Care of the Actively Dying Patient

Patient Centered Medicine 3

January 10, 2024

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Outline

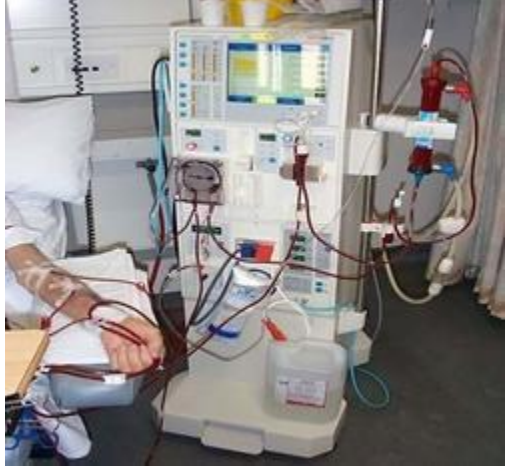
- Medical Care of the patient expected to die in hour(s) to day(s)
- Physician responsibilities after a patient dies

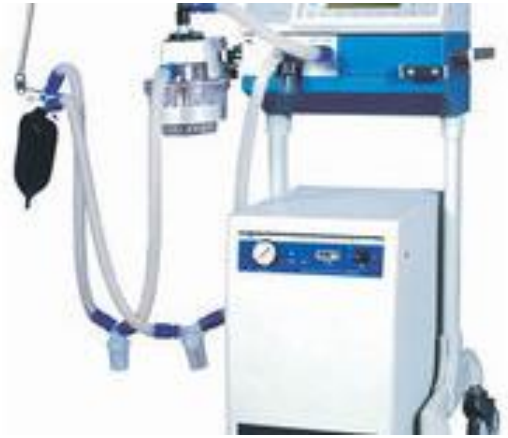
Evolution of the Dying Process

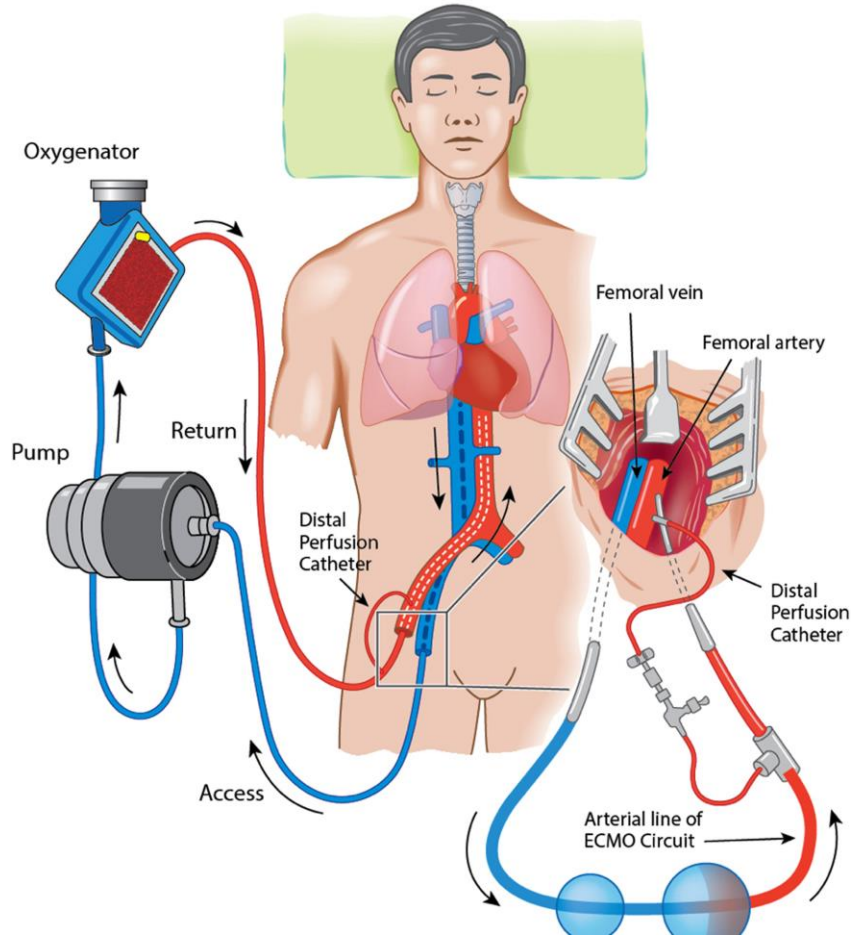
1890

The Doctor by Samuel Luke Fildes

2024






Oxygenator
Pump
Return
Femoral vein
Femoral artery
Distal
Perfusion
Catheter
Distal
Perfusion
Catheter
Access
Arterial line of
ECMO Circuit

