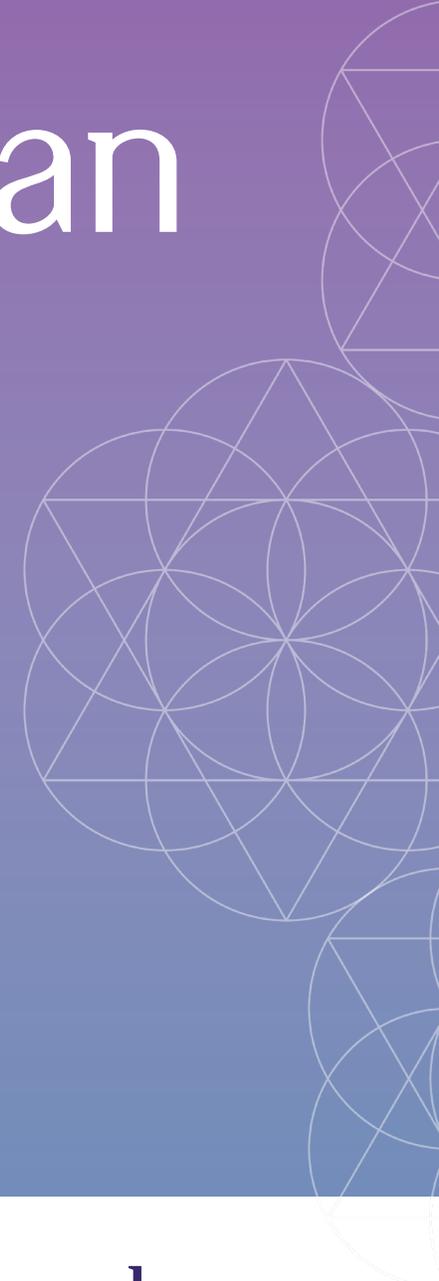


The Care Plan

A PATH TO COMFORT FOR
THE HOSPICE PATIENT



Odonata
Care

3rd Edition

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Introduction

WHAT IS THE PURPOSE OF THIS GUIDE?

Written by two experienced hospice and palliative nurses, this booklet is intended to support hospice patients and families with important information, resources, and tools that guide and educate all involved through a compassionate end-of-life process. It is not designed to replace hospice, but rather to help patients, caregivers, and families speak the same language and literally be on the same page with their hospice experience. At the same time, it provides a quick, easy, hands-on workbook for medication and care management of the hospice patient, offering simple-to-follow instructions and tracking forms to relieve common symptoms that arise during the end of life.

WHAT YOU NEED TO KNOW:

- ◆ Dying is a natural process that is experienced physically, emotionally, and spiritually.
 - ◆ There are many individual ways to die as there are to live.
 - ◆ Caring for a person at end-of-life can be overwhelming and even scary, but with the help of the hospice team, people are able to die comfortably wherever they live.
- The goals of care shift from cure and rehabilitation to quality and comfort. People who receive good symptom management often live longer and remain more comfortable, with an improved quality of life.

A PICTURE IS WORTH A THOUSAND WORDS: We invite you to visit www.TheCarePlan.net for our helpful online video demonstrations. Each short video will show how to provide personal care in a comfortable, safe manner for both the patient and caregiver. See the full list and descriptions on Page 30. Throughout the booklet, each available video is denoted with a play symbol: 

ABOUT THE AUTHORS

As certified hospice and palliative nurses with over 40 years of hospice experience between us (Brenda and Nancy), our mission is to transform the end-of-life experience through education and support. This booklet was inspired and born out of our long practice at the bedside, with a recognition of the growing need for end-of-life education and support. Our years of extensive education make us experts in our field. We are both passionate, compassionate nurses who serve as mentors and educators of nurses, students, hospice volunteers, and the community at large. We have immense respect and admiration for our seasoned hospice colleagues as well as for those who are new to the field. It takes an interdisciplinary team to provide the best overall care.

