

## TERMINAL PHASE - MANAGEMENT

Although not regarded as a precise diagnostic, end of life period (last days of life) can be identified with high probability in the clinical follow-up of patients. In such a situation, the main care to be assured in a multidisciplinary way, is: to provide patient comfort (personal hygiene, control of pain) and preserve his dignity and self-evaluation (promoting a perspective of maintaining control even if choices are limited and losses must be accepted), to minimize depression, loneliness and fear.		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	P
1.	Assess patient's condition ( <i>consciousness, movements, speech, breathing</i> ): <i>preserved vital functions</i> <input type="checkbox"/> ; <i>cardiopulmonary arrest</i> <input type="checkbox"/> (if so, proceed to cardiorespiratory protocol) <b>Good morning/afternoon. My name is ..... I am your doctor / nurse</b>				0 2 5
2.	<b>Can you tell me your name, please ..... And your date of birth .....</b> <b>Thank you.</b> (This is done to avoid performing the procedure on the wrong patient as there may be several patients with the same name. Also, do not ask e.g. "Are you Mr. Smith?" to avoid receiving false confirmation from patients distracted by their symptoms or other reasons). Or, especially in patients with difficult communication (confused, comatose, etc.) verify the conformity between data's from observation sheet and bracelet (if it exists at patient wrist) in terms of patient identity.	ESSENTIAL			
3.	Evaluate patient speaking abilities ( <i>weakness and difficult respiration associated with the effort of speaking suggest impending clinical death</i> )				0 1 3
4.	Inspect patient skin for mottling, and the extremities for cyanosis and coldness ( <i>slowing of circulation suggest impending clinical death</i> )				0 1 3
5.	Evaluate vital signs ( <i>if they have not been recently assessed or if you consider appropriate because of changes in clinic condition</i> : Heart rate, BP measurement $\pm$ pulseoximetry: HR ..... beats/min, BP ..... mmHg $\pm$ SaO <sub>2</sub> ..... %). ( <i>a weak pulse, a low blood pressure and a diminished oxygen saturation suggest impending clinical death</i> ) Decide in the team if oxygen administration is appropriate ( <i>maintaining a good oxygenation level can reduce symptoms – ex. agitation</i> ) - refer to the procedure of oxygenotherapy				0 1 3
6.	Evaluate patient respirations ( <i>superficial ones / irregular / noisy breathings –death rattle - suggest impending clinical death</i> )				0 1 3
7.	<b>Do you breathe with difficulty?</b> ( <i>positioning the patient in the bed in a sitting position – Fowler, helps him breathe easier; positioning him on a side - lateral decubitus, favor gravitational drainage of oral secretions out of the body rather than being aspirated in the lungs</i> )				0 1 3
8.	Listen to patient respirations and if you hear moist breathing reassure the family that the patient is not suffocating but he have difficulties in eliminating associated abundant secretions or, if possible ask the patient: <b>Do you have breathing difficulties associated with abundant secretions that you will may be prefer to get rid of?</b> ( <i>efforts in hydration and alimentation of a patient in this end of life period could generate loss in quality of life due to excessive bronchial secretions and anorexia associated with terminal phases of life is in fact a protective mechanism</i> ). <b>We can help you get rid of them.</b> ( <i>Usually doctors prescribe substances that dries secretions and rarely there is a need to mechanically remove them using aspiration probes</i> ).				0 1 3
9.	Evaluate oral cavity in terms of presence of mucous membranes ( <i>an indirect sign for mouth respiration that suggest impending clinical death</i> )				0 1 3
10.	<b>Do you wish that we open a window or to ventilate the room in order to freshen a</b>				0 1

