State-Approved Curriculum
NURSE AIDE I TRAINING PROGRAM
July 2013
Module W

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Registry Section
Center for Aide Regulation and Education

Module W – End of Life Care
Teaching Guide

Objectives

- Describe the nurse aide's role in end of life care.
- Describe cultural differences in dealing with end of life.
- Examine own feelings about the end of life.

Instructional Resources/Guest Speakers

- **#3W Policies:** Policies regarding religious observances and requirements to be followed when death occurs, from local long-term care centers
- **#4W Guest Speakers:** Panel or single speaker such as social worker/mental health professional, funeral director, pastoral care counselor, and/or hospice chaplain; topic: to describe care needs of the resident and family when death is near or has occurred

Supplies

- Scotch/cellophane tape or glue sticks per each group of students
- Scissors
- Magazines
- Couple of markers per each group of students
- One sheet of construction paper or half-sheets of poster paper per each group of students

Advance Preparation – In General

- Review curriculum and presentation materials
- Add examples or comments in Notes Section
- Set up computer/projector

Advance Preparation – Activities

- **#1W Writing My Obituary:** Ponder whether to include this particular activity in the curriculum and if included, whether to assign it as homework with discussion during the next class period or as a classroom activity.
- **#2W Attitude Toward Caring For Residents Who Are Near Death Self-Inventory/How Do I Feel:** Duplicate student worksheet for each student.
- **#3W Death and Dying Collage:** Decide how to divide students into groups of two to three students. Prepare supplies for each group – a sheet of construction paper or a half-sheet of poster paper, tape/glue stick, scissors, a couple of markers, and several magazines.

Advance Preparation – Teaching Tips

Consider creating a case study of a resident who is dying and later dies, possibly including the stages of grief, support of the family, and finally post mortem care.

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Definition List

Acceptance - the final stage of grief (in response to near death) when person has worked through feelings and understands that death is imminent

Advance Directive – a living will written while resident is mentally competent or by resident's legal representative which outlines choices about withdrawing or withholding life-sustaining procedures, if terminally ill

Anger – the second stage of grief (in response to near death) when person expresses rage and resentment; often upset by smallest things; lashes out at anyone

Apnea – respiration stops

Bargaining – the third stage of grief (in response to near death) when person tries to arrange for more time to live to take care of unfinished business; bargains with the doctors or God

Cheyne-Stokes Breathing – when resident takes several shallow breaths followed by periods of no breathing for 5, 30, or even 60 seconds; does not cause the resident discomfort

Death – the end of life and cessation of bodily functions

Denial – the first stage of grief (in response to near death) when a person is told of impending death; person may refuse to accept diagnosis or discuss situation

Do Not Resuscitate (DNR) – an order written by a doctor at the request of a resident, which tells the health care team that the resident does not wish any extraordinary measures to be used when resident suffers cardiac or respiratory arrest

Depression – the fourth stage of grief (in response to near death) when person begins the process of mourning; cries, withdraws from others

Dying – the near end of life and near cessation of bodily functions

End of Life Care – support and care provided during the time surrounding death

Extraordinary Measures – interventions used to restore heart beat or respiratory effort (cardiopulmonary resuscitation or CPR)

Five Stages of Grief – stages of grief in response to near death, based on personal, cultural and religious beliefs and experiences, according to Elizabeth Kubler-Ross

Hospice Care – health care agency or program for people who are dying (usually less than six months to live) that provides comfort measures and pain management, preserves dignity, respect and choice, and offers empathy and support for the resident and the family

Mottling – changes in skin color (pale and bluish) of the hands, arms, feet, and legs when death is near

Obituary – a description (typically placed in a local newspaper) of a resident's life, including listing of relatives, birth information, accomplishments/activities, and death, written upon the death of the resident

Post Mortem Care – care of the body after death

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(S-2) Objectives

1. Describe the nurse aide's role in end of life care.
2. Describe cultural differences in dealing with end of life.
3. Examine own feelings about the end of life.