Odonata is the Latin word for “dragonfly,” which represents transformation. We chose this symbol because dying is, at heart, a transformational journey. Experience has taught us that we all find our way to death and we do this in the same way we live. We hold deep compassion and respect for the patient facing end of life and for those who provide love and care for them. We hope this booklet and the accompanying videos help ease your way on this path.

Brenda Kizzire, RN, BSN, CHPN

Nancy Heyerman, RN, BSN, CHPN

About the Dying Body

Our human body is both a miraculous and mysterious machine. It's one job is to live and live and live some more. When it's time for this living to come to an end, the body knows how to die. Inwardly it works to find enough physiologic balance to continue while preparing and slowing. Often there are no changes in vital signs - the blood pressure and pulse - until the last few days of life as it continues to do its everlasting effort - quietly and underneath our awareness. Outwardly there is a natural spiral of decreasing energy, awakens, and responsiveness. The body asks for and even insists on less food and water, and then shrinks with natural dehydration allowing for deeper and longer sleep. The dying process is built into our bodies. As there is less opportunity to drink, the brain releases endorphins, our natural chemicals that produce a kind of bliss. This allows for comfort during this transition. Without fluid we die within approximately 4 - 14 days based on the amount of reserve at the start. The body wants to be quiet and calories are no longer important or needed. We all store enough fluid and calories in our fat and muscles to keep the balance of energy needed while dying. The kidneys filter and balance all of the important elements in the blood. The breath slows and changes, decreasing the amount of oxygen our body can take in and absorb. At the same time our life bubble is also shrinking and detaching from life and our loved ones. As this natural state of withdrawal and dehydration advances, decreased oxygen, calories and fluid work in conjunction to lead our bodies to our inevitable end.

HOW MUCH TIME IS LEFT?

It is well known that the health care team is not good at guessing how much time a person has left to live. Considering each case in terms of months, weeks, and days can get us closer to a "best guess" and time frame. What we know is that when someone is declining monthly, they tend to have months left to live. The same is true for both weeks and days and even down to hours and minutes. If you see them becoming weaker, eating less, being less active over the period of a month or more, they probably have months to live. If the decline become more rapid and now the changes are noticeable weekly, then likely only weeks remain.

Please refer to the pages on transition and active dying, which generally describe the last 2-3 weeks of life. It's true we don't know how long a person has to live. But this guide can assist in estimating where a person is on their life continuum. Hopefully this can help you see more clearly which end-of-life stage the patient is experiencing. Knowing this information can allow for less anxiety and the ability to stay focused in the present moment, while planning for life going on around you.

In the final weeks to days, people generally need 24-hour care, because they can no longer care for themselves. Often the vigil during this last stage is the hardest overt work for the care circle. The work can be both a trial and a blessing, as family members reminisce and reconnect over the loved one's sleeping form or work together providing the actual bed care. There is no rush...we only die once, and everyone finds their own individual way.

ABOUT SYMPTOM MANAGEMENT

Well-managed symptoms are essential to facilitate the most compassionate and peaceful end-of-life process. This allows the remaining energy to be spent on living life. Our goal in writing this booklet is to provide the patient and family with the tools and knowledge to keep people calm and comfortable in the dying process. Not knowing how to safely and effectively relieve someone's symptoms can be distressing for everyone. It can be traumatic to witness the unmanaged suffering of a loved one. Try to identify and focus on the symptom that is present, such as pain, anxiety, or shortness of breath, and then turn to that page. Taking the time to read and implement the suggestions will empower the family and caregiver to provide superb care to the dying patient. The path is never perfect; there will be ups and downs. But with the guidance of this booklet and your hospice team, the chance of having a compassionate and peaceful death is more attainable.

