

ADVANCING PALLIATIVE CARE EDUCATION IN  
SCHOOLS OF NURSING 2023 INNOVATIONS SERIES

**ELNEC Graduate**

**Module 4– Symptom Management in Palliative Care**

October 2023

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**Special Guests:**

***Patrick Coyne, MSN, ACHPN, ACNS-BC, FAAN, FPCN (he, him)***

***Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN (she, her)***

**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)**

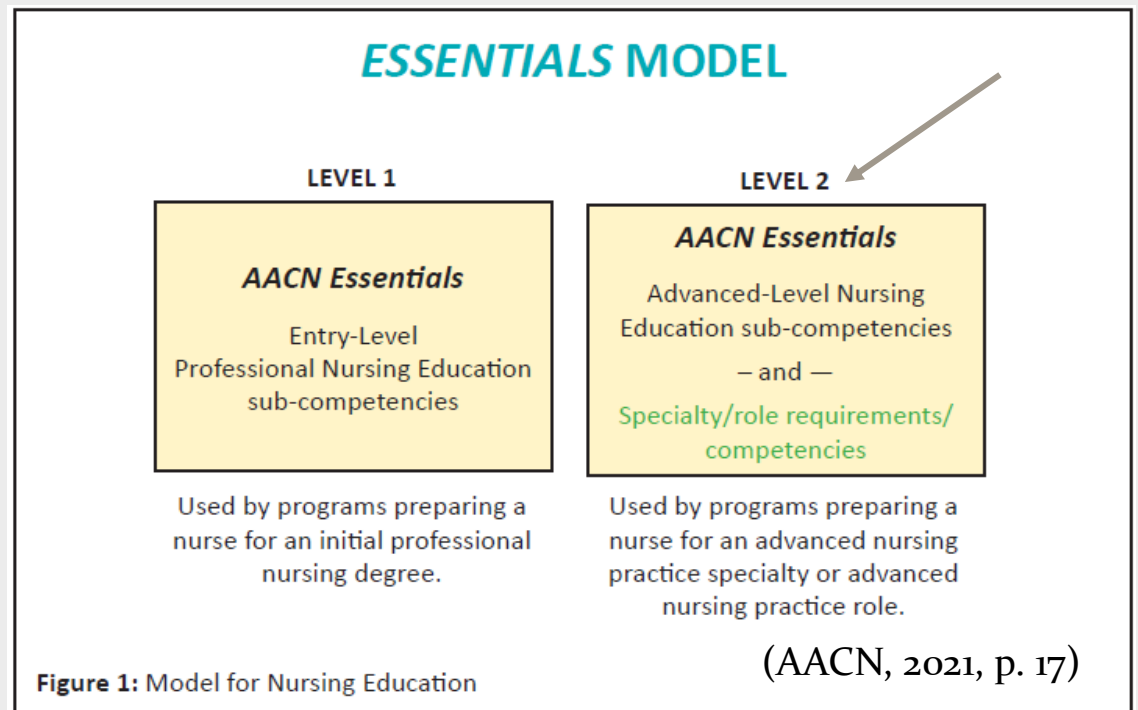
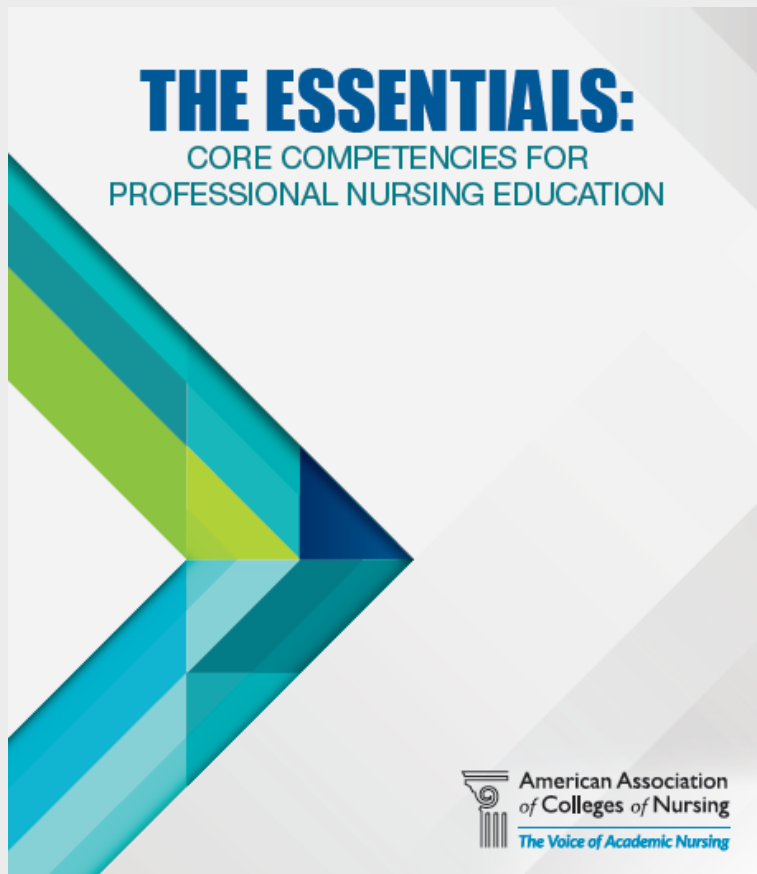
# ELNEC HISTORY