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

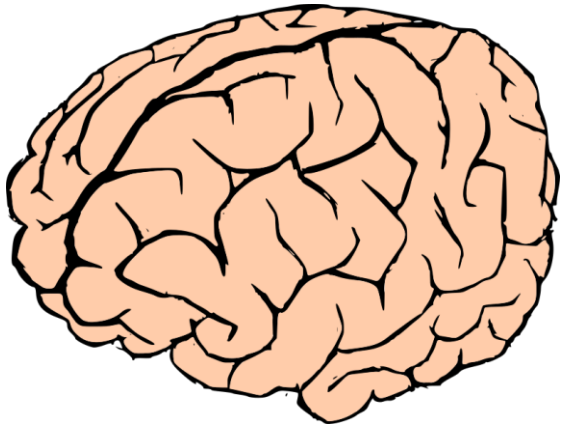
- Not entirely understood

- 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

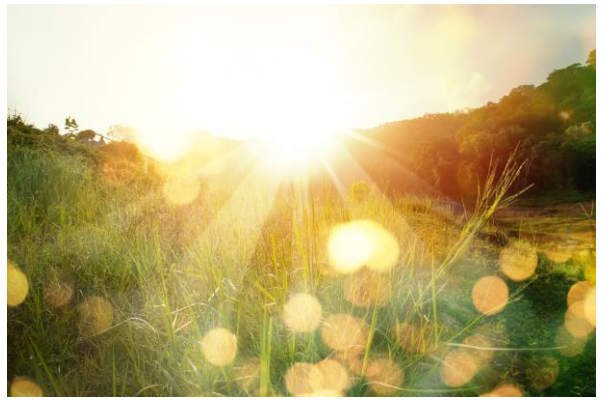
Journal of Pain and Symptom Management March 2013