Contact List

PATIENT'S NAME AND DATE OF BIRTH: _____ / _____

YOUR HOSPICE: _____

ADMISSION DATE TO HOSPICE: _____

24-HOUR HOSPICE (ON CALL) NUMBER: _____

YOUR HOSPICE

NURSE CASE MANAGER: _____

PHYSICIAN: _____

CHAIRMAN: _____

BATH (PERSONAL CARE) AIDE: _____

VOLUNTEER: _____

HOSPICE M.D.: _____

PRIMARY CARE DOCTOR (PCP): _____ PHONE #: _____

FUNERAL HOME: _____ PHONE #: _____

POWER OF ATTORNEY: _____ PHONE #: _____

POINT PERSON: _____ PHONE #: _____

PRIMARY FAMILY: _____ PHONE #: _____

_____ PHONE #: _____

_____ PHONE #: _____

FRIEND/NEIGHBOR: _____ PHONE #: _____

CAREGIVING AGENCY: _____ PHONE #: _____

CAREGIVER: _____ PHONE #: _____

CAREGIVER: _____ PHONE #: _____

Medication Management

GOALS:

- ◆ To use the right amount of medication to achieve the desired effect, which provides the best quality of life possible.
- ◆ To successfully and with confidence administer or take medications.

WHAT TO KNOW:

- ◆ The patient is not dying because we are giving medications; medications are given because the patient is dying.
- ◆ Discomfort can rob you of your life energy.
- ◆ There can be fear and concern about taking and giving medications.
- ◆ People can live longer and better with good symptom management.
- ◆ Less medication is often needed when symptoms are prevented and treated quickly.
- ◆ PRN is a Latin abbreviation referring to as-needed medications. The hospice team may use this term.

ABOUT MEDICATIONS:

- ◆ The comfort medications prescribed are designed to work well together, as long as all interactions have been reviewed for safety.
- ◆ There are many routes to administer medications: oral, sublingual (under the tongue), rectal, and injectable.
- ◆ These medicines are simply tools in the toolbox and will only be used if needed.
- ◆ Everyone responds differently to medications, so start low and go slow.
- ◆ It can take trial and error to find the right amount and combination of medications for the most effective symptom management.
- ◆ Giving small routine doses of medications avoids the rollercoaster of discomfort.

MEDICATIONS OFTEN USED FOR COMFORT:

(Actual options may vary between different hospices)

- ◆ Opioid medications generally used for pain and/or shortness of breath:
 - MORPHINE
 - OXYCODONE
 - METHADONE
 - HYDROCODONE
 - DILAUDID
 - TRAMADOL
- ◆ Medications generally used for anxiety or agitation and nausea:
 - LORAZEPAM (ATIVAN)
 - HALOPERIDOL (HALDOL)
 - VALIUM (DIAZEPAM)
- ◆ The hospice team has expertise in using these medications.
- ◆ Being open to their suggestions will likely achieve comfort more quickly.

SEE Forms for Routine and As-Needed Medication Use on Page 8.

Medication Management

WHAT TO DO:

- ◆ Always try non-invasive steps first but avoid waiting too long for use of comfort medications.
- ◆ Take routinely scheduled medications consistently for maximum benefit.
- ◆ Use the as-needed or PRN medications for breakthrough symptoms not managed by your routinely scheduled medicines.
- ◆ Keep track of the as-needed or PRN medications:
 - Write their usage down using the form included in this booklet, or any system that works for you, as long as the nurse can review it.
 - The nurse, with orders from the hospice doctor, uses this information to adjust and manage your medication regimen.
 - Request medication refills at least 48 hours prior to needing more.

See **Medication Form** starting on the next page.

MAKE A SPACE TO MANAGE AND ORGANIZE MEDICATIONS:

- ◆ Clear an area that is large enough for all the medications and is easy to access, near the patient.
- ◆ Consider using a towel or large sheet of paper to provide a defined and clear surface.
- ◆ Organize your medications into routine scheduled medications and those for as-needed use.
- ◆ A pill box or mediset works well for scheduled medications. You or the hospice nurse can refill, usually once a week. This will help avoid running out of medications.
- ◆ Safety is very important. Keep out of reach of children and pets.
- ◆ A lock box may be needed for anyone with addiction challenges who has access to the medications.