2000: Curriculum Developed

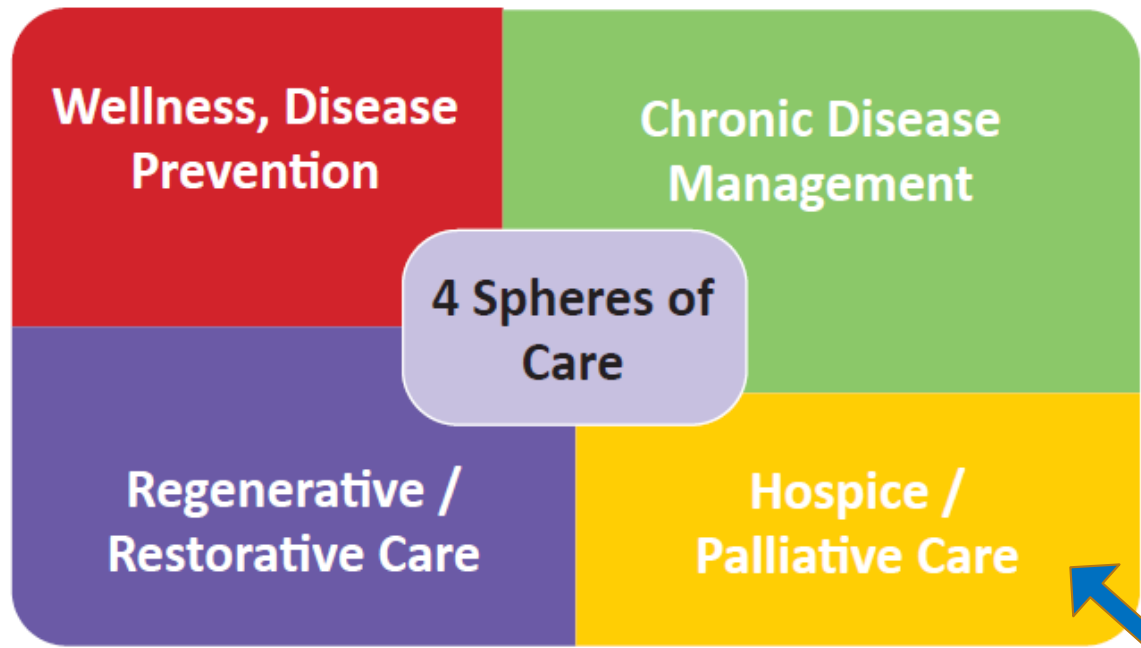
2001: 1<sup>st</sup> National ELNEC Course

