

Care of the Actively Dying Patient

Patient Centered Medicine 3
January 10, 2024

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Outline

Medical Care of the patient expected to die in hour(s) to day(s)

Physician responsibilities after a patient dies

Evolution of the Dying Process

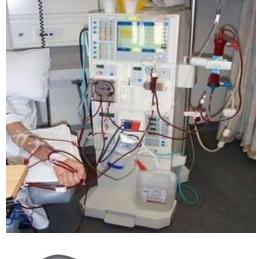
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The Doctor by Samuel Luke Fildes

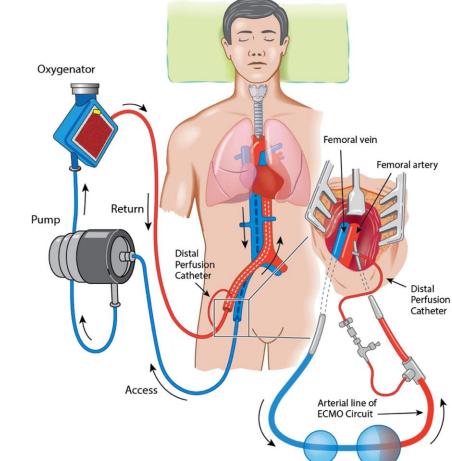












Care of the Actively Dying Patient

"Comfort Care"

Comfort Care

- D/c medications not contributing to COMFORT
 - Does not mean stop ALL medications
- D/c diagnostics
 - Blood draws
- D/c monitors
- What about
 - Dobhoff tubes, indwelling bladder catheters, SCDS, Central IVs, Peripheral IVs

Why is he/she not eating?

- Decreased ability/desire for PO intake
 - Ice chips, Comforting sips of liquid,
 Small bites of food
 - Oral care



Why is he/she not eating?

- Loss of ability to swallow
 - "Death rattle"
 - Palliate with repositioning, anticholinergics
 - Glycopyrrolate
 - Scopolamine

Avoid suctioning

Is he/she in pain?

- Grimacing, groaning, moans
 - May or may not indicate pain during dying process
 - Err on the side of treating for pain
 - Opioids
 - IV
 - High concentration oral solutions
 - Rectal

Is he/she short of breath?

- Respiratory patterns vary
 - Tachypnea, Apnea, Cheyne Stokes
 - "Fish out of water" breathing minutes before death
 - d/c pulse ox monitoring
- Patient, family and caregiver education

Palliation of Dyspnea

- General measures
 - Positioning (sitting up)
 - Increasing air movement via fan or open window

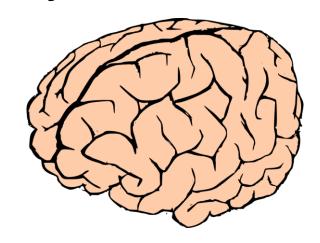


- Opioids
 - Medication of choice for dyspnea refractory to treatment of underlying cause
- Specific disease modifying tx
 - diuretics, bronchodilators, corticosteroids

Mechanism of Opioid relief of Dyspnea

- Not entirely understood
- Blunt perceptual sensitivity to sensations of breathlessness
 - Neuroimaging studies demonstrate μ opioid receptor agonists can modulate central processing of breathlessness similar to that of pain relief
- Decreased respiratory output → decrease in discharge from brainstem to perceptual areas in cerebral cortex → reduce sensation of breathlessness
- Modulate breathlessness by binding to opioid receptors located in bronchioles and alveolar walls
 - No evidence to use nebulized opioids

Help the brain to feel less short of breath



Palliation of Dyspnea



Original Article

Oxygen Is Nonbeneficial for Most Patients Who Are Near Death

Margaret L. Campbell, PhD, RN, FPCN, Hossein Yarandi, PhD, and Emily Dove-Medows, RN, MSN, CNM

Office of Health Research (M.L.C., H.Y.), College of Nursing, Wayne State University; and Detroit Receiving Hospital (E.D.-M.), Detroit, Michigan, USA

Journal of Pain and Symptom Management March 2013

Can he/she hear us?

- "Hearing" is last sensation to leave us
 - May "hear" but not fully process

Transitions

Quiet transition to coma and death



- Terminal Delirium
 - Palliation with antipsychotics
 - Benzodiazepines



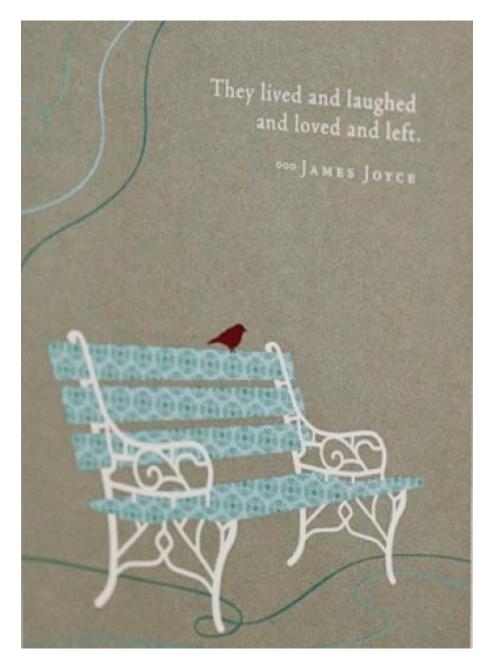
Near-Death Awareness

• Dying patients see and speak to deceased relatives, friends



When





And the world will never be the same

Post-Mortem Responsibilities

- Pronounce the patient
- Determine if Medical Examiner should be notified
- Request Autopsy
- Complete Death Certificate
- Collaborate with Gift of Hope re Organ Donation

The Pronouncement

- Examination
 - Assess response to verbal, tactile stimuli
 - overtly painful stimuli unnecessary
 - Listen for absence of heart sounds; feel for absence of carotid pulse
 - Look and listen for absence of spontaneous respirations
 - Note position of pupils , absence of pupillary light reflex
- Record the time at which assessment was completed (time of death)

Communication

- Be straightforward, clear
 - Say "dead" "died"
 - "Expired", "passed away" can be misinterpreted
- Responding to Emotions
 - You were such a wonderful support
 - I can see this has come as a shock
 - I am sorry that you have lost your....