Content	Notes
TEACHING TIP #1W: Case Study Distribute case study, if created.	
(S-3) End of Life Care • Support and care provided during the time surrounding death	
(S-4) End of Life Care – Key Terms • Terminal illness – an illness or injury from which the person will not likely recover; a terminal illness ends in death • Dying – the near end of life and near cessation of bodily functions • Death – the end of life and cessation of bodily functions • Post mortem care – care of the body after death	
(S-5) Obituary • A description (typically placed in a local newspaper) of a resident's life, including listing of relatives, birth information, accomplishments/activities, and death, written upon the death of the resident	
(S-6) Death • Death is natural conclusion to life • Resident's response to death is based on personal, cultural and religious beliefs and experiences	
(S-7) Stages of Grief • The dying resident and family may pass through five stages of grief, according to Dr. Elizabeth Kubler-Ross • Five stages of grief are denial, anger, bargaining, depression, and acceptance • Each person may experience stages at different rate or time	
(S-8) 1st Stage – Denial • Denial - begins when a person is told of impending death; person may refuse to accept diagnosis or discuss situation	
(S-9) 2nd Stage – Anger • Anger – person expresses rage and resentment; often upset by smallest things; lashes out at anyone	
(S-10) 3rd Stage – Bargaining	

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• Bargaining - person tries to arrange for more time to live to take care of unfinished business; bargains with the doctors or God	
(S-11) 4th Stage – Depression • Depression - person begins the process of mourning; cries, withdraws from others	
(S-12) 5th Stage – Acceptance • Acceptance - person has worked through feelings and understands that death is imminent	
(S-13) Advance Directive • Dying resident must have living will (Advance Directive) which outlines choices about withdrawing or withholding life-sustaining procedures, if terminally ill • Living will must be written while resident is mentally competent or by resident's legal representative	

(S-14) Do Not Resuscitate
• Do Not Resuscitate (DNR)
  o A choice of the resident
  o Doctor writes a Do Not Resuscitate (DNR) order, which tells health care team that the resident does not wish any extraordinary measures to be used if resident suffers cardiac or respiratory arrest
• Extraordinary measures – interventions used to restore heart beat or respiratory effort (cardiopulmonary resuscitation or CPR)	

(S-15) Hospice Care • Health care agency or program for people who are dying (usually less than six months to live) • Purpose is to improve the quality of life for a person who is dying • Provides comfort measures and pain management • Preserves dignity, respect and choice • Offers empathy and support for the resident and the family • Works with staff as well as resident and family	
(S-16) End of Life Care – Importance • Most people die in hospitals or long-term care facilities • A nurse aide's feelings about death affect care given • A caring, kind, and respectful approach helps the resident who is dying and family	
(S-17) End of Life Care – Nurse Aide's Feelings About Death • Nurse aide must recognize and deal with own feelings and attitudes toward death in order to provide essential support to residents who are dying	

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• Many factors influence attitudes, such as age, personal experiences, culture, and religion • First encounters with death and dying can be frightening • Nurse aide can use co-workers as support system for dealing with the experience	
ACTIVITY #1W: Writing My Obituary (Individual, Optional Homework or Class Work) Ask students to write their own obituary. Require them to pick an age to live (not a date). Ask for volunteers to read their obituaries. Lead a discussion about thoughts and feelings about dying. This activity could expose fears in caring for the dying client and create empathy. **ACTIVITY #2W: Attitude Toward Caring For Residents Who Are Near Death Self-Inventory/How Do I Feel? (Individual)** Refer to student instructions. Distribute to students. Either collect for a homework or activity grade, or discuss in class.	

(S-18) Environmental Needs of The Resident Who is Dying
• Keeping resident's environment as normal as possible
  o Room – well lighted and well ventilated
  o Open drapes and door
  o Play resident's favorite music	

(S-19) Physical Needs of The Resident Who is Dying
• Positioning
  o Place resident in most comfortable position for breathing and avoiding pain
  o Maintain body alignment
  o Change resident's position frequently to avoid pressure ulcers
• Cleanliness
  o Providing skin care, including back rubs
  o Bathe and groom resident frequently to promote self-esteem
• Mouth and Nose
  o Clean sores or bleeding in mouth following Standard Precautions
  o Provide oral care as needed. Cover lips with thin layer of petroleum jelly
  o Check for difficulty swallowing or choking
  o Gently clean nose
  o Offer drinking water as often as possible
• Nutrition
  o Offer resident's favorite foods; include liquids or semi-liquids
  o Offer foods frequently and in small amounts	