Currently 10 ELNEC Curricula:

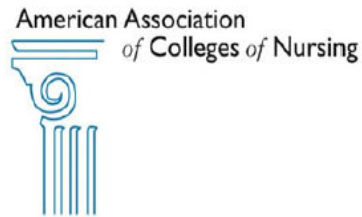
- ELNEC Core
- ELNEC Geriatric
- ELNEC Pediatric Palliative Care
- ELNEC Critical Care
- ELNEC APRN
- ELNEC International
- ELNEC Undergraduate/New Graduate (2017)
- ELNEC APRN Oncology
- ELNEC Communication (2018)
- ELNEC Graduate (2019)



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)



Preparing Graduate Nursing Students to Ensure Quality Palliative Care  
for the Seriously Ill & Their Families Originally released in 2019 then revised in 2022

## Advanced-Level Nursing

- Original G-CARES (2019) = Eight (All graduate Masters/DNP) + Five Direct Care
- Revised G-CARES (2nd ed.) = 12 competency statements

# G-CARES ALIGNMENT WITH AACN DOMAINS

- **G-CARES #3:** *Respond to dynamic changes in population demographics, socio-economic factors, the healthcare system, and emerging technologies to improve outcomes for persons with serious illness and their families.*

## AACN Domains:

#1 Knowledge for Nursing Practice

#2: Person-Centered Care

#3: Population Health

#4: Scholarship for the Nursing Discipline

#5: Quality and Safety

#6: Interprofessional Practice

#7: Systems-Based Practice

#8: Informatics and Healthcare Technologies

#9: Professionalism

#10: Personal, Professional and Leadership

Lippe, Davis, Stock, Mazanec, & Ferrell, 2022



# G-CARES ALIGNMENT WITH AACN DOMAINS

**G-CARES #8:** *Promote delivery of care that supports holistic assessment and management of pain and symptoms common in serious illness at the full scope of practice.*

## AACN Domains:

#1 Knowledge for Nursing Practice

#2: Person-Centered Care

#4: Scholarship for the Nursing Discipline

#8: Informatics and Healthcare Technologies

#9: Professionalism

#10: Personal, Professional and Leadership

Lippe, Davis, Stock, Mazanec, & Ferrell, 2022

# G-CARES ALIGNMENT WITH AACN DOMAINS

**G-CARES #9:** *Collaborate with healthcare team members to coordinate culturally sensitive, patient-centered, and family-focused palliative care across care settings.*

## AACN Domains:

#1 Knowledge for Nursing Practice

#2: Person-Centered Care

#4: Scholarship for the Nursing Discipline

#6: Interprofessional Partnerships

#8: Informatics and Healthcare Technologies

#9: Professionalism

#10: Personal, Professional and Leadership

Lippe, Davis, Stock, Mazanec, & Ferrell, 2022

# G-CARES ALIGNMENT WITH AACN DOMAINS

**G-CARES #10:** *Consult with specialty services for complex palliative care issues that exceed one's functional area of practice and educational preparation.*

## AACN Domains:

- #1 Knowledge for Nursing Practice
- #2: Person-Centered Care
- #4: Scholarship for the Nursing Discipline
- #6: Interprofessional Partnerships
- #8: Informatics and Healthcare Technologies
- #9: Professionalism
- #10: Personal, Professional and Leadership

Lippe, Davis, Stock, Mazanec, & Ferrell, 2022

## ELNEC GRADUATE WEBINARS





**ELNEC**  
**Undergraduate/New Graduate** | 136 Schools



**ELNEC Graduate** | 389 Schools



## ELNEC GRADUATE MODULE 4 OBJECTIVES

- Apply the biopsychosocial/spiritual model of pain assessment and management to selected common symptoms associated with serious illness.
- Prescribe pharmacological and non-pharmacological interventions for management of selected common symptoms in serious illness.
- Refer patients with complex symptoms to specialty palliative care and/or appropriate interdisciplinary team members when appropriate.

