

Module 16: Death and Dying

Minimum Number of Theory Hours: 2

Recommended Clinical Hours: 0

Statement of Purpose:

The Nurse Assistant is introduced to the various stages of the grieving process and physical signs of approaching death. This unit introduces death as a normal stage of life. The health care provider must recognize the physical, psychological, and spiritual needs of the resident during this period to understand coping mechanisms and provide support to the resident and family members.

Terminology

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|-----------------------------------|---|
| 1. Acceptance | 14. Hospice |
| 2. Advanced directives | 15. Living will |
| 3. Apnea | 16. Morgue |
| 4. Anger | 17. Mottling |
| 5. Artificial hydration/nutrition | 18. Palliative care |
| 6. Autopsy | 19. Patient Care Self-Determination Act |
| 7. Bargaining | 20. Postmortem care |
| 8. Cachexia | 21. Prognosis |
| 9. Cheyne-stokes respirations | 22. Reminiscence |
| 10. Denial | 23. Reincarnation |
| 11. Depression | 24. Rigor mortis |
| 12. Do Not Resuscitate (DNR) | 25. Shroud |
| 13. Durable power of attorney | 26. Terminal |

Performance Standards (Objectives):

Upon completion of the two hours of class plus homework assignments, the learner will be able to:

1. Define key terminology.
2. Describe the five stages of the grieving process according to Dr. Kubler-Ross.
3. Describe approaches to meet common emotional and spiritual needs of terminally ill residents and their families
4. List the rights of the dying resident.
5. Differentiate between common signs of approaching death and biological death.
6. Identify care and comfort measures for dying residents.
7. Identify the philosophy and goals of hospice and the Nurse Assistant's role when the resident is cared for by a licensed hospice nurse.
8. Describe procedures and responsibilities for postmortem care.

References:

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Content Outline	Recommended Teaching Strategies and Assignments	Clinical Demonstration/ Method of Evaluation
Objective 1 Define key terminology A. Review the terms listed in the terminology section. B. Spell the listed terms accurately. C. Pronounce the terms correctly. D. Use the terms in their proper context.	A. Lecture/Discussion B. Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman, and concentration. C. Encourage use of internet, medical dictionary, and textbooks D. Create flashcards for learning purposes.	A. Have students select five words from the list of key terminology and write a sentence for each defining the term. B. Administer vocabulary pre-test and post-test. C. Uses appropriate terminology when charting and reporting to licensed personnel.
Objective 2 Describe the five stages of grieving according to Dr. Kubler-Ross. A. Denial B. Anger C. Bargaining D. Depression E. Acceptance	A. Lecture/Discussion B. Handout 13.2 Timeline of Life C. "The Death Exercise" in Instant Teaching Tools for the New Millennium by Michele Deck	A. Written test B. Class participation
Objective 3 Describe approaches to meet common emotional and spiritual needs of terminally ill residents and their families. A. Emotional needs of the dying 1. Contact with loved ones	A. Lecture/Discussion B. Role play providing support to family of	A. Written test B. Displays supportive behaviors when caring

<ul style="list-style-type: none"> a. Encourage family members to visit. b. Provide privacy. 2. Communication: <ul style="list-style-type: none"> a. Listening. b. Touching. 3. Expression of emotions, i.e. guilt, anger, frustration, anxiety, depression. 4. Reminiscence <ul style="list-style-type: none"> a. Recalling life experiences. b. Listening important. B. Cultural and spiritual needs of the dying <ul style="list-style-type: none"> 1. Beliefs are communicated and respected. 2. Rites and rituals are encouraged. 3. Respect for solitude vs. companionship are explored and respected. 4. Beliefs and wishes regarding autopsy, funeral and post-mortem care discussed and respected. C. Approaches <ul style="list-style-type: none"> 1. Respect for religious/cultural practices. 2. Provide physical, emotional and spiritual comfort to resident and family. 3. Accept resident's emotions. 4. Report to licensed nurse any emotional, social, or spiritual needs. 	<p>dying resident. Practice what to say. This is a difficult skill. Students can give suggestions for what words are most comforting/supportive.</p>	<p>for terminally ill residents and families.</p>
<p>Objective 4 List the rights of the dying resident.</p> <ul style="list-style-type: none"> A. I have the right to be treated as a living human being until I die. B. I have the right to maintain a sense of hopefulness, however changing its focus may be. C. I have the right to be cared for by those who can maintain a sense of hopefulness, however changing this may be. D. I have the right to express my feelings and emotions about my 	<ul style="list-style-type: none"> A. Lecture/Discussion B. Handout 13.4 Dying Person's Bill of Rights 	<ul style="list-style-type: none"> A. Written Test B. Class participation C. Respects and supports the dying resident's rights.

