# Dunes Hospice Comfort Kit

Please call 888-602-9004 for instructions prior to using the first time.



#### Guide for End-of-Life

- Dunes Hospice ultimate goal during the end of life journey is to manage pain and symptoms, provide comfort, dignity and quality of life.
- This booklet is a helpful guide to aide in pain and symptom management during end-of-life while providing comfort, dignity, and quality to our patients and families.

# Pain Management

- Assist the patient with a position change to aide in comfort.
- Assist to help the patient relax, such as dimming lights, quiet music, and back rub.
- Give pain medications as ordered by the physician.
- Notify your Case Manager of New Pain, Ineffective pain management, or Changes in Pain.

#### MORPHINE 5MG/0.25ML

- Utilized to Treat Pain and Labored Breathing.
- Morphine is often used together with the Lorazepam to increase effectiveness of both medications.
- When patient first begins using this medication, they will often be very sleepy for a day or two. This is expected and often improves within a day or two. If the patient becomes overly sedated please call Dunes Hospice 1-888-602-9004.
- The medication may be swallowed, added to a small amount of liquid, or simply placed under the tongue to be absorbed.
- Notify hospice if any of the following occurs: Severe sedation, muscle twitching, hives, hallucinations



#### Side Effects of Opioids

Being aware of the possible side effects will help you cope with them if they occur.

- Constipation can be relieved by regularly taking laxatives, increase fiber and fluids
- Nausea and vomiting is often only temporary or can be alleviated with medicines
- Drowsiness or confusion may occur for only a short time after starting treatment or increasing the dose
- Dry mouth provide good oral care and mouth moisturizer
- Itchy skin apply lotions to skin to decrease itching
- Tell your Hospice Nurse promptly about any side effects, their severity and when they occur. Your Hospice Nurse may be able to alleviate them by changing the dose or adding medications.

## **Difficulty Breathing**

- Elevate the head of the bed to an upright position.
- Administer oxygen as ordered by the physician.
- Administer medications as prescribed by the physician.
- Note: At end of life, the patient may sound as if they require suctioning but often times the secretions are lower in the respiratory tract and can not be suctioned.
- End of life "Congestion" is usually more distressing to the family members than the patient. It rarely causes the patient distress.

#### Restlessness

• As end-of-life nears, some people might experience restlessness. Family may be surprised when a usually calm patient becomes restless or agitated. The depth of restlessness vary greatly. Patient may be very weak, yet insistent on changing positions often. They may yell and show anger toward loved ones. Some may become afraid. All of which can be upsetting to family at the bedside. Dunes Hospice nurses will help you to manage restlessness as it occurs with treatment options or medications. Lorazepam is often used to treat restlessness.

#### LORAZEPAM O.5MG/0.25ML

- Often used with Morphine to increase effectiveness of treating <u>pain</u> and/or <u>labored breathing</u> at the end stages of life.
- Also used for <u>restlessness/agitation</u> or <u>difficulty falling asleep.</u>
- The medication may be swallowed, added to a small amount of liquid or simply placed under the tongue to be absorbed.
- When patient first begins using this medication, they will often be very sleepy for a day or two. This is expected and often improves within a day or two. If the patient becomes overly sedated please call Dunes Hospice 1–888-602-9004.
- Notify Dunes Hospice if the patient has extreme sedation or an unexpected change in behavior.



#### Side Effect of Lorazepam

- Dizziness
- Muscle weakness
- Blurred vision
- Loss of balance or coordination
- Difficulty concentrating
- Vomiting
- Changes in appetite

Tiredness Headache Sleep problems (insomnia) Forgetfulness Nausea Constipation Skin rash

### **End-of-life Congestion**

At end-of-life, secretion control can be a challenge. The congestion with "noisy, rattling breathing" - results from movement of secretions that have pooled in the throat. It frequently occurs when the patient lacks the capacity to clear secretions. Suctioning at this time can cause discomfort and distress, leading to agitation and increased secretion production. Gently wipe the mouth with a moist cloth or mouth swab.

Dunes Hospice utilizes atropine drops or Scopolamine of patch behind the patient's ear, as ordered, to help dry up secretions. They should be used at the first sign of congestion to help manage symptoms.

- Atropine
- Scopolamine Patch.

#### ATROPINE SULFATE 1% or SCOPOLAMINE

- Used to treat excess saliva/oral secretions.
- This medication is used by placing drops under the tongue or in the cavity in the cheeks. Your nurse will instruct you on how many drops to use.
- If atropine drops are unsuccessful in controlling symptoms, a scopolamine patch may be placed behind the patient's ear, as ordered, to help dry up secretions.
- Increase congestion is a common occurrence in the last few days of life. Most often, suctioning will not relieve this condition and often causes the mouth/throat to be irritated which actually increases the amount of secretions produced and makes the rattle sound even worse.
- Notify Dunes Hospice any time you feel your loved one is having difficulty breathing.



#### Scopolamine and Atropine

If any of these Side Effects occur, notify your Dunes Case Manager:

- Dry mouth or dry skin.
- Sleepiness.
- Dizziness.
- Restlessness.
- Blurred vision.
- Dilated pupils.
- Dry or itchy eyes.
- Constipation.

### **End-of-Life Constipation**

- Constipation is defined by a decrease in a person's typical number of bowel movements. Symptoms of constipation include bloating, abdominal distention or discomfort, hard stools or straining, and increased gas.
- Causes include:
  - Long term pain relievers
  - Decreased appetite and fluid intake
  - Reduced mobility
  - Disease Process

#### **Treatment for Constipation**

- When a patient is approaching their final days, constipation is less of a concern, and patients may go several days without a bowel movement. The hospice team will assess bowel routines with focus on ensuring comfort.
- Constipation is treated with stool softeners, enema, and suppositories.
- Increased fluids as tolerated

### **Elevated Temperature**

- During end-of-life, the patient may have an elevated temperature. This is usually not due to infection, but to changes in metabolism. Your hospice nurse will instruct you in how to give cooling sponge baths and how to administer medication to reduce fever.
- Treatment
- Acetaminophen suppositories
- Sponge baths
- Light weight clothing and bedding

### Nausea and Vomiting

Nausea and vomiting are more common in earlier stages of chronic illness but still may occur at end-of-life. Treatment options include:

- As tolerated, offer foods such as bananas, toast, rice, and applesauce.
- Reduce strong odors.
- Provide medications as ordered to treat nausea and vomiting.
- Notify your Case Manager if this is a new symptom.

Caution should be used with all medications provided by hospice. Please keep out of reach of children, pets and confused individuals to prevent the misuse and potential overdose of medication.

These medications may be destroyed when no longer needed by mixing them with an undesirable substance, such as cat liter or coffee grounds, and disposed of in the garbage. Do not flush down the sewer system

Please call Dunes Hospice LLC with any questions 888-602-9004