

Module 22 – End of Life Care

Handout #3

Nurse Aide: What You Should Report

The nurse aide is often in a home more frequently than any other team member. This means that the nurse aide is the person who tends to learn things first about a patient and a family. Some of the information learned should be reported to the nurse so that appropriate interventions by other team members can be made. Do not assume that because you have learned some information or observed a change in the patient and/or family that other team members already know about the change. It is crucial that the nurse assigned to your patient is notified of any changes you discover in the patient or family. Report all changes, no matter how small. Below are some suggestions of the observations to report to the nurse that are in the categories of Mind, Body, and Spirit.

MIND

- Drowsiness, increased sleep, decreased sleep, and/or unresponsiveness
- Restlessness; visions of people and places that are not present; pulling at bed linens or clothing
- Confusion about time, place, and/or identity of familiar people
- Changes in attitude: suddenly angry, withdrawn, or sad; increased irritability
- Suddenly less alert and/or unaware of surroundings
- Increased anxiety and/or agitation
- Inability to be comforted
- Unusual or new behavior not seen before

BODY

- Complaints of pain
- Signs of pain: frowning, moaning, groaning during movement or when still, refusing to move, refusing a bath, crying
- For children, this can also include intense concentration on a game, book or TV show or withdrawal from people and activities
- Skin problems including any sores anywhere, tears in the skin, skin looking an unusual color (yellow, pale, red), bruises, rashes, itching
- Arms, hands, legs, feet, nose, and/or ears that feel cool to the touch or look different
- Changes in bladder or bowel function
- Loss of interest in food and fluids, even refusing to eat or drink
- Dressings that have come off
- Sudden loss of sight or hearing

Module 22 – End of Life Care

Handout #3

- Changes in breathing and/or other vital signs
- Weakness or changes in mobility
- Falling
- Temporary surge of energy and alertness; patient may ask for a favorite food or want to have visitors after a period of withdrawal

SPIRIT

- Having nightmares and re-experiencing traumatic events of the past
- Seems disconnected from everyone and isolates self
- Anger and frustration of people who have gone to war seems to be intensifying; family members are unable to connect with the silent, remote, and disconnected veteran
- Angry and/or belligerent toward family members, friends, or members of the health care team
- Comments about fear of dying
- Struggling with spiritual beliefs
- Religion seems to contribute to their distress
- Expressions of anger toward God, caregivers, or those around them
- “I don’t know why I’m still here. I’m no use to anyone.”
- Talking about “ending it all”
- Expresses disgust with self for having lived a life without meaning or purpose
- Decreased socialization and withdrawal; signs may include sudden refusal to talk with anyone or have visitors
- A sense that the patient is depressed
- Near death awareness such as seeing and hearing people who have died or talking about taking a trip

OTHER ISSUES

- Pills found in places where they do not belong; the patient or family may be hiding pills
- The family refuses to give medications
- There are activities in the home that might compromise your or the patient’s safety
- You find the patient alone, lying in stool or urine or complaining of being hungry or thirsty
- You have seen signs of caregiver stress like crying, anger, not caring for themselves

Module 22 – End of Life Care

Handout #3

- The patient voiced concerns about loss of finances
- Do not attempt to talk with the patient or family about how to solve the things that you are observing until you have discussed them with the nurse assigned to your patient; at this point, it's about listening and actually being present to that person's feelings, pain or grief, whatever that might be
- Together, working as partners, you will produce a plan to take care of things for the patient and the family