ADVANCING PALLIATIVE CARE EDUCATION IN SCHOOLS OF NURSING 2023 INNOVATIONS SERIES

ELNEC Undergraduate/New Graduate

Module 4– Symptom Management in Palliative Care

September 2023

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American Nurses Association Professional Issues Panel

Call for Action:
Nurses Lead and Transform Palliative Care

Approved by ANA Board of Directors
March 13, 2017

Developed in Partnership With Organizational Affiliate
Hospice and Palliative Nurses Association

Historical Context

ANA Professional Issues Panel & HPNA. (2017). Call for action: Nurses lead & transform palliative care. http://www.nursingworld.org/CallforAction-NursesLeadTransformPalliativeCare

RECOMMENDATION #1

"**Adopt the End of Life Nursing Education Consortium (ELNEC) curricula** (Core, Geriatric, Critical Care, Pediatric, Advanced Practice Registered Nurse [APRN], **and Online for Undergraduate Nursing Students)** as the standard for primary palliative nursing education for pre-licensure, graduate, doctoral, and continuing education for practicing registered, vocational, and practical nurses and advanced practice registered nurses" (p. 3)

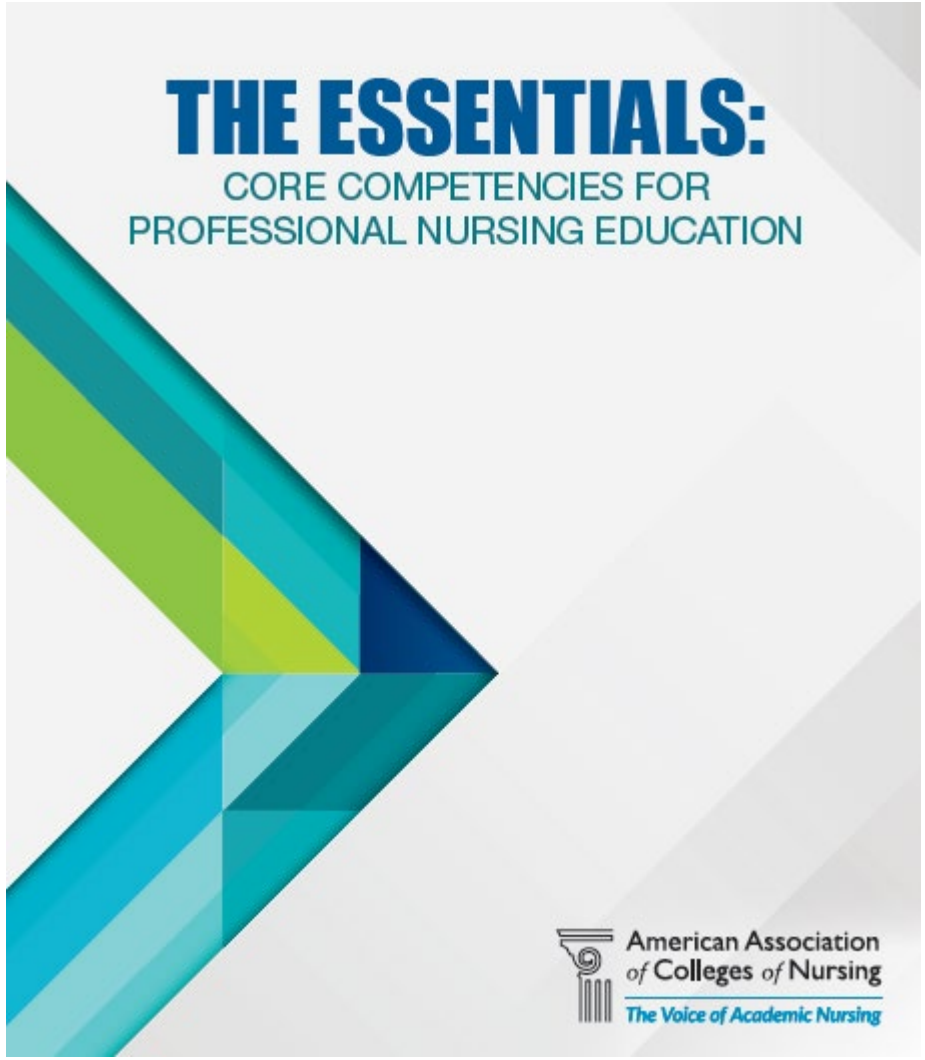
ELNEC HISTORY

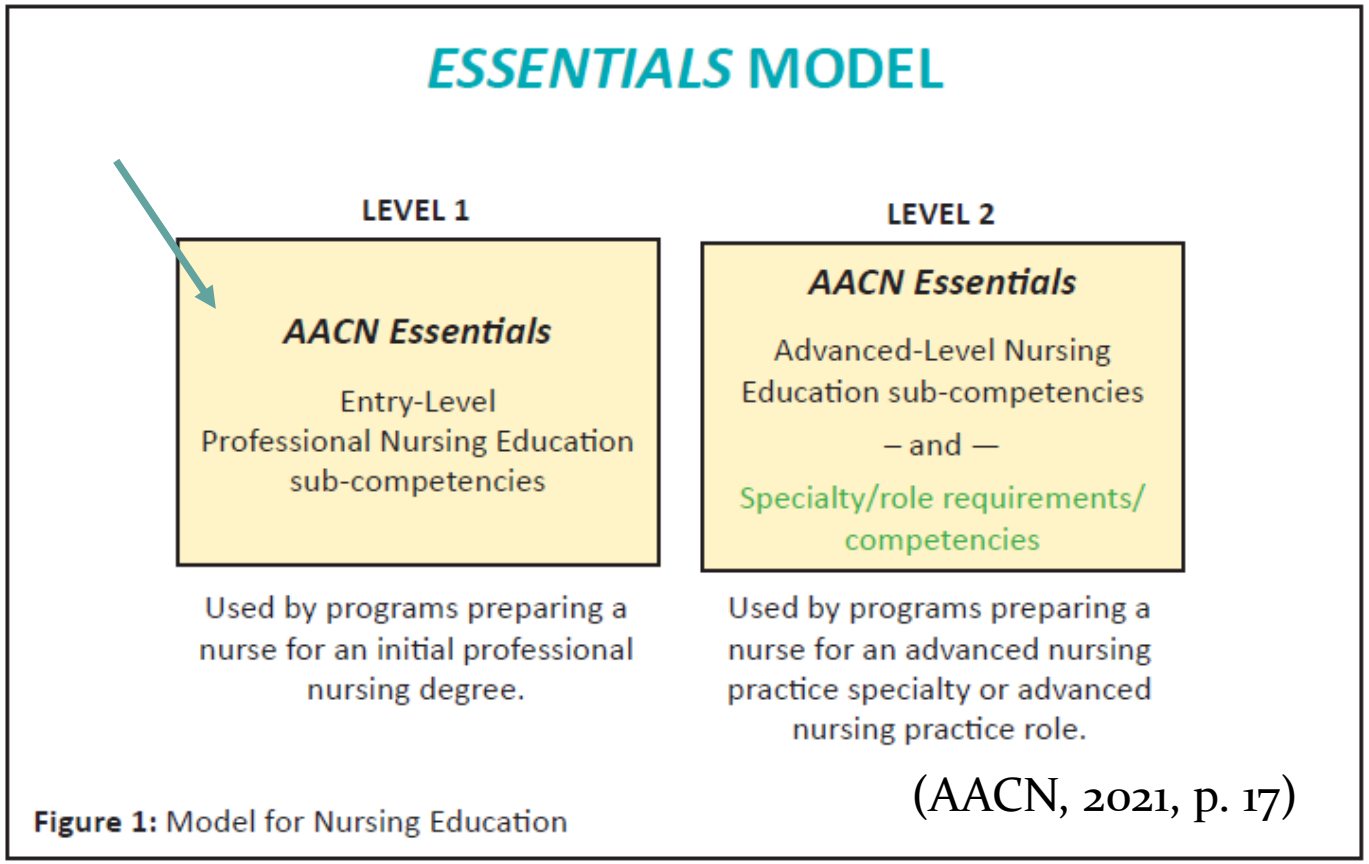
2000: Curriculum Developed

2001: 1st National ELNEC Course

Currently 10 ELNEC Curricula:

