



A Palliative Approach to care is not limited to last days. It is about providing comfort and quality care for all residents living with progressive life-limiting illness and their families.

A PALLIATIVE APPROACH TO CARE



INCREASING FRAILTY

For frail people admitted to long term care, this is the last season of their lives.



INCREASING MEDICAL AND FUNCTIONAL DECLINE

There are often signs a resident's health is declining. Dying is possible at any time in the coming months.



LAST WEEKS

Dependency and symptoms increase. Death is now expected.



ACTIVE DYING



DEATH AND BEREAVEMENT

Key Messages

"We are here to support and care for you to live well until the end of your life."

"Things are changing for you. This seems a good time for a family conference."

"Your mom is more frail now and coming closer to the end of her life."

"Your mom has changed more, and she is in her dying time."

"I'm sorry for your loss. We will miss your mom."

PPS
(Palliative Performance Scale)

Prognosis

50-40%

YEARS

40-30%

MONTHS

30-20%

WEEKS

20-10%

DAYS

DEATH

Ask yourself, "Is this resident at high risk of dying in the next months?"

Integrate a Palliative Approach

Affirm goals of care

Inform and guide

Enhance symptom management

Anticipate care needs



- Discuss with resident and family their understanding of their illness and expected trajectory
- Explore the resident's goals and values to guide their care and inform the Medical Orders for Scope of Treatment (MOST)



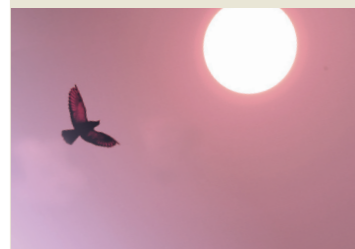
- Speak with resident and family about their changing condition and what to expect over time
- Create a plan for worsening symptoms and exacerbations to avoid hospitalizations
- Review medications. Can any be eliminated or decreased?



- Address symptoms along with managing chronic disease
- Reassess resident and family's comfort with the end-of-life plan, including dying "in place"
- Anticipate swallowing difficulties and consider alternative routes for medications



- Activate the EOL order set and customize when appropriate
- Support family



- Acknowledge and review death
- Support grieving family
- Consider referral for bereavement support to local Hospice Society

Signs of Transition

- Progressive weight loss
- Significant functional decline with limited reversibility
- Resident and family asking for palliative care or comfort measures only, treatment withdrawal or limitation
- Unplanned transfer(s) to ED or hospital admissions
- Extreme frailty
- Advanced dementia or other neurological disease, advanced cancer diagnosis, severe heart disease, severe respiratory disease

- Increasing fatigue, e.g. not wanting to be out of bed long
- Withdrawing socially, less communicative
- Swallowing difficulties
- Eating and drinking less

- Fluctuating level of consciousness
- May not want any food or fluid
- Congested breathing
- Irregular breathing (apneic spells)
- Body temperature changes



Earlier integration of a palliative approach enhances quality of living.