Palliative Care Series

• The purpose of this series of education module is to provide adequate preparation and educational support for LVNs in their practice.
Palliative Care Series

• The goal is to enhance the palliative care knowledge base and skills of LVNs working in all clinical settings, including long-term care, hospitals, home care, and hospice.
## Palliative Care Series

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Acknowledgments

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Module Objectives

At the completion of this module participants will be able to:

1. Describe the philosophy and principles of palliative care that can be integrated to effect quality care.

2. Discuss aspects of assessing physiological, psychological, spiritual, and social domains of quality of life
Role of the LVN in Palliative Care

- The cornerstone of LVN practice is the physical, emotional, psychosocial, and spiritual care in collaboration with the family, the RN, and other members of the interdisciplinary healthcare team.
Role of the LVN in Palliative Care

• The LVN is in constant interaction with the older adult and their families and, as such, are well-positioned to observe the physical, psychosocial, and spiritual symptoms common to those individuals and families.
Role of the LVN in Palliative Care

- LVNs can contribute substantially to both treatment planning and implementation of the care plan.
Philosophy and Principles of Palliative Care

- Philosophy of Care
- System of Care
Goals of Care

• Prevent and relieve suffering

• Support the best possible quality of life for patients and their families, regardless of the stage of the disease or the need for other therapies

• Promote decision-making

• Provide opportunity for personal growth
Curative and Palliative Approaches to Care

Curative/Disease Focus
- Diagnosis of disease
- Treatment of disease
- Alleviation of symptoms
- Curing of disease

Palliative Focus
- Identify unique goals
- Assess how symptoms, issues are helping or hindering reaching goals
- Interventions to assist in reaching goals
Continuum of Care

- Disease-Modifying Treatment
- Palliative Care
- Hospice Care
- Bereavement Support

Terminal Phase of Illness

Death
# Palliative Care and Hospice

## Hospice
- Certify that the patient is terminally ill with life expectancy of six months or less, if the disease runs its normal course
- The patient chooses to receive hospice care rather than curative treatments for his/her illness
- The patient enrolls in a Medicare-approved hospice program

## Palliative Care
- Anyone with a serious illness that is not dependent on the prognosis
- The patient may choose to receive curative treatment along with palliative care
- May or may not be covered by insurance
Payment for Hospice and Palliative Care

**Hospice**
- Medicare
- Medicaid
- Most private health insurers

**Palliative Care**
- Philanthropy
- Fee-for-service
- Direct hospital support
Quality of Life Model

Physical
- Functional Ability
- Strength/Fatigue
- Sleep & Rest
- Nausea
- Appetite
- Constipation
- Pain

Psychological
- Anxiety
- Depression
- Enjoyment/Leisure
- Pain Distress
- Happiness
- Fear
- Cognition/Attention

Social
- Financial Burden
- Caregiver Burden
- Roles and Relationships
- Affection/Sexual Function
- Appearance

Spiritual
- Hope
- Suffering
- Meaning of Pain
- Religiosity
- Transcendence

http://prc.coh.org
Key Concepts in Palliative Care

• Affirms life
• Regards dying as a normal process
• Provides relief from pain and other distressing symptoms
• Integrates psychological and spiritual aspects of the person
• Offers support systems to the person and their family
Precepts of Palliative Care

• Respect for the person’s goals, preferences and choices
• Comprehensive holistic care that is flexible and person-family-centered
• Uses strengths of interdisciplinary team
• Acknowledges caregiver concerns and need for support
Core Principles of Palliative Care

• Family is the unit of care
• Meaning of disease, suffering, life and death are addresses within the unique family unit
Issues in Palliative Care

• Supporting the transition from curative care to palliative care to hospice care
• Provide continuity of care across healthcare settings
Let’s Practice a Case Study

- 38 year-old male with sickle cell disease
- Had a stroke 8 months ago
- Lives in a skilled nursing facility
- Frequent exacerbations of pain over the past 6 months (8 hospitalizations)
Questions

1. Would this person benefit from palliative care?

2. What services would this person most likely need now?

3. How would you describe the differences between this patient receiving “hospice care” vs. “palliative care”?

4. How would you describe similarities between “hospice care” vs. “palliative care”?
Answers

• See Handout
Final Thoughts

• Quality palliative care addresses quality-of-life concerns

• Increased nursing knowledge is essential

• “Being with”

• Importance of interdisciplinary approach to care