# Let's Take a Closer Look!

**Q&A**  **SESSION**

DIALOGUE  
WITH

PAT COYNE  
AND  
CONNIE  
DAHLIN

## NURSING MANAGEMENT OF DYSPNOEA

**Assessment of Dyspnoea**

- Assessment to detect cause and effect
- For history: "Onset, onset, onset"
- History: onset, onset, onset
- Physical: onset, onset, onset
- Diagnosis: onset, onset, onset
- Causes of Acute Dyspnoea: onset, onset, onset
- Causes of Chronic Dyspnoea: onset, onset, onset

**Pharmacologic Palliative Management: Opioids**

Indicated for relief of dyspnoea in patients with advanced disease.

DRUG	WHY	DOSE
Fentanyl	4 mg - 16 mg	NA
Hydrocodone	NA	NA
Morphine	1-3 mg	NA
Hydrocodone	NA	NA
Hydrocodone	NA	NA

**Pharmacologic Management: Other Medications**

The underlying cause of dyspnoea, antibiotic, analgesic for FE, antiemetic if has nausea, bronchodilator for asthma.

**Nonpharmacologic Management**

- Low caloric feeding and low salt diet
- Education about disease and management
- Oxygen - use only with hypoxia - target in SpO2 of 90%
- Positioning - avoid lying flat - use pillows
- Relaxation techniques
- Practical care (e.g. shower)

**References**

ELNEC - Supported by funding to the ELNEC project by the Cambia Health Foundation

## NURSING MANAGEMENT OF ANXIETY

**ANXIETY IS...**

An affective and somatic part of coping, however, anxiety itself can impair O2 and affect daily functioning. Common in those experiencing chronic illness. It is a psychological, cognitive and behavioural disorder.

**ASSESSMENT**

- Listen carefully. Patients may use words such as "worried", "overwhelmed", "in a tight spot", or "right now"
- Define if there is a history of anxiety, depression, PTSD or substance use disorder
- Identify potential causative factors that can be addressed: opioids, anticholinergics, antihistamines, phenothiazines, tricyclic antidepressants, diuretics, iron, chemotherapy, ondansetron, antiacids, dehydration, inactivity, hypercalcaemia, hypokalaemia, partial bowel obstruction, spinal cord compression, autonomic neuropathy, depression, anxiety, hypothyroidism

**PHARMACOLOGIC MANAGEMENT**

Need to balance risks and benefits, as well as projected duration of therapy.

**ADJUTIVE THERAPY**

- Lorazepam 1-2 mg PO q 4-6 hrs as needed
- Hydroxyzine 25-50 mg PO q 4-6 hrs as needed
- Clonidine 0.1-0.2 mg PO q 4-6 hrs as needed

**NONPHARMACOLOGIC MANAGEMENT**

- Listen carefully. Patients may use words such as "worried", "overwhelmed", "in a tight spot", or "right now"
- Define if there is a history of anxiety, depression, PTSD or substance use disorder
- Identify potential causative factors that can be addressed: opioids, anticholinergics, antihistamines, phenothiazines, tricyclic antidepressants, diuretics, iron, chemotherapy, ondansetron, antiacids, dehydration, inactivity, hypercalcaemia, hypokalaemia, partial bowel obstruction, spinal cord compression, autonomic neuropathy, depression, anxiety, hypothyroidism