	<b>little bit the air?</b> (These simple interventions can increase the quality of life of a patient in his end of life period that encounter respiratory difficulties).				3
11.	Evaluate patient availability and capacity for body movements insight bed (reduced movements suggest impending clinical death)				0 1 3
12.	Ensure that at least at two hours interval patient change position in bed, by himself or with healthcare help. (in order to avoid development of pressure sores) - refer to the procedure of transferring patient between different positions in bed.				0 1 3
13.	Evaluate swallowing process during eating of solid food or dinking liquids (swallowing disorders suggest impending clinical death)				0 1 3
14.	Evaluate presence of digestive manifestations like nausea, loss of appetite, constipation, abdominal distension (presence of such manifestations suggest impending clinical death)				0 1 3
15.	Ensure nutritional comfort for the patient (by offering him the desired food, counteracting nausea with antiemetics if needed) - refer to the procedure of patient nutrition. Ensure family comfort regarding patient nutrition issues. (by assuring them that in this phase of disease the lack of nutrition does not produce sufferance instead by farcing his alimentation harm can be made, ex. increasing tracheobronchial secretions and by this worsening dyspnoea and decreasing quality of life)				0 1 3
16.	Evaluate if urinary or faecal losses are present (incontinence of anal or urinary sphincters suggest impending clinical death)				0 1 3
17.	<b>We could help you with personal hygiene, if you wish so. Please tell us when in the day it is better to perform your bath.</b> (Ask patient when medical activities to be performed give him a power of decision, of taking choices, restoring some of his loss of control on his life and by this reinforcing his dignity. Keep patient clean even he is comatose to maintain dignity and for family comfort if present at patient bedside)				0 1 3
18.	<b>Whenever you consider adequate tell us and we will help you to maintain a good hygiene.</b> - refer to the procedures of patient bathing, oral care, grooming, bed linen replacement, wound management - (maintaining patient hygiene help him feel more comfortable with his end of life condition reinforcing his dignity)				0 1 3
19.	Evaluate presence of sensorial disturbances (sensorial perceptions are progressively reduced, hearing being in general the last sense that is lost, suggest impending clinical death)				0 1 3
20.	Evaluate patient cultural and religious affiliation (these aspects could orientate on: who's the most accepted person to be informed about patient medical condition, to be after that the one able to gradually inform also the patient and other family members; grieving process particularities; beliefs about burial / cremation, prolonging life through medical devices, necropsy, organ donation, last rites practices)				0 1 3
21.	Search for legal papers containing instructions previously elaborated by the patient regarding end of life management (ex.: living will, health care power of attorney, organ donation agreement). Place a copy of these instructions inside the observation sheet of the patient, reachable for others involved health care personnel.				0 1 3
22.	Ask family members (assess family members understanding and need for support knowledges: <b>Do you have a previous experience of a close one dying before?</b> (ask patient family members or close ones these aspects could turn useful in optimizing them support during patient end of life period)				0 1 3
23.	<b>Do you have any questions regarding what will happen during this period or at the time of your close one death ?</b> (ask patient family members or close ones these aspects could turn useful in optimizing them support during patient end of life period)				0 2 5

24.	<b>Maybe you consider taking good bye from your .....? How you imagine this to happen?</b> ( <i>ask patient family members or close ones these aspects could turn useful in optimizing them support during patient end of life period</i> )					0 1 3
25.	<b>During this rough period have you managed to take care of you? Do you have someone available to help you during this hard time?</b> ( <i>ask patient family members or close ones these aspects could turn useful in optimizing them support during patient end of life period</i> )					0 1 3
26.	<b>Are there, in your family, specific rituals that you might consider important for us to take note about? Can you delegate a person capable to take care of all the desired aspects that appropriate last rites involve?</b> ( <i>ask patient family members or close ones these aspects could turn useful in optimizing them support during patient end of life period</i> )					0 1 3
27.	<b>Tell us, please, when you wish to be visited by the close ones and by who of them particularly. If you wish, we can arrange for your pet to be brought here.</b> ( <i>ask patient to take choices give him a power of decision, restoring some of his loss of control on his life and by this reinforcing his dignity</i> )					0 1 3
28.	<b>Where do you consider as best for your care to take place? Home, hospital, hospice? It is on you to decide if you consider so.</b> ( <i>discuss with patient and family the location where he wish to be further assisted give him a power of decision, of making choices, keeping his autonomy as much as possible and by this reinforcing his dignity</i> )					0 1 3
29.	Place yourself at same eye level with the patient and at a hand reach distance. ( <i>In terms of nonverbal communication such a positioning encourage patient to be more open for discussions</i> ). <b>You look preoccupied. Would you want to discuss about it? I'll like to better understand your concerns in order to be able to better help you.</b> ( <i>Availability of patient for discussing his concerns can be facilitated by tactile contact – holding his hand, even providing a back massage could be of help</i> ).					0 1 3
30.	<b>Would you be interested in discussing more on your medical condition with me or with somebody else?</b>					0 1 3
31.	<b>We could help you with the control of pain, if you wish so. Please tell us when you feel pain and we will give you the appropriate treatment.</b> - refer to the procedures of pain control - ( <i>pain control help him feel more comfortable with his end of life condition reinforcing his dignity</i> )					0 1 3
32.	Fill out the patient's medical record with all the details related to the realisation of the procedure, date and time.	<b>ESSENTIAL</b>				
33.	All steps must be taken for the patient's safety ( <i>adjust the bed at an inferior height level and lift the lateral limiters</i> ). Make sure the patient can easily reach personal objects ( <i>e.g. mobile phone, book, crossword puzzle etc.</i> ), the glass of water and the remote control for calling medical help).					0 2 6

<b>Total score: 100</b>	<input type="radio"/>		%
	<input type="radio"/>		%
	<input type="radio"/>		%

Legend:  - unfulfilled criterion;  – partially fulfilled criterion;  – completely fulfilled criterion  
(score according to column P)

#### Selective references

1. Berman Audrey, Synder Shirlee, Jackson Chistina – Skills in clinical nursing, 6-th ed., Pearson Prentice Hall, New Jersey, 2009