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

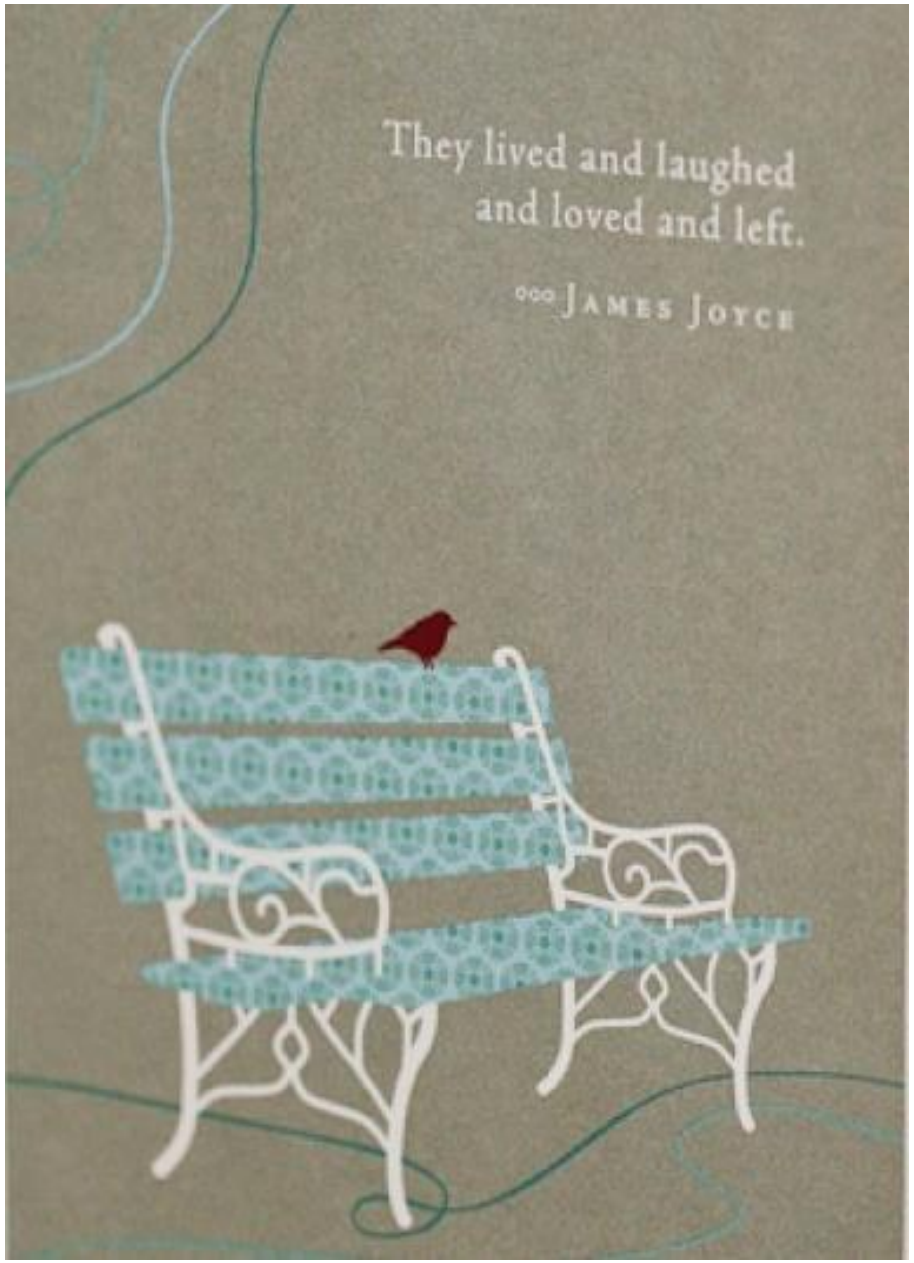


- Terminal Delirium
  - Palliation with antipsychotics
    - Benzodiazepines

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….

When to Contact ME Office?

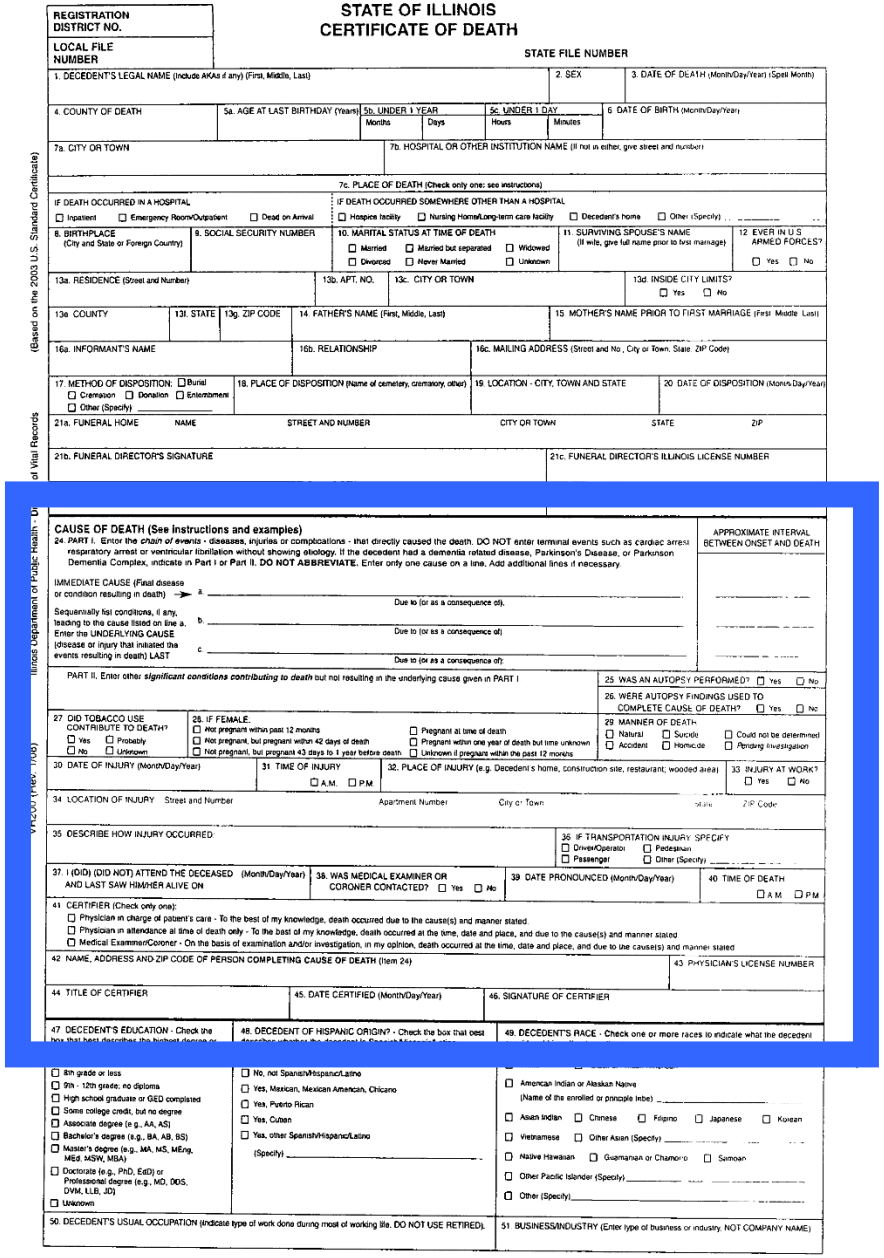
- Violent deaths
  - trauma of any type
- Under influence of anesthesia, within 24 hours of anesthesia.
- Within 24 hours of admission
- Industrial environment suspected as cause of the terminal disease
- Illness began on the job
- "Dead on Arrival" in the Emergency Department
- Attending physician has 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