- ELNEC Core
- ELNEC Geriatric
- ELNEC Pediatric Palliative Care
- ELNEC Critical Care
- ELNEC APRN
- ELNEC International
- ELNEC Undergraduate/New Graduate (2017)
- ELNEC APRN Oncology
- ELNEC Communication (2018)
- ELNEC Graduate (2019)





(AACN, 2021, p. 17)

American Association of Colleges of Nursing. (2021). *The Essentials: Core Competencies for Professional Nursing Education*. American Association of Colleges of Nursing. https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf

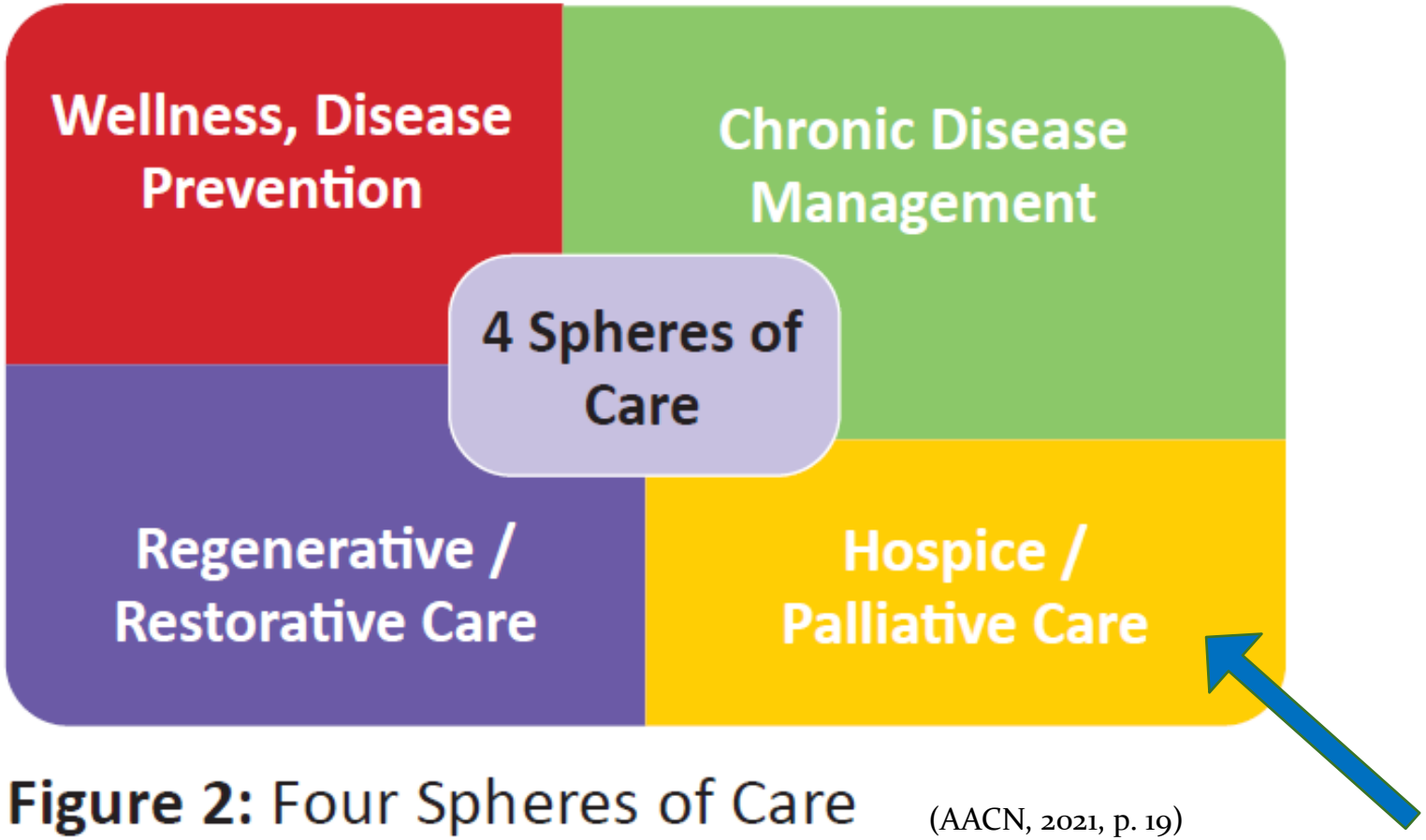


Figure 2: Four Spheres of Care (AACN, 2021, p. 19)

