupuncture
- Biofeedback
- Massage
- Imagery
- Meditation

Pain Management-Emotional/Spiritual

- Talking
- Medication
- Relaxation
- Meditation
- Social Worker/Chaplain
- Other spiritual leaders

What is the Role of the Aide?

- Our ultimate goal is to keep the patient comfortable
- Follow the plan of care set forth by the Interdisciplinary Group
- Report any information that may be helpful in promoting the patient's well-being

Symptom Management

- Fatigue
- Dyspnea
- Delirium
- Constipation
- Noisy Respirations

Fatigue

- Fatigue may be described as exhausted, tired, weak, low energy
- Unable to take care of self
- Self care may decline
- May not have stamina to do usual activities
- Stays in bed

Interventions for Fatigue

- Frequent Rest Periods
- Use assistive devices
- Encourage to conserve energy
- Plan adequate relaxation and sleep
- Prioritize tasks

Dyspnea

- May be described as air hunger, shortness of breath or breathlessness
- Frightening to patient and family
- Seen frequently in advanced cancer patients

Causes of Dyspnea

- Disease process
 - Cardiac Congestive Heart Failure (CHF), Heart disease, pulmonary edema
 - Pulmonary Tumors, Cardiopulmonary Disease (COPD), Pneumonia
 - Neuromuscular Amyotrophic lateral sclerosis (ALS), Stroke, trauma
 - Anxiety
 - Spiritual issues (trust, guilt, fear)

Interventions for Dyspnea

- Pursed lip breathing
- Energy conservation
- Fans or open the window
- Elevate head of bed
- Calm environment
- Room temperature cool
- Supportive

Delirium

- Abrupt change in awareness
- May occur as patients near death
- Agitation is a common symptom of delirium
- Assess for other causes as there are many reasons for delirium

Causes of Delirium

- Infection
- Medications
- Renal failure
- Liver failure
- Constipation
- Spiritual distress
- Uncontrolled pain
- Bladder distention
- Withdrawal from meds
- Alcohol withdrawal
- Hypoxemia

Intervention for Delirium

- Assess for the cause and treat if appropriate
- Family present may help keep calmer
- Reorient as needed
- Keep patient safe
- Encourage to use meds as ordered

Symptoms of Constipation

- Dry hard stools
- No stools for 2-3 days
- Straining during BM
- Abdomen distended
- Cramping/nauseated
- Stool leakage

Intervention for Constipation

- Note: Some medications make constipation worse
- Monitor for bowel movement every visit
- Report straining/hard stools or no stools to RN
- Encourage walking if not contraindicated
- Encourage fluids if not contraindicated
- Warm fluids may stimulate bowels

Noisy Respirations

- Occurs when saliva and other fluids accumulate in the throat and upper airways in a patient who is too weak to clear the throat
- Not painful to patient
- Signal of impending death
- Quite distressing for families

Interventions for Noisy Respirations

- Reposition the patient to their side
- Elevate the head of the bed
- Prop patient with pillows to elevate head
- Decrease any fluid intake (if any)
- It is believed this is not painful to the patient
- Emotional support for family
- Medications may be used

General Information to report
to Supervisor

- Refusal to eat or drink
- Dressings come off
- Changes in breathing
- Falling
- Angry
- Talking about “ending it all”
- Signs of depression
- Crying

Other Issues To Report

- Safety issues related to you or patient
- Locating pills in inappropriate locations
- Finding the patient alone
- Caregiver stress exhibited—crying, angry
- Patient complaints of being hungry/thirsty

Exercise

- During the last six weeks you have worked with Ms. Bost. She has declined quickly and presently her breathing is labored and noisy. Her son from out of town is here today. He asked you, “Is that the death rattle I hear?”
- What would be your best response?