HOW TO USE LIQUID MEDICATIONS:

- Hospice uses medications which are concentrated so only a small amount is needed.
- The medication is placed anywhere in the mouth, generally outside the teeth toward the back between the cheek and the gum. It does not need to go under the tongue.
- Because they are concentrated, there is no need to worry about swallowing.
- Moisten and clean the mouth with the oral sponges before giving liquid medications.

HOW TO USE BOTH PILLS AND LIQUIDS TOGETHER:

- When using both liquid and pill form of medication, crush the pill and dissolve in the liquid medication.

This allows for less fluid volume. The hospice nurse will teach you how to do this. There are a lot of right ways.

▶ Visit www.TheCarePlan.net to view videos for medication management.



Personal Care and Safety

GOALS:

- ◆ To provide safe, loving care when the patient is no longer able to care for themselves.
- ◆ To follow guidelines and use techniques that will help prevent injuries to patient and caregivers.

WHAT TO KNOW:

- ◆ Losing faith and trust in one's body to function normally as it always has, is one of the greatest challenges in facing the end of life.
- ◆ It's a very human experience to expect we can do more than our declining bodies actually can.
- ◆ Due to declining physical and mental abilities, simple daily tasks take longer to accomplish.
- ◆ Valued pride and independence may inhibit a patient from asking for assistance.
- ◆ This is the most dangerous time for potential injury due to falls.
- ◆ Expected mental changes may prevent a patient from knowing or remembering to ask for help.
- ◆ Giving comfort care to a loved one can be scary when you don't know how to do it.
- ◆ Visitors can be helpful but can also add emotional stress and fatigue to both the patient and family.
- ◆ Bedrails are often used for safety and to assist movement in bed; the purpose is not for restraint.

WHAT TO DO:

BE PROACTIVE AND BE PATIENT

- ◆ Always allow the patient to do as much as they are able without interference.
- ◆ Step back and let them BE as long as they are safe. This is much harder than it sounds.
- ◆ Notice activities that are beginning to be more difficult for them to accomplish: standing up, walking with balance, feeding themselves, managing the toilet, and personal bathing care.
- ◆ The hospice team can be the "bad guy" in helping to set clear, comfortable visitation boundaries to preserve everyone's energy. Now is not the time to host, but to allow others to care for you!
- ◆ It's OK and encouraged to ask family, friends, and volunteers to help with chores and errands on a scheduled and recurring basis.
- ◆ Have the appropriate equipment in place sooner rather than later. Discuss the needs with your hospice nurse: walker, wheelchair, commode, shower bench, hospital bed, and over bed table.
- ◆ Even if the patient is not emotionally ready to accept the equipment, get it delivered and out of sight if possible.
- ◆ Obtain personal care supplies before needed, if not provided by hospice: gloves, wipe, absorbent brief, and bed pads.
- ◆ If bedrails are being used, encourage the patient to use them to help with turning and positioning.
- ◆ Bedrails may be lowered when care is finished with care. Make sure the patient is safe when finished with care.
- ◆ Raise and lock the bed to protect the caregiver. Remember to lower the bed when care is complete.
- ◆ This work is much harder than people realize. Take care and be kind with yourself.

A PICTURE IS WORTH A THOUSAND WORDS:

We invite you to visit www.TheCarePlan.net for our helpful online video demonstrations. Each short video will show how to provide personal care in a comfortable, safe manner for both the patient and caregiver. Throughout the booklet, each available video is denoted with a play symbol: 

Index to Personal Care and Safety Videos

Our video tutorials have been created to assist families and caregivers to quickly learn care giving techniques for the bed bound patient.

Please go to TheCarePlan.net for our entire playlist of care videos.

