

Patient Family Advisory Council Meeting Minutes

Advisors Present: L. Kaiser, D. Green, J. Ostrander, N. Donahue, E. Lindberg

Staff Present: D. D'Alba, P. Lennon, MSN, RN, NEA-BC, V. Costabile, RN, BSN, OCN, D. Cifferelli

Excused: B. Leafe, MSN, RN, NEA-BC, S. Hill

Date: May 30, 2019 (5:30pm Dinner, 6:00pm Meeting)

AGENDA	DISCUSSION
Welcome and Patient Story	Monthly Quality Award story shared.
Review of Minutes	Approved
Current PX Data Trends	Patient experience data trends shared and discussed for Inpatient, Outpatient, Emergency Department and Ambulatory Surgery
Monthly Guest Speakers	Jerry Laureano, Transportation Coordinator and Diversity and Inclusion Committee Chair Jane Curto, BSN, RN, CHPN, OCN, Medical Oncology, Presentation: Creation of Educational Material for Patient Families and Caregivers of End-of-Life Patients During the End-of Life Treatment Process
Conclusion	Meeting was adjourned at 7:00pm
Next Meeting	Thursday, June 27 , 2019

REFERENCES

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 Okamoto Y; Morita T; Tsuneto S; Aoyama M; Kizawa Y; Shima Y; Miyashita M.
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 Chi NC; Demiris G; Pike KC; Washington K; Oliver DP.
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Preparing for the Loss of a Loved One:

Navigating End-Of-Life Care Together



Yale
NewHaven
Health
Greenwich
Hospital

By Jane Curto RN, BSN, CHPN, OCN

April 2019

FREQUENTLY ASKED QUESTIONS

Is my loved one asleep?

Due to metabolic changes occurring within the body, the patient may enter into a sleep-like state from which they will not wake. It is important to remember that the patient CAN hear you, so avoid speaking about the patient as if they are not present.

What is that sound they are making?

An audible gurgling may be heard coming from the patient- this is known as the "death rattle." Not to worry- this noise is much more disturbing to family members and caregivers than to the patient. It is caused by the body's decreased muscle strength and inability to clear away excess secretions. Suctioning is typically avoided as it can lead to agitation. Instead, attempt to gently reposition the patient's head and practice good mouth care.

Can they hear me?

Absolutely. Hearing is the very last sense that leaves the patient.

How long do they have?

As much as health care providers would love to be able to answer this question, it is nearly impossible. There are certain signs and symptoms we look for to give us a sense of timing (see chart), but the exact longevity is never certain.

Do they need to eat?

As the body begins to shut down, less food and fluids are required. If a loved one tells you they are not hungry, do not force food. This is the body's way of telling them that things are beginning to slow down.

Can they feel pain?

As the patient is actively dying, they can still feel pain. There are different medications we use as healthcare professionals to ensure our patients are as comfortable as possible during this process. We monitor the patient's heart rate and respirations for signs of pain.

Do end-of-life medications speed up the death process?

It is a common misunderstanding that morphine can quicken the death process. This is untrue-morphine is a vital drug used during end-of-life care to control work of breathing and pain.

What does the term "CMO" mean?

You may hear your doctors and nurses use this term when referring to the patient- it stands for "comfort measures only." This means that the healthcare team's primary focus is to keep your loved one as comfortable as possible during their hospital stay, focusing on treating the symptoms of the patient (pain, nausea, etc.)

What medications are used during end-of-life care?

INDICATION	MEDICATION	DRUG CLASS
Pain, tachypnea	Morphine	Opioid
Pain, tachypnea	Dilaudid (Hydromorphone)	Opioid
Pain	Fentanyl	Opioid
Anxiety/restlessness/agitation	Ativan (Lorazepam)	Benzodiazepine
Agitation	Haldol (Haloperidol)	Antipsychotic
Nausea	Zofran (Ondansetron)	5-HT3 antagonist
Terminal fever	Tylenol (Acetaminophen)	Analgesic
Secretions	Robinul (Glycopyrrrolate)	Anticholinergic

How do I know that death is near?

SYMPTOMS OF THE ACTIVELY DYING PATIENT

- Tachypnea (increased respiration rate)
- Tachycardia (increased heart rate)
- Decreased urine output
- Agonal breathing (breathing with intermittent pauses)
- Mottling extremities (discoloration of skin)
- Confusion
- Agitation

How do I know if death occurred?

There are things we look for to see if death did indeed occur.

These signs include lack of respirations/heartbeat for one minute, sudden release of bowel and/or bladder, no response to stimuli, fixed pupils, and relaxed jaw.