American Association of Colleges of Nursing
The Voice of Academic Nursing

SINCE 2000 ELNEC
END-OF-LIFE NURSING EDUCATION CONSORTIUM
Advancing Palliative Care

the MIRACLE of SCIENCE with SOUL
City of Hope

Primary Palliative Care Competencies for Undergraduate and Graduate Nursing Students (*CARES/G-CARES*, 2nd ed)

CARES COMPETENCY STATEMENTS 2ND EDITION 2022

Entry-level Professional Nursing

- CARES (2016) = 17 competency statements
- CARES (2nd ed., 2022) = 15 competency statements

CARES COMPETENCY STATEMENTS

#2: Consider the **complex and evolving socio-economic factors** that influence equitable palliative care delivery within health care systems.

#4: Demonstrate respect for diversity, equity, and inclusion as essential for the delivery of **culturally sensitive, quality palliative care.**

#6: Collaborate effectively within the interprofessional team to **coordinate the delivery of high-quality palliative care across healthcare settings.**

#7: Demonstrate respect for person-centered care by **aligning the plan of care with patient and family values, beliefs, preferences, and goals of care.**

CARES COMPETENCY STATEMENTS

#10: Utilize evidence-based tools to perform a **holistic health assessment** of pain and other symptoms, considering physical, psychological, social, and spiritual needs.

#11. **Synthesize assessment data to develop and implement plans of care** that address physical, psychological, social, and spiritual needs, utilizing holistic, evidence-based approaches.

12. **Conduct ongoing reassessment and evaluation** of patient outcomes, modifying the plan of care as needed to be consistent with goals of care.

13. Provide culturally sensitive care that is **responsive to rapidly changing** physical, psychological, social, and spiritual needs **during the dying process and after death.**

PRIMARY PALLIATIVE NURSING CARE COMPETENCE ASSESSMENT TOOL (LIPPE & DAVIS, 2022)©

ASSESSMENT	Using standardized tools, performs comprehensive assessment of:
	• Symptoms common in serious illness
	• Pain and its meaning
	• Social determinants of health and needs
	• Spiritual, religious, and existential status and needs
	• Psychological status, coping and needs
	• Caregiver knowledge, stressors, capacity, resources, and needs
PRIORITIZATION AND INTERVENTION	Prioritizes and implements holistic evidence-based (nonpharmacological and pharmacological) interventions to address:
	• Physical concerns and needs (pain and other symptoms)
	• Social concerns and needs
	• Spiritual, religious, and existential concerns and needs
	• Psychological needs and coping
	• Caregiver concerns and needs
	Advocates for resources to address complex concerns and needs across physical, psychological, spiritual, and social domains
EDUCATION	Educates patients and families regarding:
	• Specialty palliative care or hospice services when appropriate
	• Ongoing pain and symptom management
	• Signs and symptoms of imminent death
EVALUATION	Continuously reassesses outcomes and modifies plan when needed, in alignment with goals of care
CARE NEARING END OF LIFE	Assesses patient and family preferences for setting of care, treatment decisions, and wishes in preparation for death.
	Adjusts care to rapidly changing needs (physical, psychological, social, and spiritual) during the imminent death period.