- 1. Placing a Draw or Turn Sheet under a Patient:** Rolling a patient side to side to place a flat sheet under the patient which can then be used to move and turn the patient without disturbing the body.
- 2. Positioning for Comfort:** To Lie on the Back: How to position a patient comfortably on their back using a turn or draw sheet and pillows.
- 3. Positioning for Comfort:** To Lie on the Side: How to position a patient comfortably on their side using a turn or draw sheet and pillows or props.
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- 6. Changing an Absorbent Brief for a Bed Bound Patient:** Careful review of removing a soiled brief, cleaning the patient, and applying a clean absorbent brief.
- 7. Bathing a Bedbound Patient:** Instruction for giving a bed bath to a person confined to bed.
- 8. Transfer of a Patient from Bed into a Wheelchair:** Sitting the patient on the side of the bed and then lifting and transferring into a wheelchair.
- 9. Positioning to Lying from a Sitting Position at the Edge of the Bed:** Moving a patient from an upright sitting position into a comfortable lying position.
- 10. Oral Care, Secretions, Hydration and Nutrition for the hospice patient:** This video reviews tips on eating and drinking for the hospice patient. It demonstrates how to provide oral care to keep the mouth fresh and to assist in preventing swallowing problems.
- 11. Medication Management: Organization and Administration:** This video describes how to organize both scheduled and as needed medications for clarity and accuracy

Transition into Dying

GOALS:

- ◆ To recognize and understand the signs of transitioning into the dying process.
- ◆ To keep patient comfortable, calm, and safe during this period.

WHAT TO KNOW:

- ◆ The transition process usually lasts 4–14 days, but this can vary widely; the patient may even float between full alertness and active dying. Because the swings can be so acute and broad, be patient with them and yourself.
- ◆ There will be ups and downs from day to day and even hour to hour.
- ◆ Because patients are losing their normal mental and physical abilities during this time, they are more at risk for falls and injuries.
- ◆ Due to the decline in ability, there is an increased loss of personal control that can be distressing and anxiety producing.
- ◆ A person's life bubble shrinks and loses its energy, mentally and physically. They start detaching from life around them. Do not take it personally when you feel them pulling away; this subtle shift is normal and necessary.
- ◆ Pets are not only cherished family members, but often have the most intimate connection to the dying person.
- ◆ It is not uncommon to notice changes in the pet's behavior as the patient is transitioning.
- ◆ The need to communicate diminishes at the same time the swallow and voice weakens.
- ◆ Leaning into what the transitioning body wants and doesn't want, is easier on the patient and escorts a smooth active dying process. Go with the flow.
- ◆ This is not always a steady state of decline, as stated above. This can be confusing and unsettling.

WHAT TO DO:

- ◆ Patients need increased caregiving during transition. Visit www.TheCarePlan.net for personal care and safety videos.
- ◆ Patients should no longer be left alone at this time.
- ◆ Arrange for increased caregiving needs. The hospice social worker can help with this.
- ◆ Allow for increased sleep.
- ◆ Honor what patients want and don't want to eat and drink. Nutrition is no longer important. It is very hard for families and caregivers to accept this, but it offers a sense of control for patients.
- ◆ Assess for safe swallowing and adjust foods and fluids as needed. See Eating and Drinking.
- ◆ Treat incontinence in a "matter of fact" manner and have products available. See Bowels and Bladder

SIGNS OF TRANSITION:

- ◆ Increased sleeping is to be expected.
- ◆ Appetite will decrease, with less interest and desire for food and fluids, along with difficulty swallowing.
- ◆ Mental changes: forgetful, poor attention, less engaged in TV, reading, and conversation.
- ◆ This is often a time of increased awareness and life review.
- ◆ Anxiety may be present with restlessness and irritability.
- ◆ Agitation may be present with reaching, unsettled behavior, and inability to sit or lie still.
- ◆ Transition is often the start of incontinence and decreased output of stool and bladder.
- ◆ Increased weakness: unable to get in and out of bed or chair and unable to walk independently.
- ◆ Skin changes with dry, flaking, red spots (pressure sores) due to less activity.
- ◆ Changes in breathing patterns and depth may be noticed.