<p>approaching death in my own way.</p> <p>E. I have the right to participate in decisions concerning my care.</p> <p>F. I have the right to expect continuing medical care and nursing attention even though “cure” goals must be changed to “comfort” goals.</p> <p>G. I have the right to not die alone.</p> <p>H. I have the right to be free from pain.</p> <p>I. I have the right to have my questions answered honestly.</p> <p>J. I have the right not be deceived.</p> <p>K. I have the right to have help from and for my family in accepting my death.</p> <p>L. I have the right to die in peace and dignity.</p> <p>M. I have the right to retain my individuality and not be judged for my decisions which may be contrary to beliefs of others.</p> <p>N. I have the right to discuss and enlarge my religious and/or spiritual experiences, whatever these may mean to others.</p> <p>O. I have the right to expect that the sanctity of the human body will be respected after death.</p> <p>P. I have the right to be cared for by caring, sensitive, knowledgeable people who will attempt to understand my needs and will be able to gain some satisfaction in helping me face my death.</p>		
<p>Objective 5 Differentiate between common signs of approaching death and biological death.</p> <p>A. Impending signs of death</p> <ol style="list-style-type: none"> 1. Decreasing level of consciousness. 2. Cold hands and feet. 3. Diaphoresis. 4. Pale skin. 5. Loss of muscle tone. 6. Labored or Cheyne-Stokes respirations. 	<p>A. Lecture B. Discussion</p>	<p>A. Written test B. Class participation</p>

<ul style="list-style-type: none"> 7. "Death rattle." 8. Weak, irregular, or slow pulse. 9. Blank, staring expression. 10. Jaw drops. 11. Mottling of skin. 12. Peristalsis slows. 13. Loss of sensation. 14. Pain decreases. B. Signs of biological death <ul style="list-style-type: none"> 1. No pulse. 2. No breathing. 3. No blood pressure. 4. Pupils maybe fixed and dilated. C. Hearing is the last sense to disappear <ul style="list-style-type: none"> 1. Be professional in all conversation. 2. Talk to resident normally. 3. Explain procedures. 		
<p>Objective 6 Identify care and comfort measures for the dying resident.</p> <ul style="list-style-type: none"> A. Monitor resident, observe for signs, change of status <ul style="list-style-type: none"> 1. Notify licensed nurse in charge for any changes in condition. 2. Determine resident's code status (DNR, no code, etc.) in order to act at appropriate level of care. 3. Resident can usually hear, even when they appear unconscious. B. Care and comfort measures <ul style="list-style-type: none"> 1. Pain management. 2. Hygiene. 3. Oral hygiene. 4. Communication/support. 5. Positioning/turning. 6. Provide comfort. 	<ul style="list-style-type: none"> A. Lecture B. Discussion C. Case studies or scenarios on terminally ill clients. 	<ul style="list-style-type: none"> A. Written test B. Provides appropriate care/comfort measure for terminally ill resident.