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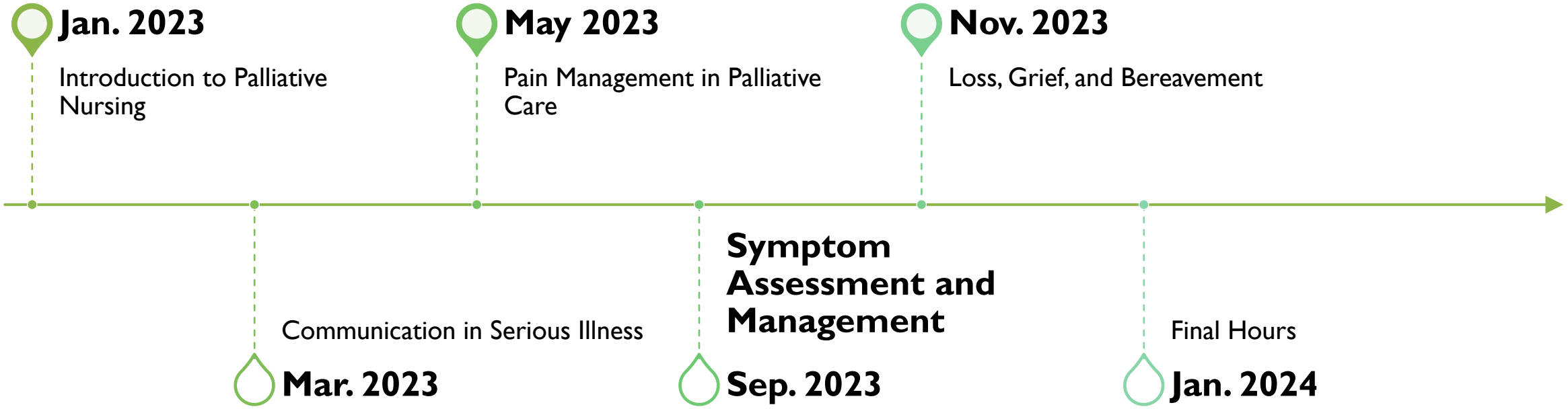
ELNEC UNDERGRADUATE/NEW GRADUATE



SINCE 2000

ELNEC

END-OF-LIFE NURSING EDUCATION CONSORTIUM

Advancing Palliative Care

ELNEC Undergraduate/New Graduate	1122 Schools
ELNEC Graduate	388 Schools

LET'S TAKE A CLOSER LOOK

NEW LOOK FALL 2023

DIALOGUE WITH

PAT COYNE
AND
CONNIE DAHLIN

ZOOM
BREAKOUT ROOMS

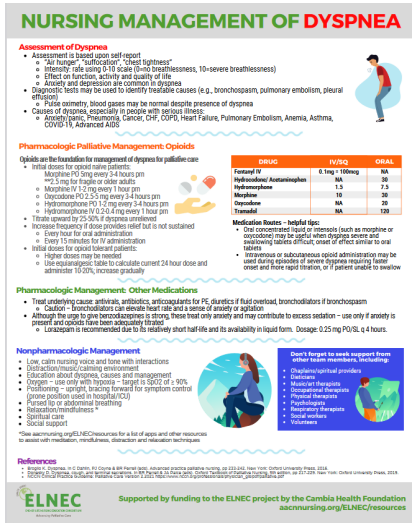
Breakout Room #1

Everyone – share how you are incorporating palliative care education and specifically symptom management principles. Remember we are all doing different things and at different places with this so if you don't know, that's okay too! How can we help each other to advance palliative care education?

Breakout Room #2

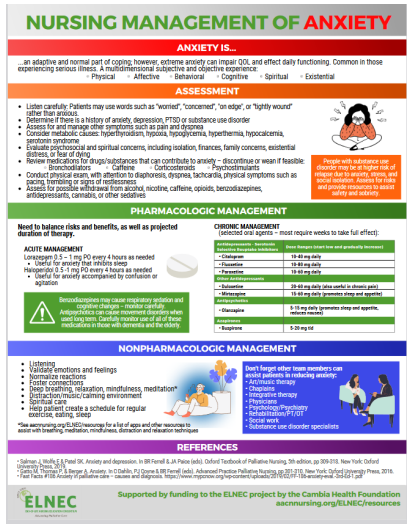
Review Infographic Supplemental materials – ELNEC Resource Page: How might you use this in what course?

