



# Palliative Care Series

Faculty School of Nursing

# 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

<b>Module 1</b>	<b>Overview of Palliative Care</b>
<b>Module 2</b>	<b>Communication in Palliative Care</b>
<b>Module 3</b>	<b>Interdisciplinary Collaboration</b>
<b>Module 4</b>	<b>Patterns of Disease Progression</b>
<b>Module 5</b>	<b>Pain Management in Palliative Care</b>
<b>Module 6</b>	<b>Management of Symptoms in Palliative Care</b>
<b>Module 7</b>	<b>Cultural Considerations in Palliative Care</b>
<b>Module 8</b>	<b>Spiritual Care</b>
<b>Module 9</b>	<b>Family Caregivers</b>
<b>Module 10</b>	<b>Ethical Considerations in Palliative Care</b>
<b>Module 11</b>	<b>Loss and Bereavement</b>
<b>Module 12</b>	<b>Care at the Time of Dying</b>
<b>Module 13</b>	<b>Personal and Professional Development</b>



# Acknowledgments

- **Materials for this series has been adapted from the following sources:**
  - Core Curriculum for the Licensed Practical/Vocational Hospice and Palliative Nurse; Second Edition (2010) Tami Borneman, editor
  - The End-of-Life Nursing Education Consortium (ELNEC) Project is a national end-of-life educational program administered by City of Hope (COH) and the American Association of Colleges of Nursing (AACN) designed to enhance palliative care in nursing. The ELNEC Project was originally funded by a grant from The Robert Wood Johnson Foundation with additional support from funding organizations (Aetna Foundation, Archstone Foundation, California HealthCare Foundation, Cambia Health Foundation, Milbank Foundation, National Cancer Institute, Oncology Nursing Foundation, Open Society Institute and US Department of Veterans Affairs). Further information about the ELNEC Project can be found at [www.aacn.nche.edu/ELNEC](http://www.aacn.nche.edu/ELNEC). Copyright City of Hope and American Association of Colleges of Nursing, 2006; Revised 2013.
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# Overview of Palliative Care

Ilene Decker, PhD, RN



# 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

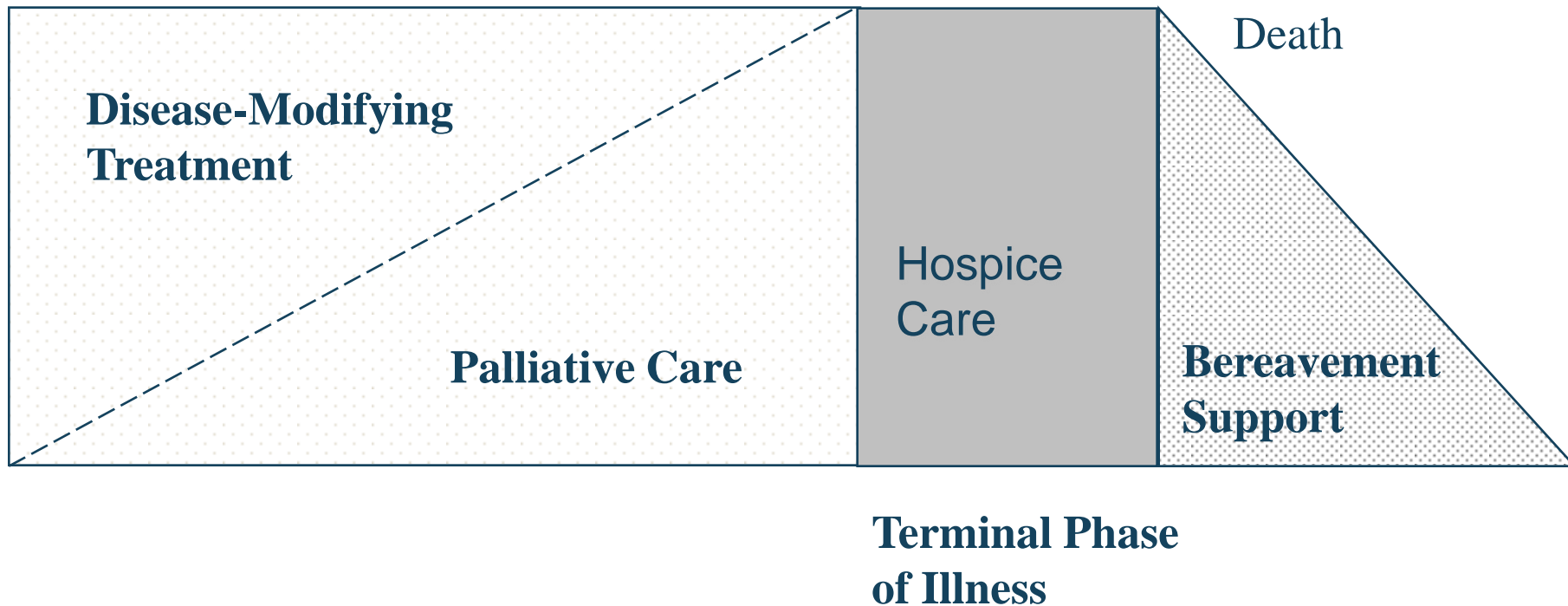
- Diagnosis of disease
- Treatment of disease
- Alleviation of symptoms
- Curing of disease



## Palliative Focus

- Identify unique goals
- Assess how symptoms, issues are helping or hindering reaching goals
- Interventions to assist in reaching goals

# Continuum of Care





# 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

## Quality of Life

## Social

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

## Spiritual

Hope  
Suffering  
Meaning of Pain  
Religiosity  
Transcendence

# 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



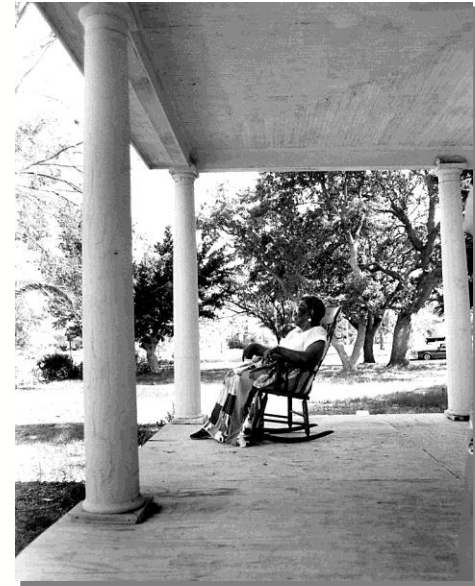
# Core Principles of Palliative Care

- 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