<ul style="list-style-type: none"> 7. Attend to psychosocial needs. 8. Spiritual support. 		
<p>Objective 7 Identify the philosophy and goals of hospice and the Nurse Assistant's role when the resident is cared for by a licensed hospice nurse.</p> <ul style="list-style-type: none"> A. History – The first modern hospice, St. Christopher's Hospice began in London in the 1960s. B. Philosophy <ul style="list-style-type: none"> 1. To provide comfort, support and dignity to the dying resident using a holistic approach. 2. To provide comfort and support to family and friends of the dying person. 3. Hospice care does not prolong life nor does it hasten death. 4. Nurse on call to answer questions, provide support, make a visit, or problem solve. C. Goals <ul style="list-style-type: none"> 1. To provide palliative care using a team approach with an emphasis on pain control and comfort, rather than recovery. 2. Usually for patients with six months or less to live. 3. Resident encouraged to participate in family life and decision-making. 4. Services and counseling available to family even after person's death. D. Nurse Assistant's role – To provide care within scope of practice as identified by the multidisciplinary team. E. Attitudes and skills useful in hospice care <ul style="list-style-type: none"> 1. Listening. 2. Respecting privacy. 3. Sensitivity to individual needs. 4. Awareness of your own feelings. 5. Recognizing stress. 	<ul style="list-style-type: none"> A. Lecture B. Discussion 	<ul style="list-style-type: none"> A. Written test B. Class participation

6. Care for yourself. F. Role of the hospice nurse – To meet the physical, emotional and spiritual needs of terminally ill patient and his/her family.		
Objective 8 Describe procedures and responsibilities for postmortem care. A. Assist with postmortem care as directed by licensed nurse. B. Follow facility procedures. C. Provide privacy, support and comfort. D. Respect family member's beliefs in regard to postmortem care.	A. Lecture B. Discussion C. Demonstrate and return demonstration post-mortem care D. Manual Skills 13.8- Postmortem Care	A. Written test B. Class participation

Sample Test: Module 16- Death and Dying

1. A resident has terminal breast cancer and says she wants to live three more months to see her first grandchild. According to Kubler-Ross, in what stage of the grief process is this resident?
 - A. Denial
 - B. Bargaining
 - C. Depression
 - D. Acceptance

2. A resident is dying of a lung disease. He has been recently yelling at the staff. What stage of the grief process may this be?
 - A. Anger
 - B. Acceptance
 - C. Depression
 - D. Denial

3. The dying resident has a right to:
 - A. Read their facility record at any time they choose
 - B. Refuse life-prolonging measures
 - C. Refuse to pay for any services
 - D. Request the Nurse Assistant to give him medications

4. Mr. Huang is terminally ill and has lost consciousness. The Nurse Assistant should:
 - A. Tell his family that death is only a few hours away
 - B. Turn and reposition him less frequently
 - C. Keep the room very bright and noisy
 - D. Remember that the resident may still be able to hear

5. One of the signs of biological death would include:
 - A. Bradycardia (slow heart beat)
 - B. Hypertension (high blood pressure)
 - C. Lack of respirations (resident is not breathing)
 - D. Agitation (resident is active and jumpy)

6. Mrs. O'Leary always keeps her rosary and medals with her at all times. These objects should be:
 - A. Ignored since it is better to avoid discussion about religion
 - B. Placed on bedside table where she can't get to it
 - C. Removed as soon as she goes to sleep so they are not lost
 - D. Left with Mrs. O'Leary and handled as valuable items
7. One of the goals of hospice care is to:
 - A. Help the resident in making the dying process less painful physically and psychologically
 - B. Prolong life above all else
 - C. Provide an elimination of all disease symptoms and pain
 - D. Provide an opportunity for death by giving too many drugs
8. Keeping the terminally ill residents comfortable includes:
 - A. Keeping the bed in a flat position
 - B. Providing skin care and linen changes
 - C. Discouraging any visitors
 - D. Only turning the resident every 6 hours
9. It is important for the Nurse Assistant to monitor the condition of the dying resident, who has written an Advanced Directive not to resuscitate him, so that they can:
 - A. Provide physical and emotional support
 - B. Provide large serving of food frequently
 - C. Notify the physician of the exact time of death
 - D. Give medication
10. Usually the first task after the resident has died and before the family comes to visit is to:
 - A. Wrap the body in a shroud for transfer to a mortuary
 - B. Notify the mortuary for immediate transfer of the body
 - C. Just leave the resident as is
 - D. Prepare the body for viewing by family members