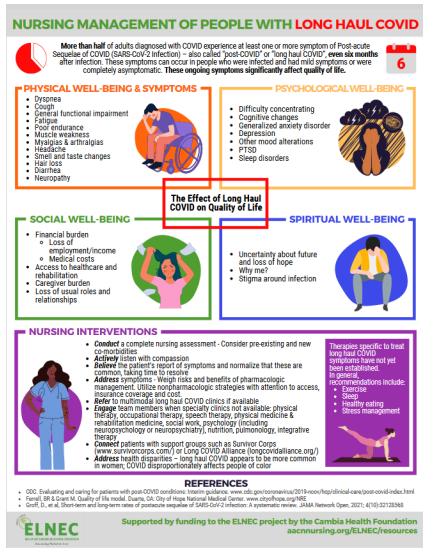
https://www.aacnnursing.org/elnec/resources



QUICK REFERENCE GUIDE FOR SYMPTOM MANAGEMENT

SYMPTOM	TREATMENT
Fatigue	• The most prevalent of symptoms reported in advanced disease • Rule out possible causative factors and evaluate which might be treatable given goals of care: anemia, iron deficiency, electrolyte imbalances, hypothyroidism, hypoxia, nutrition deficiencies, medications, anxiety/depression, sleep abnormalities • Exercise, physical therapy, occupational therapy • Assistive devices, caregiving support (hygiene, cleaning, meals) • Stimulants such as **methylphenidate (Ritalin®)** 2.5-5 mg PO QD or BID to start, then titrate prn • **Dexamethasone (Decadron®)** 2-8 mg PO QD, do not give in the evening • **Mirtazapine (Remeron®)** 15 mg PO QHS to enhance sleep, also improves appetite and mood
Insomnia/ Sleep Disorders	• Evaluate sleep patterns current and prior to diagnosis • Suggest sleep hygiene measures: reduce caffeine in afternoon/evening, do not watch TV/computer/cellphone/tablets in bed, limit alcohol intake, cool room, warm bath before bed • Relaxation therapy such as mindfulness exercises, meditation, guided imagery • For some, pharmacologic therapies ineffective if used daily • **Zolpidem (Ambien®)** 5-10 mg PO QHS; lower doses for women; safety concerns – sleep walking/eating • **Mirtazapine (Remeron®)** 15 mg PO QHS to enhance sleep, also improves appetite and mood • **Buspirone (Buspar®)** 5-20 mg PO TID • **Trazodone (Desyrel®)** 25-50 mg PO QHS • Avoid antihistamines (**diphenhydramine**) for sleeping aid, especially in elderly or frail
Constipation [Acute]	• Assess frequency, volume, consistency and normal patterns of BMs • Diarrhea may be due to impaction; rectal exam indicated • Goal ≈ 3/week without straining, pain, tenesmus • Identify potential causative factors that can be addressed: opioids, anticholinergics, antihistamines, phenothiazines, tricyclic antidepressants, diuretics, iron, chemotherapy, ondansetron, antacids, dehydration, inactivity, hypercalcemia, hypokalemia, partial bowel obstruction, spinal cord compression, autonomic neuropathy, depression, anorexia, hypothyroidism • Encourage varied diet • First evacuate bowel – **magnesium hydroxide (Milk of Magnesia)** 30 mL PO QD, magnesium citrate 150-300 mL per day, **bisacodyl** 2-3 tabs PO QD or 10 mg suppository or **Fleet's Enema®** (nothing per rectum if patient thrombocytopenic [< 50,000 platelets] or neutropenic [ANC < 500-1000]) – limit Fleet's and other sodium phosphate agents in renal dysfunction; if these are ineffective, give: — **Methylnaltrexone (Relistor®)** SQ [for opioid induced constipation only] – dosing is weight based; contraindicated in obstruction — **Naloxegol (Movantik®)** 12.5 or 25 mg PO Q AM [for opioid induced constipation only] — **Naldemedine (Symproic®)** 0.2 mg PO QD [for opioid induced constipation for patients with chronic noncancer pain]





RESOURCES

- American Association of Colleges of Nursing. (2021). *The Essentials: Core Competencies for Professional Nursing Education*. American Association of Colleges of Nursing. https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf
- AACN/ELNEC Faculty Corner: https://www.aacnnursing.org/elnec/elnec-school-of-nursing-faculty-corner
- Lippe, M. & **Davis, A.** (2023). Development of a primary palliative care competence model and assessment tool: A mixed methods study. *Nursing Education Perspectives, 44*(2),76-81.

AACN / ELNEC FACULTY CORNER FOR SCHOOLS OF NURSING

https://www.aacnnursing.org/elnec/elnec-school-of-nursing-faculty-corner