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○ A balanced diet is not a primary concern • Elimination ○ Keep the resident's skin and linen clean ○ Provide perineal care as often as necessary	
(S-20) Emotional And Psychological Needs Of the Resident Who is Dying and the Family • Identify incidents that affect resident's moods; note behavior changes and report to nurse immediately • Approach resident and dying process with dignity • Respect each resident's idea of death and spiritual beliefs • Offer support/understanding	
(S-21) Emotional And Psychological Needs Of A Resident Who is Dying and the Family • Respect resident preference regarding solitude or interaction • Use touch where appropriate • Listen to resident and family • Communicate with resident, even if non-responsive; identify self and explain everything being done • Be aware of resident's sensitivity to what is being said/ability to hear when other senses diminish • Be guided by resident's attitude	
(S-22) Emotional And Psychological Needs Of A Resident Who is Dying and the Family • Present a positive attitude and provide positive physical and emotional care • Give resident and family privacy, but not isolation • Be a good listener and use good communication skills • Spend time with the resident even when not providing care. Your physical presence is reassuring • Do not take anger directed at you personally	
(S-23) Emotional And Psychological Needs Of A Dying Resident and the Family • Be supportive • Respect the resident's and family's spiritual beliefs • Encourage family members to participate as much as they can • Remind family of what to do if they are alone with the resident when death occurs, for example, in a home-care hospice setting, they should call the agency to speak with the on-call nurse • Do not always think that you need to say something; words are not always appropriate or important – being kind, caring and concerned is	

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(S-24) Working With The Family Of A Resident Who is Dying • Interaction and communication of appropriate information per facility policy • Understanding/support • Comfort (information about meals, coffee, etc) • Special visiting policy • Cultural issues/variations	
(S-25) End of Life Care – Culture and Religion • Culture and religion provide framework within which personal experiences with death take on meaning • Personal experiences, culture, religion, and age influence resident's individual set of beliefs in ways that may differ from nurse aide's personal beliefs about death • Nurse aide must not impose beliefs upon the resident who is dying, the family, or those people close to the resident who is dying	
(S-26) End of Life Care – Culture and Religion • It is important for team to discover specific, cultural issues in order to provide respectful care to resident who is dying • Individuals from different cultures appreciate being asked about practices. Health care team may ask: o Who is allowed to provide personal care? (In some cultures, a member of the opposite sex cannot provide care) o Does the resident or family have any special customs? o Are there specific post mortem customs that the staff should know?	
(S-27) End of Life Care – Cultural Variations • Some cultures believe dying at home is preferable while others fear death at home • Chinese culture o Traditional healing practices include using herbal preparations given only once o Autopsy and disposal of body are not permitted by religion; therefore, organ donation encouraged o Japanese culture – number four means death, so getting medication four times a day could be problematic • Vietnamese culture o Believe in reincarnation, so quality of life is more important than length of life • Hindu culture o Persons are often accepting of God's will o Desires to be clear-headed at time of death o Prayer helps deal with anxiety and conflict o Blood transfusions, organ transplants, and autopsies are	

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allowed o Cremation is preferred o Believes in reincarnation	
TEACHING TIP #3W: Policies Describe policies regarding religious observances and requirements to be followed, when death occurs, from local long-term care centers.	
(S-28) Feelings And Responses By The Resident's Family, Friends And Other Residents During The Dying Process • Realize that even if the dying process is prolonged, staff and the family may not be prepared for the actual moment of death • Staff may be shocked or surprised when death actually happens; these feelings are normal • Recognize variety of feelings/responses may be displayed – guilt, anger, sadness/depression, avoidance, denial, acceptance, relief • Listen empathetically • Demonstrate caring, interested attitude • Observe for changes in other residents (such as signs of depression, etc) and report/record appropriate information.	
(S-29) Impending Death: Signs That the Resident is Within Hours or Days of Death and Should be Reported to Nurse • Psychological and physical withdrawal • Decreased level of alertness, with increased periods of sleeping • Circulatory – slows as heart fails; extremities become cold; pulse becomes rapid and weak • Respiratory – irregular, rapid and shallow or slow and heavy o Cheyne-Stokes breathing – when resident takes several shallow breaths followed by periods of no breathing for 5, 30, or even 60 seconds; does not cause the resident discomfort o Noisy respirations o Apnea – respiration stops • Muscle tone – jaw may sag; body becomes limp; bodily functions slow and become involuntary • Sensory – sensory perception declines; may stare yet not respond, lack of blinking; hearing is believed to be the last sense to be lost • Loss of urinary and bowel control as the muscles in those areas begin to relax • Dark-colored urine in very small amounts as a result of decreased blood supply to the kidneys	
(S-30) Death: Signs That the Resident has Died • No heartbeat • No respirations	