11. Postmortem care includes:
 - A. Taping the eyes shut
 - B. Bathing as necessary
 - C. Removing dentures
 - D. Removing prostheses
12. After a resident's death, the Nurse Assistant should support the family by:
 - A. Trying to cheer them
 - B. Encouraging the family to talk with the roommate
 - C. Listening when the family wants to talk
 - D. Assuring the family that the resident is better off
13. When preparing a body for postmortem transfer, the Nurse Assistant should first:
 - A. Cover the resident's body and head with a clean sheet
 - B. Straighten the body in supine position
 - C. Maintain the resident's body positions and elevate the head
 - D. Provide bright lighting when the family members arrive
14. As part of the care of a resident after death, the Nurse Assistant should:
 - A. Dress the resident in regular clothes
 - B. Remove all resident's identification bands
 - C. Remove all tubes and drains
 - D. Position the resident's body in normal alignment
15. When caring for a dying resident, the Nurse Assistant should expect:
 - A. The resident to be alert
 - B. Vital signs to be normal
 - C. Breathing to be irregular
 - D. Temperature to be unchanged

16. To provide emotional support for the family members of a dying resident, the Nurse Assistant should:
- A. Tell them not to cry
 - B. Remind them that everyone dies
 - C. Accept their expression of feelings
 - D. Recommend that they limit their visits
17. Nurse Assistants who help with postmortem care of a resident should:
- A. Wipe the body with alcohol to remove germs
 - B. Be sure the body and clothing are clean and dry
 - C. Be sure all jewelry is placed on the body
 - D. Notify the nurse if there has been a bowel movement
18. The daughter of a resident who has just died says to the Nurse Assistant, "My father can't be dead. It just isn't possible." Which of the following would be the best response for the Nurse Assistant to make?
- A. "Didn't you know that your father was very sick?"
 - B. "Would you like me to call the mortuary for you?"
 - C. "This must be very hard for you."
 - D. "I will talk to the nurse in charge."
19. While the Nurse Assistant is changing a resident's bed, the resident just starts crying and says, "No one cares about me. I wish I could just die!" the Nurse Assistant should:
- A. Say nothing and continue to change the bed
 - B. Tell the resident that she is too busy to listen
 - C. Ask if the resident would like to talk for awhile
 - D. Tell the resident to stop being such a baby
20. A dying resident tells the Nurse Assistant, "I'm having a lot of pain." The Nurse Assistant should:
- A. Try to change the subject
 - B. Report the pain to the nurse in charge
 - C. Talk to the family member about the pain
 - D. Leave the room to provide privacy

Sample Test Answers: Module 16

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| 1. B | 11. B |
| 2. A | 12. C |
| 3. B | 13. B |
| 4. D | 14. D |
| 5. C | 15. C |
| 6. D | 16. C |
| 7. A | 17. B |
| 8. B | 18. C |
| 9. A | 19. C |
| 10. D | 20. B |

MANUAL SKILL: Postmortem Care

EQUIPMENT:

Bath Towels
Bed Protector
Disposable gloves
Large container for personal belongings
Postmortem Kit (shroud, gown, or clean hospital gown, 2 tags)
Top Sheet
Valuable List
Wash Basin
Washcloth

BEGINNING STEPS:

1. Wash hands.
2. Knock and pause before entering the resident's room.
3. Identify resident.
4. Explain procedure speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
5. Gather equipment, if applicable.
6. Provide for privacy with a curtain, door, or screen
7. Apply gloves (standard precautions)

SKILL STEPS:

1. Raise bed to comfortable working height.
2. Place body on the back, with head and shoulders elevated on a pillow.
3. Close eyes by gently grasping eyelashes and pulling eyelids over eyes.
4. Place clean dentures in mouth (if applicable). Also, replace artificial eye(s) (if applicable).
5. Close mouth. Note: A rolled hand towel may be placed under the chin to keep jaw closed.
6. Remove soiled dressings; apply clean dressings as indicated, remove tubes or catheters according to policy.
7. Bathe soiled areas with plain water, comb hair, and straighten arms and legs.
8. Place a disposable bed protector underneath the buttocks.