Active Dying

GOALS:

- ◆ To recognize the signs of an actively dying patient and to know when death is imminent.
- ◆ To offer a calm and peaceful space for the patient to die in a comfortable and dignified manner.

WHAT TO KNOW:

- ◆ The active dying process generally lasts 1–3 days, but this can vary.
- ◆ The heart and all its organs are slowing down and their functions.
- ◆ This time can be physically and emotionally intense for patients, families, and caregivers, but also rich, deep, and beautiful.
- ◆ Loved ones can have an emotional shift into acceptance and feel anticipation and even relief as death approaches. This is healthy, anticipatory grief.
- ◆ A calm, peaceful space helps to promote a comfortable death, and sets the stage for acceptance and healthy bereavement.
- ◆ Dehydration is an expected and normal part of dying. The use of IV fluids may cause discomfort during the dying process. The dying body likes to be dry and quiet.
- ◆ Expect breathing changes. This can cause anxiety in those caring for the patient, but it is natural and expected.
- ◆ Skin temperature and appearance can drastically change in the dying process. Medications for temperature can be invasive and not effective at this point.

SIGNS OF ACTIVELY DYING:

- ◆ Patients are fully bedbound and generally are no longer waking up.
- ◆ Eating and drinking has ceased and they are losing their ability to swallow.
- ◆ No longer can they take their routine medication, but only the concentrated comfort meds.
- ◆ They are incontinent of bowel and bladder and frequency of both have dramatically decreased.
- ◆ Turning themselves in bed is no longer possible and they must rely on others to keep them clean, comfortable, and safe.
- ◆ Changes in depth and rhythm of breathing are apparent, with an open mouth and slack jaw.
- ◆ Breathing patterns change and there are often pauses in the breath lasting up to 45 seconds.
- ◆ Oxygen levels will decline, generally without any sign of discomfort.
- ◆ The heart rate will become weak, rapid, and irregular.
- ◆ Skin may become pale, gray, cool, and clammy and appear mottled or bluish.
- ◆ As dehydration deepens, the body appears to shrink and the bones become more prominent.

WHAT TO DO:

- ◆ Continue the turning schedule of every 2–3 hours during waking hours and once or twice during the night.
- ◆ Maintain the routine comfort medication regimen set by your hospice team.
- ◆ Do not hesitate to use the as-needed medications to keep the patient calm and comfortable.
- ◆ Keep the mouth clean and moist. See Secretions.
- ◆ If patient's skin is cool to the touch, comfortably cover them. If warm or hot and sweaty, remove blankets and wipe the skin with a warm, moist cloth. These interventions are adequate to keep the patient comfortable.
- ◆ As long as the patient is calm, clean and comfortable, remember to rest and take care of yourself.
- ◆ This is the time to tell family stories, laugh, cry, light candles, look at photographs, and celebrate this unique and precious life.



Death Care / Grief / Bereavement

GOALS:

- ◆ To recognize and know what to do at the time of death.
- ◆ To experience the grief that comes with death.
- ◆ To find support and return to an enriched life.

WHAT TO KNOW:

- ◆ Most people have experienced few deaths; therefore, anxiety is expected and normal.
- ◆ Anticipating death starts the grief process.
- ◆ Death can often cause profound grief and loss.
- ◆ The bereavement process varies greatly in its intensity and length.
- ◆ Feeling a sense of relief after the death is normal and healthy.
- ◆ Each person needs a support system: family, friends, grief groups, counseling. This is especially important if struggling during the bereavement process, which is not uncommon.
- ◆ When death is peaceful, family and loved ones can also feel less fear about their own mortality.

HOW WILL I KNOW WHEN DEATH HAS ARRIVED?

SIGNS OF DEATH:

- ◆ No rise or fall of the chest.
- ◆ No feeling of air moving in and out of the nose or mouth.
- ◆ No pulse of the heart at the neck or wrist.
- ◆ Seeing all facial features smooth out to a calm and peaceful countenance.
- ◆ The skin will turn to a soft translucent yellowish hue.
- ◆ Trust your instinct, you will know.