STATE OF ILLINOIS
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO.
LOCAL FILE NUMBER
STATE FILE NUMBER

(Based on the 2003 U.S. Standard Certificate)

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) | 2. SEX | 3. DATE OF DEATH (Month/Day/Year) (Spell Month)

4. COUNTY OF DEATH | 5a. AGE AT LAST BIRTHDAY (Years) | 5b. UNDER 1 YEAR Months Days | 5c. UNDER 1 DAY Hours Minutes | 6. DATE OF BIRTH (Month/Day/Year)

7a. CITY OR TOWN | 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number)

7c. PLACE OF DEATH (Check only one; see instructions)

IF DEATH OCCURRED IN A HOSPITAL
☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL
☐ Hospice facility ☐ Nursing Home/Long-term care facility ☐ Decedent's home ☐ Other (Specify) _____

8. BIRTHPLACE (City and State or Foreign Country) | 9. SOCIAL SECURITY NUMBER | 10. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Married but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown | 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) | 12. EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No

13a. RESIDENCE (Street and Number) | 13b. APT. NO. | 13c. CITY OR TOWN | 13d. INSIDE CITY LIMITS? ☐ Yes ☐ No

13e. COUNTY | 13f. STATE | 13g. ZIP CODE | 14. FATHER'S NAME (First, Middle, Last) | 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First Middle Last)

16a. INFORMANT'S NAME | 16b. RELATIONSHIP | 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code)

17. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Other (Specify) _____ | 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) | 19. LOCATION - CITY, TOWN AND STATE | 20. DATE OF DISPOSITION (Month/Day/Year)

21a. FUNERAL HOME NAME STREET AND NUMBER CITY OR TOWN STATE ZIP

21b. FUNERAL DIRECTOR'S SIGNATURE | 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

Illinois Department of Public Health - Division of Vital Records (1-1997-1M00)

CAUSE OF DEATH (See instructions and examples)

24. PART I. Enter the *chain of events* - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. **DO NOT ABBREVIATE.** Enter only one cause on a line. Add additional lines if necessary.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of):

c. _____ Due to (or as a consequence of):

PART II. Enter other *significant conditions contributing to death* but not resulting in the underlying cause given in PART I

25. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No

26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? ☐ Yes ☐ No

27. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☐ Unknown

28. IF FEMALE: ☐ Not pregnant within past 12 months ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Pregnant within one year of death but time unknown ☐ Unknown if pregnant within the past 12 months

29. MANNER OF DEATH ☐ Natural ☐ Suicide ☐ Could not be determined ☐ Accident ☐ Homicide ☐ Pending Investigation

30. DATE OF INJURY (Month/Day/Year) | 31. TIME OF INJURY ☐ A.M. ☐ P.M. | 32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) | 33. INJURY AT WORK? ☐ Yes ☐ No

34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code

35. DESCRIBE HOW INJURY OCCURRED

36. IF TRANSPORTATION INJURY, SPECIFY ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify) _____

37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON | 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☐ Yes ☐ No | 39. DATE PRONOUNCED (Month/Day/Year) | 40. TIME OF DEATH ☐ A.M. ☐ P.M.