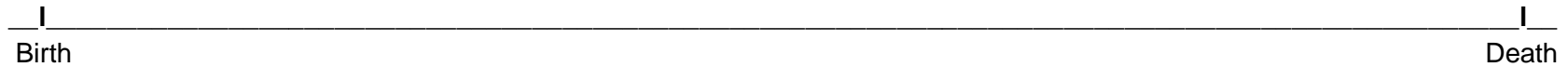
9. Remove and discard gloves and wash hands.
10. If the family is to view the body:
 - A. Put a clean hospital gown on the patient.
 - B. Cover the body to the shoulders with a clean sheet.
 - C. Make the room look neat and tidy.
 - D. Remove soiled linens from the room.
 - E. Adjust the light to subdued level and allow the family to visit privately.
11. Put the shroud on the resident after the family leaves (if applicable). Note: May be done by the funeral home when they pickup the body.
12. Collect all belongings and make a list, store, and label or give to family.
13. Fill out identification cards and fasten to foot of resident and one on each of the resident's belongings.
14. Follow facility policy if necessary to bring body to morgue.
15. Remove all linens and other supplies from room.
16. Report and record:
 - A. Completion of procedure and time.
 - B. Where the body was transported and by whom.
 - C. What was done with the personal belongings.

ENDING STEPS:

1. Clean and return equipment and supplies, if applicable.
2. Remove gloves (without contaminating self) into waste container and wash hands
3. Position resident comfortably.
4. Place call light within reach.
5. Lower bed to safe position for the resident.
6. Leave room neat.
7. Wash hands.
8. Document.
9. Report abnormal findings to licensed nurse.

Timeline of Life

1. Write the timeline on the board as follows:



2. Have the student make a similar timeline on a piece of paper and place a mark on the timeline that indicates approximately where they feel they are in their life.

Example:



3. From “Birth” to where they placed their “present” mark, they should put highlights of their life, memories, accomplishments, etc. From “present” mark to “Death”, they should put their hopes and dreams for the future, goals, etc.
4. Ask for those students that wish to “share” their life, tell the class what they put down. (Maybe 3-4 students)
5. When the sharing has been completed, ask all students to pass forward their “lives”. Take all the lives, and show the class. Explain that you have all their memories, their hopes, and dreams for the future, and that they are sitting in a doctor’s office, and have just been told they have a terminal disease. Place their papers in a trash can.
6. After they have a moment to process what has occurred, ask them how they feel about the news and what you have just done. Some students may express anger, disbelief, sadness, etc. Discuss their feelings, and relate it to Dr. Kubler-Ross’ stages of grieving. Explain that the process of dying is very individual, and just as there are different reactions in class, there will be different reactions in the facility.
7. Begin Death and Dying Module.

The Dying Person's Bill of Rights

1. I have the right to be treated as a living human being until I die.
2. I have the right to maintain a sense of hopefulness, however changing its focus may be.
3. I have the right to be cared for by those who can maintain a sense of hopefulness, however changing this might be.
4. I have the right to express my feelings and emotions about my approaching death in my own way.
5. I have the right to participate in decisions concerning my care.
6. I have the right to expect continuing medical and nursing attention even though "cure" goals must be changed to "comfort" goals.
7. I have the right to not die alone.
8. I have the right to be free from pain.
9. I have the right to have my questions answered honestly.
10. I have the right to not be deceived.
11. I have the right to have help from and for my family in accepting my death.
12. I have the right to die in peace and dignity.
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