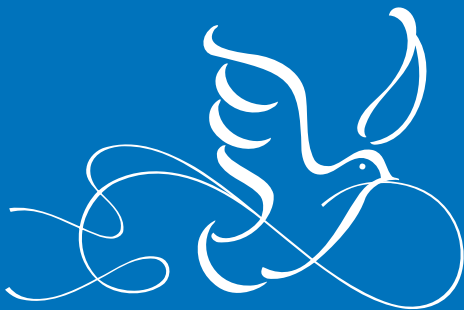


# C.A.R.E.S.

A Tool for the Care of the Dying



# Restlessness

The restlessness that commonly occurs during the dying process is also called terminal or agitated delirium. It can also result from pain, bladder distention or stool impaction. The patient must be protected from injury and the family needs to be supported. Consider the following:

- Give a trial dose of opioids to rule out pain.
- Assess for bladder distention and insert indwelling catheter if needed.
- Assess for impaction if appropriate.
- Consider antipsychotics: haloperidol or chlorpromazine.
- Consider benzodiazepines: lorazepam or midazolam.
- Maintain calm environment.
- Minimize bright lights.
- Play patient's favorite music.
- Talk softly to patient; maintain use of touch and presence
- Comfort patient by saying: "You are safe. We are with you. We love you."
- Consider aromatherapy.

Unfinished business may cause restlessness discuss with family possible causes of anxiety.

- Review with the family the importance of saying good-bye and to give permission to stop fighting.
- Question family about an important family event or anniversary.

Educate the family:

- Patient lacks awareness of behavior.
- Possible to be peacefully confused.

# Emotional Support

Providing emotional, spiritual, psychosocial and cultural support to the patient and family allows us to care for the soul. This is the very foundation of caring for the dying. It is important to know your resources:

- Notify supportive care medicine team members for assistance.
  - Be specific if resources are for patient, staff, or both.
- Always work to retain the patient's dignity and feelings of value.
- Remember every family is unique and grieves differently.

Good communication is essential:

- Insure communication exists with the family and all disciplines.
- Take your cues from the family. Do not assume you know what they are thinking or feeling.
- Clarify how much the family wants to know.
- Clarify goals of care.
- Clarify privacy needs.
- Just be with patient and family and sit in silence.
- Work with family to provide favorite activities, smells, sounds, etc.
- Support rituals and assist with obtaining desired clergy or equipment.

## Emotional Support (continued)

Other activities and methods of support to consider:

- Your humanity is needed the most now. Always be available. Your very presence is reassuring to the family.
- The family is an important part of your patient care and becomes your focus as the patient becomes more unresponsive.
  - Be sure families are getting rest, and breaks.
  - Provide coffee, water, etc.
  - Continue to be available to answer questions.
  - You cannot take away their pain. Acknowledge their emotions and be present.
- Play patient's favorite music.
- Position bed to see out a window.
- Encourage family to provide patient's favorite hat, clothing, etc.
- Lower or mute lighting.
- Consider bringing in favorite pet.

*"It is the power of our own humanity that can make a difference in the lives of others. We must value this as highly as our own expertise."*

- Puchalski and Ferrell, 2010

## Self Care

The health-care provider must allow themselves to be human and expect some personal emotional response to the death of their patient and for the grieving family. Palliative/Supportive Services are available to staff. Often a review and debriefing can assist with professional grieving and promote emotional health by:

- Recognizing the stressful event and thanking supportive team members.
- Reviewing what went well and what challenges need to be addressed.
- Sharing bereaved family comments.
- Addressing moral distress issues.
- Expressing issues of death anxiety and obtaining support.
- Exploring challenges and privilege of assisting a fellow human being through the dying process.
- Acknowledging the spiritual impact of witnessing death.
- Exploring how your care made a difference to the grieving family.
- Reviewing effective communication techniques, available resources and support.