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• No response when resident is talked to or touched • Bowel and bladder incontinence • Enlarged pupils that do not respond to changes in light • Eyes are fixed on a certain spot • No blinking	
(S-31) Nurse Aide's Role in Performing Post Mortem Care • Respect family's religious restrictions regarding care of the body, if applicable • Provide privacy and assist roommate to leave area until body is prepared and removed • Put body in supine position with one pillow under head to prevent facial discoloration • Put in dentures, and if instructed by nurse, remove tubes and dressings • Wash body and comb hair • Put on gown and cover perineal area with a pad	
(S-32) THE END	
ACTIVITY #3W: Death and Dying Collage (Group) Place students in groups of 2 or 3. Distribute a sheet of construction paper or a half-sheet of poster paper, tape/glue stick, scissors, a couple of markers, and several magazines to each group. Ask group members to create a collage on the topic, what is death and what does death mean to you? from pictures, words, phrases cut out from magazines and taped/glued to the paper. Require each group to select a team leader, who facilitates the process within the group, and a reporter, who holds up and explains the collage to the class.	
TEACHING TIP #4W: Guest Speakers Social worker/mental health professional, funeral director, pastoral care counselor, and/or hospice chaplain	

Activity #2W How Do I Feel?
Self-Inventory of Attitudes About Caring for Residents who are Dying

Directions for Students

Purpose: In this activity, you will answer questions that will help you understand more about your feelings about caring for residents who are dying. The better you understand your own responses to death and loss, the better you will be able to deal with patients and families experiencing death and loss. Regardless of the type of nursing you plan to do, you will have patients who die. This activity will help prepare you to care for residents who are dying.

Instructions: Work individually on this activity. Read the self-inventory and mark the number that most describes your feelings about the statement. Total your score and compare it to the scoring scale

Application: After scoring your self-inventory, write a paragraph about your strengths and weaknesses in caring for dying patients based on the following:

- What experiences in your life have given you insight into loss?
- What experiences have given you a desire to avoid being near others who are grieving?
- How will you draw on and overcome these experiences to care for residents who are dying?
- Hand in your paragraph to your instructor

LEARNING ACTIVITY #18 – How Do I Feel
Self-Inventory of Attitudes Toward Caring for Resident who is Dying

Place a checkmark in the space that corresponds to your feelings about each statement.

Statement	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
I am afraid to care for a resident who is dying .					
I am very uncomfortable around people who are sad or crying.					
I do not want to touch a resident who is dying .					
A resident who is dying should be left in peace, not given usual nursing care such as bathing and turning.					
Residents who are terminally ill should not be told that they are dying.					
If I cry around residents who are dying or their families, I am not being professional.					
I am afraid to go into the room after a resident has died.					
If one of my residents were to die unexpectedly, I would feel that I must have made an error in care.					
I don't want residents who are dying to talk to me about their feelings; it makes me feel frightened.					
I am afraid that I might have to care for children or young adults who are dying.					
TOTAL					

Scoring the self-inventory:

- Give yourself 5 points for every answer marked Strongly Agree.
- Give yourself 4 points for every answer marked Agree.
- Give yourself 3 points for every answer marked Undecided
- Give yourself 2 points for every answer marked Disagree.
- Give yourself 1 point for every answer marked Strongly Disagree.

Interpreting the score:

- Scores of 41-50 indicate that you have a great deal of anxiety about caring for residents who are dying.
- Scores of 31-40 indicate that you are unsure and slightly anxious about caring for residents who are dying.
- Scores of 21-30 indicate that you are fairly confident in your ability to care for residents who are dying.
- Scores of 10-20 indicate that you are quite confident in your ability to care for residents who are dying.