N.U.R.S.E

- Naming
 - "I wonder if you are feeling angry?" "Some people in this situation would feel angry"
- Understanding
 - "my understanding of what you are saying is you are worried about how this will affect your family"
- Respecting
 - "I am very impressed with how well you've continued to care for your children"
- Supporting
 - "I will be with you during this illness, no matter what happens"
- Exploring
 - "Tell me more.."

When to Contact ME Office?

- Violent deaths
 - trauma of any type
- Under influence of anesthesia, within 24 hours of anesthesia.
- Within 24 hours of admission
- Industrial environment suspected as cause of the terminal disease
- Illness began on the job
- "Dead on Arrival" in the Emergency Department
- Attending physician has no adequate or reasonable explanation of the cause of death.
- Addiction to alcohol or any drug contributory cause.
- Decedent was not attended by a licensed physician within the last 30 days.
- All deaths due to burns.
- Unexpected deaths.



When to Request for a medical autopsy

Request autopsy on ALL patients

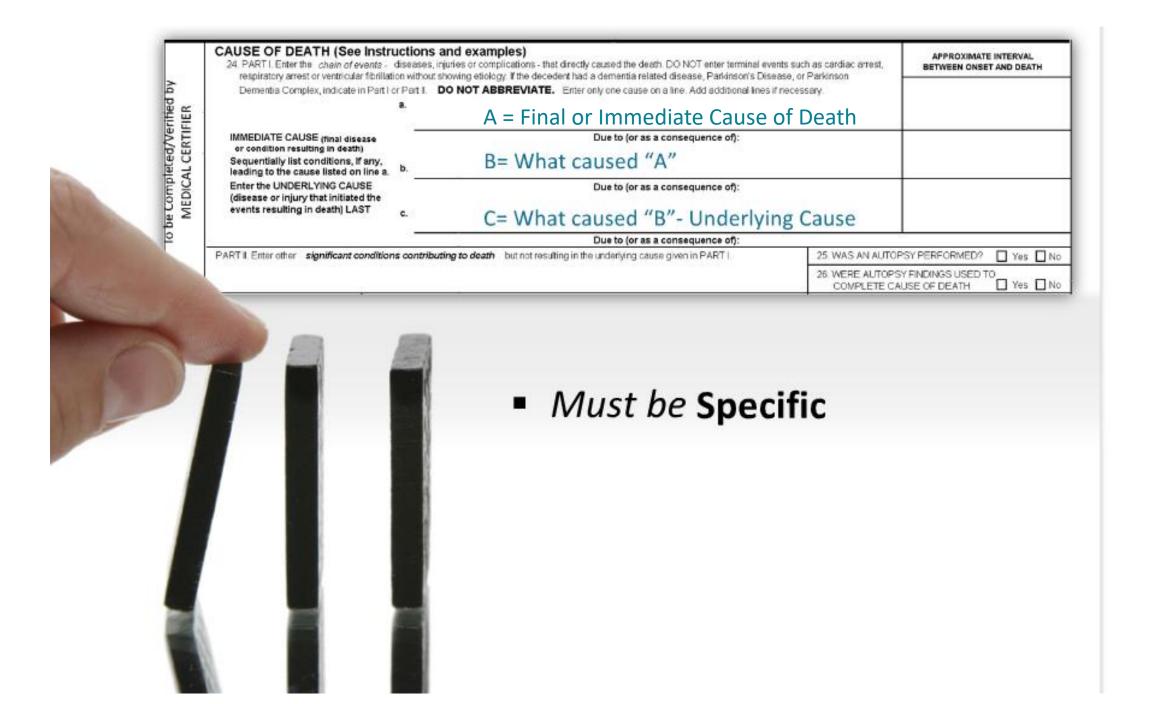
Provide some time for family to process death before requesting

Complete Death Certificate

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STATE OF ILLINOIS

Printed by the Authority of the State of Illinois



Organ Donation

- Major organs that can be donated for transplant
 - liver, heart, lungs, kidneys, pancreas and small intestine
- Tissues that can be donated include
 - corneas, bone, saphenous and femoral veins, heart valves and skin



Step 1 Referral & Evaluation

Federal regulations require hospitals to notify Gift of Hope each time a patient dies or is
about to die so we can determine if he or she is a potential donor. We review the patient's medical
condition and history to establish initial eligibility.

Step 2 Authorization for Organ and Tissue Donation

If we determine the patient is medically eligible, a Gift of Hope representative visits the hospital to review the
patient chart and meet with the doctors and patient care team. We then meet with family
members at the appropriate and most sensitive time to discuss donation as part of
"what comes next."

Step 3 Family Approach

If the patient is a registered donor, we review the affidavit of donor registration with the family, explain the
donation process, answer questions and provide any support the family may need. If the patient is not a
registered donor, we offer the option of donation, among others, as required by state and federal regulations.
Our Donation Specialist, in conjunction with hospital staff, discusses these
options with the family and requests authorization for donation.

Comments Questions