41. CERTIFIER (Check only one):
☐ Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
☐ Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) | 43. PHYSICIAN'S LICENSE NUMBER

44. TITLE OF CERTIFIER | 45. DATE CERTIFIED (Month/Day/Year) | 46. SIGNATURE OF CERTIFIER

47. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or
☐ 8th grade or less
☐ 9th - 12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

48. DECEDENT OF HISPANIC ORIGIN? - Check the box that best
☐ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino
(Specify) _____

49. DECEDENT'S RACE - Check one or more races to indicate what the decedent
☐ American Indian or Alaskan Native (Name of the enrolled or principle tribe) _____
☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean
☐ Vietnamese ☐ Other Asian (Specify) _____
☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan
☐ Other Pacific Islander (Specify) _____
☐ Other (Specify) _____

50. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED).

51. BUSINESS/INDUSTRY (Enter type of business or industry. NOT COMPANY NAME)

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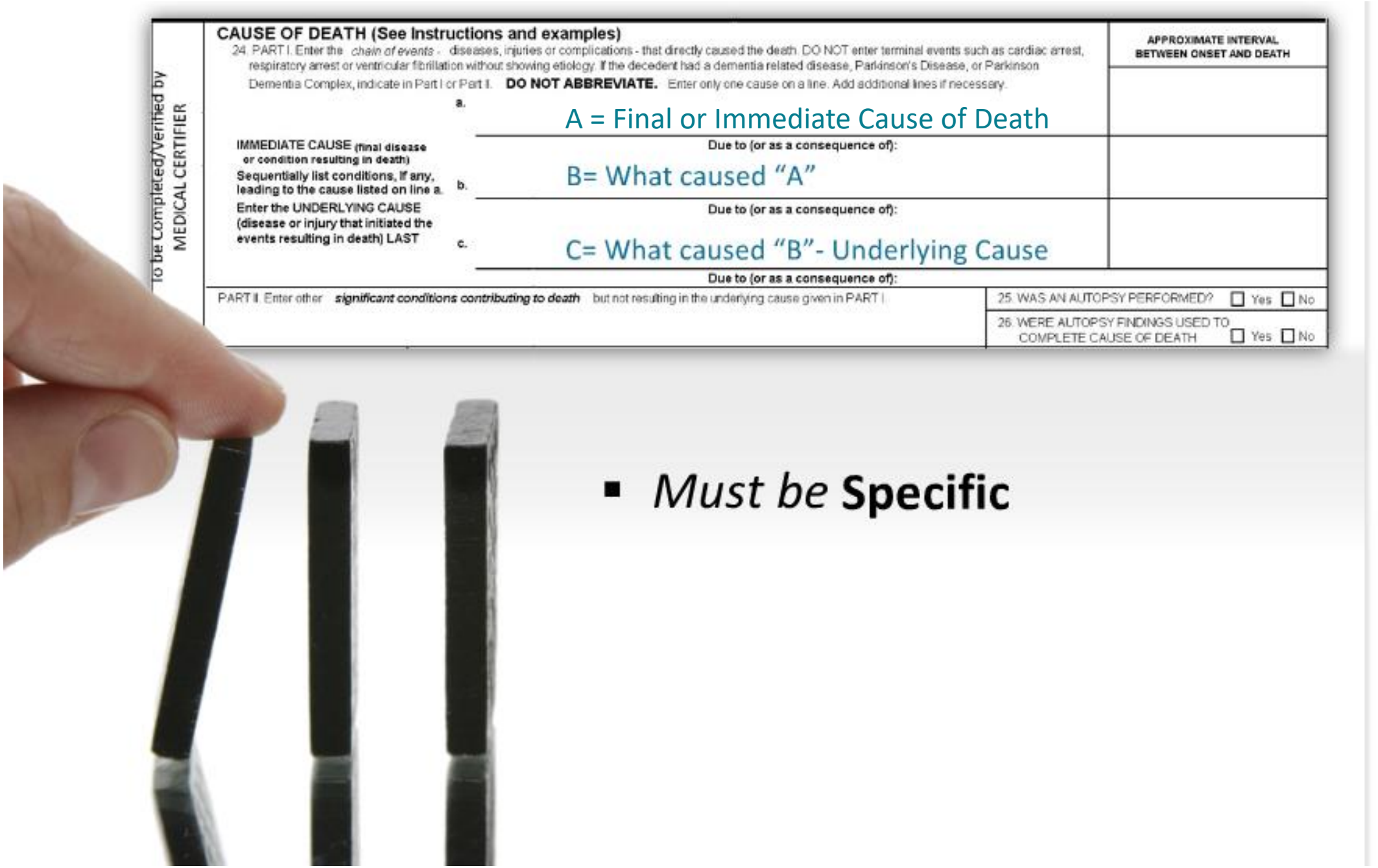

- *Must be* **Specific**

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