

TOPIC: CARE OF THE DYING RESIDENT

1. **Death is the natural conclusion to life.** A person's response to death is based on their personal, cultural and religious beliefs and experiences. Client and family may pass through five stages of grief, according to Dr. Elizabeth Kubler-Ross. Each person may experience the stages at a different rate or time.

- a. **Denial** - begins when a person is told of impending death; person may refuse to accept diagnosis or discuss situation.
- b. **Anger** – person expresses rage and resentment; often upset by smallest things; lashes out at anyone.
- c. **Bargaining** - person tries to arrange for more time to live to take care of unfinished business; bargains with the doctors or God.
- d. **Depression** - person begins the process of mourning; cries, withdraws from others.
- e. **Acceptance** - person has worked through feelings and understands that death is imminent.

2. Dying clients sometimes have a **living will (Advance Directive)** which outlines their choices regarding withdrawing or withholding life-sustaining procedures if terminally ill. A living will must be written while the client is mentally competent or by the client's legal representative.

- a. Because of the client's choice, the doctor may write a "Do Not Resuscitate" (DNR) order which tells the health care team that the client does not wish any extraordinary measures to be used if the client suffers cardiac or respiratory arrest.
- b. Hospice care may then be offered. Hospice care: 1) Provides comfort measures and pain management. 2) Preserves dignity, respect and choice. 3) Offers empathy and support for the resident and the family.

3. **The physical needs of the dying resident include:** a. **Comfort**

- 1) Place resident in the most comfortable position for breathing and avoiding pain. Maintain body alignment. Change resident's position frequently to avoid pressure sores. 2) Bathe and groom resident frequently to promote self-esteem. 3) Keep resident's environment as normal as possible. Room should be well lighted and well ventilated. Open drapes and door. Play resident's favorite music. 4) Provide skin care, including back rubs, more frequently.

b. Mouth and Nose 1) Clean sores or bleeding in mouth following Standard Precautions. 2) Provide oral care as needed. Cover lips with thin layer of petroleum jelly. 3) Check for difficulty swallowing or choking. 4) Gently clean nose. 5) Offer drinking water as often as possible.

c. Elimination 1) Keep the resident's skin and linen clean. 2) Provide perineal care as often as necessary.

d. Nutrition 1) Offer resident's favorite foods; include liquids or semi-liquids. 2) Offer foods frequently and in small amounts. A balanced diet is not a primary concern.

4. The emotional and psychological needs of a dying resident differ widely:

a. Identify incidents that affect resident's moods. Note behavior changes and report to the nurse immediately.

b. Use touch where appropriate.

c. Communicate with the resident even if he is not responsive; identify yourself and explain everything you are doing.

d. Be guided by the client's attitude.

e. Respect each person's idea of death and spiritual beliefs.

f. Give the client and the family privacy but not isolation.

5. The physical changes that occur as a client approaches death include:

a. Circulation - slows as heart fails; extremities become cold; pulse becomes rapid and weak.

b. Respiration – irregular, rapid and shallow or slow and heavy.

c. Muscle tone - jaw may sag; body becomes limp; bodily functions slow and become involuntary.

d. Senses – sensory perception declines; may stare yet not respond; hearing is believed to be the last sense to be lost.

6. After death, agency procedures should be followed regarding **postmortem care** of the body. When performing postmortem care:

- a. Respect the family's religious restrictions regarding care of the body, if applicable.
- b. Provide privacy and assist a roommate to leave the area until the body is prepared and removed.
- c. Put body in the supine position with one pillow under the head to prevent facial discoloration.
- d. Put in dentures, and if instructed by the nurse, remove tubes and dressings.
- e. Wash the body and comb hair.
- f. Put on gown and cover perineal area with a pad.

7. **LNA's role:** A. Present a positive attitude and provide positive physical and emotional care. B. Be a good listener and use good communication skills. C. Spend time with the resident even when not providing care. Your physical presence is reassuring. D. Don't take anger directed at you personally. E. Be supportive. F. Observe and report to the nurse any physical or psychological changes that are noticed. G. Respect the resident's and family's spiritual beliefs. H. Encourage family members to participate as much as they can. I. Don't always think that you need to say something. Words are not always appropriate or important. Being kind, caring and concerned is.

ADDITIONAL DEFINITIONS:

Diagnosis – identification of a disease or condition usually by examination and testing **Imminent** – likely to happen without delay **Postmortem** – after death