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Care of the Dying Patient and Death

Nursing Foundation

Palliative care, end-of-life care, physical and psychological support, care after death, grief, bereavement and support for family members.

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CHAPTER 24

CHAPTER 24 Care of the Dying Patient and Death

B.Sc. Nursing | Nursing Foundation I & II

Palliative and end-of-life care

Palliative care improves quality of life for people with serious illness and their families through relief of suffering and physical, psychological, social and spiritual support. It can begin early alongside disease-directed treatment. End-of-life care focuses on comfort and goals during the final phase of life. Dignified care respects beliefs, autonomy, privacy and preferences.

Assessment and care planning

Assess symptoms (pain, breathlessness, nausea, agitation, dry mouth, constipation), functional status, mood, family/caregiver needs, spiritual values and preferred place or goals of care. Discuss concerns with the multidisciplinary team; support shared decision-making. Advance care planning records preferences about future care; follow applicable law and clinician orders. Do-not-resuscitate orders concern CPR, not withdrawal of all treatment or comfort care.

Physical comfort

Assess and treat pain and other symptoms with prescribed medicines; monitor response and adverse effects.

Provide mouth and lip care, reposition for comfort, maintain skin integrity, and manage incontinence with dignity.

Support breathing comfort with suitable position, calm environment and prescribed symptom relief; oxygen only if appropriate.

Offer food and fluids as desired and safe; do not force feeding. Review interventions that add burden without benefit with the responsible team.

Maintain calm surroundings and respect patient preferences regarding visitors and cultural rituals.

Psychological, family and spiritual support

Use therapeutic communication; acknowledge fear, grief and uncertainty without false reassurance. Ask what matters most to the patient. Involve family according to preferences/consent, explain likely changes, support meaningful contact, offer spiritual support if desired and arrange specialist palliative care. Distress may require assessment for treatable causes such as pain or delirium.

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Signs approaching death

Possible changes include increasing weakness, reduced intake, altered consciousness, irregular breathing, reduced urine, mottled or cool extremities and changes in secretions. These are not exact predictors of timing. Reassess comfort and communicate unexpected deterioration according to the care plan.

Care after death

Confirm death has been verified by the authorized professional in accordance with local policy and law. Record relevant time and notification; provide family privacy and support. Maintain dignity, identify the deceased correctly, perform appropriate hygienic care, secure belongings and follow infection precautions. Remove devices only when authorized; preserve lines, evidence and records in medicolegal cases. Follow mortuary transfer, cultural/religious and documentation procedures. Do not treat informal observations as official death certification.

Grief and bereavement

Grief is the response to loss; bereavement is the state of having experienced loss; mourning is its expression. Kubler-Ross described possible responses of denial, anger, bargaining, depression and acceptance; these are neither universal nor sequential. Provide listening, practical information, culturally appropriate support and referral for persistent severe distress or safety concerns. Support staff through debriefing and supervision.

Exam revision

1. 1. Differentiate palliative and end-of-life care.
2. 2. Explain physical, psychological and spiritual support for dying patients.
3. 3. Describe care after death and bereavement support.

Reference

WHO. Palliative care. https://www.who.int/news-room/fact-sheets/detail/palliative-care

Educational notes. Clinical skills require supervision, authorized orders and current facility protocols.

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Quick Revision

- Palliative care relieves suffering and supports physical, psychological, social and spiritual needs.

- End-of-life care focuses on comfort and goals during the final phase of life.

- Assess symptoms, function, mood, caregiver needs, values and care preferences with the multidisciplinary team.

- DNR orders concern CPR; comfort and other appropriate care continue according to goals and orders.

- After death, follow authorized verification, identification, dignified care, belongings and documentation procedures.

- Grief is a response to loss, bereavement the state after loss and mourning its expression; responses are not universally sequential.

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Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which statement correctly describes palliative care?

A. It begins only in the final hours

B. It excludes disease-directed treatment

C. It can begin early alongside disease-directed treatment

D. It addresses physical symptoms alone

2. What does a do-not-resuscitate order concern?

A. Stopping all nursing care

B. Stopping all symptom treatment

C. Stopping all nutrition automatically

D. CPR

3. Which term means the state of having experienced a loss?

A. Bereavement

B. Mourning

C. Delirium

D. Denial

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Answer key and explanations

1. C - It can begin early alongside disease-directed treatment

Palliative care may begin early and includes multiple dimensions of support.

2. D - CPR

A DNR order concerns CPR and does not mean withdrawing all care.

3. A - Bereavement

Bereavement is the state of having experienced loss.

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