GRIEF AND BEREAVEMENT:

- ◆ The Hospice Medicare Benefit provides one year of bereavement care following death.
- ◆ Each hospice is individual in their supportive care.
- ◆ There may be calls, cards, letters, and bereavement group meetings.
- ◆ Please call your hospice when support is needed.
- ◆ The role of the hospice social worker is to provide grief counseling and arrange support.
- ◆ Most communities have bereavement support groups available.

WHAT TO DO:

IDEAS AND OPTIONS TO HONOR THIS TIME AND CREATE CLOSURE:

- ◆ Take a moment and do what feels right for you and your family. These are suggestions, but not necessary.
- ◆ Do not feel rushed. Take as much time as you need to honor their death, your experience, and this life transition.
- ◆ Bathe the body and use essential oils or a favorite perfume.
- ◆ Dress the body, choosing the clothes they would like.
- ◆ Light a candle, play music, and set up an altar that honors the loved one.
- ◆ Request a visit of the hospice chaplain or your spiritual leader.

PRACTICAL STEPS:

- ◆ If possible, contact a mortuary ahead of time and notify hospice of your choice.
- ◆ Consider offering those close to the deceased a moment to say goodbye before they are taken to the funeral home.
- ◆ Call your hospice after the death. Each state has its own laws regarding after-death procedures.
- ◆ Report the time you discovered or witnessed the death. This will be the recorded time of death.
- ◆ You may request a visit from a member of the hospice team.
- ◆ The mortuary can assist in washing and help determine how many washes and rinses are needed.
- ◆ In the interest of everyone's safety, including the community at large, it is imperative to properly waste any remaining medications. Please ask your hospice team about their policy and practice.

Video Index and More Information

Our website, thecareplan.net, showcases our mission of transforming the aging and end of life experience through education and support. When fully utilized this booklet improves the standard of hospice care. Please visit the website to better understand the far-reaching benefits of this essential booklet when used throughout the hospice experience.

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DISCLAIMER

The information contained in this written reading material provides simple instructions regarding care needs and for relieving common symptoms that arise for a person during the end of their life. This information is not intended or implied to be a substitute for professional medical advice, diagnosis or treatment. All content, including text, graphics, images and information, contained within this booklet is for general information purposes only. Furthermore, Odonata Care and the authors make no representation and assume no responsibility for the accuracy of information contained in this reading material, including references to or advertisements of any products inserted on any of its pages. Such information is subject to change without notice. **NEVER DISREGARD PROFESSIONAL MEDICAL ADVICE OR DELAY SEEKING MEDICAL TREATMENT BECAUSE OF SOMETHING YOU HAVE READ IN THESE READING MATERIALS.**

"A Path to Comfort is a practical, compassionate, meticulous, and detailed guide to help families manage the day-to-day care of a loved one in hospice care, from the perspective of two nurses who have provided bedside care to hospice patients for decades. It provides step-by-step directions for such 'simple' processes as cleaning or turning a patient, which can often feel overwhelming to family members doing it for the first time. By providing this thoughtful guidance to the caregiver, it can make what sometimes feels impossible—providing superb care to a dying loved one—feel possible, thus boosting the morale of the caregiver and enhancing the care of the person who is ill. It is designed to supplement and synergize with the care offered in the home by a hospice program."

SUSAN BLOCK, M.D.

Dept. of Psychosocial Oncology and Palliative Care, Dana-Farber Cancer Institute and Brigham and Women's Hospital, Professor of Psychiatry and Medicine, Harvard Medical School



"Hospice nurses, Heyerman and Kizzire, write from years of caring experience. *A Path to Comfort* is filled with practical wisdom. Down-to-earth and loving, this booklet is a gift to anyone caring for a person who is approaching the end of life."

IRA BYOCK, M.D.

Founder and Chief Medical Officer Institute for Human Caring at Providence St. Joseph Health, Author of *Dying Well* and *The Best Care Possible*
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