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## QUICK REFERENCE GUIDE FOR SYMPTOM MANAGEMENT

SYMPTOM	TREATMENT
<b>Fatigue</b>	<ul style="list-style-type: none"> <li>The most prevalent of symptoms reported in advanced disease</li> <li>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</li> <li>Exercise, physical therapy, occupational therapy</li> <li>Assistive devices, caregiving support (hygiene, cleaning, meals)</li> <li>Stimulants such as <b>methylphenidate (Ritalin®)</b> 2.5-5 mg PO QD or BID to start, then titrate prn</li> <li><b>Dexamethasone (Decadron®)</b> 2-8 mg PO QD, do not give in the evening</li> <li><b>Mirtazapine (Remeron®)</b> 15 mg PO QHS to enhance sleep, also improves appetite and mood</li> </ul>
<b>Insomnia/Sleep Disorders</b>	<ul style="list-style-type: none"> <li>Evaluate sleep patterns current and prior to diagnosis</li> <li>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</li> <li>Relaxation therapy such as mindfulness exercises, meditation, guided imagery</li> <li>For some, pharmacologic therapies ineffective if used daily</li> <li><b>Zolpidem (Ambien®)</b> 5-10 mg PO QHS; lower doses for women, safety concerns – sleep walking/eating</li> <li><b>Mirtazapine (Remeron®)</b> 15 mg PO QHS to enhance sleep, also improves appetite and mood</li> <li><b>Buspirone (Buspar®)</b> 5-20 mg PO TID</li> <li><b>Trazodone (Desyre®)</b> 25-50 mg PO QHS</li> <li>Avoid antihistamines (<b>diphenhydramine</b>) for sleeping aid, especially in elderly or frail</li> </ul>
<b>Constipation [Acute]</b>	<ul style="list-style-type: none"> <li>Assess frequency, volume, consistency and normal patterns of BMs</li> <li>Diarrhea may be due to impaction, rectal exam indicated</li> <li>Goal = 3/week without straining, pain, tenesmus</li> <li>Identify potential causative factors that can be addressed: opioids, anticholinergics, antihistamines, phenothiazines, tricyclic antidepressants, diuretics, iron, chemotherapy, ondansetron, antiacids, dehydration, inactivity, hypercalcaemia, hypokalaemia, partial bowel obstruction, spinal cord compression, autonomic neuropathy, depression, anxiety, hypothyroidism</li> <li>Encourage varied diet</li> <li>First evacuate bowel – <b>magnesium hydroxide (Milk of Magnesia)</b> 30 mL PO QD, magnesium citrate 150-300 mL per day, <b>bisacodyl</b> 2-3 tabs PO QD or 10 mg suppository or <b>Fleet's Enema®</b> (nothing per rectum if patient thrombocytopenic [<math>&lt; 50,000</math> platelets] or neutropenic [ANC <math>&lt; 500-1000</math>] – limit Fleet's and other sodium phosphate agents in renal dysfunction, if these are ineffective, give:             <ul style="list-style-type: none"> <li><b>Methylnaltrexone (Relistor®)</b> SQ [for opioid induced constipation only] – dosing is weight based, contraindicated in obstruction</li> <li><b>Naloxegol (Movantik®)</b> 12.5 or 25 mg PO Q AM [for opioid induced constipation only]</li> <li><b>Naldemedine (Symproic®)</b> 0.2 mg PO QD [for opioid induced constipation for patients with chronic noncancer pain]</li> </ul> </li> </ul>

## MEDITATION & MINDFULNESS APPS FOR NURSES AND PATIENTS

Being a patient or a nurse can be stressful. Being a patient means having to navigate a complex health system, insurance, treatments, and life. Being a nurse means understanding health conditions, implementing treatments, advocating for patients, giving one's all, along with navigating life. Research demonstrates that meditation and mindfulness are effective, inexpensive, and easy to implement strategies to alleviate stress. To support meditation and mindfulness, there are many apps available on smart devices and computers. Many are free, although more advanced options may require a fee.

**Breathing Zone** – Relaxing mindful breathing exercises

**Buddhify** – Meditations on the go

**Insight** – Reduce stress, anxiety and negative thinking to improve emotional well-being

**Give yourself the same care and attention that you give to others.**

**HeadSpace** – Meditation and sleep

**HealthJoiners** – Guided imagery, meditations and affirmations with wide range of effects, including in Spanish

**The Mindfulness App** – Five day introduction to mindfulness with guided meditations

**Mindfulness Coach** – Designed by US Department of Veteran's Affairs to reduce stress, anxiety, depression and pain

**If your compassion does not include yourself, it is incomplete. – Jack Kerouac**

**Mindfulness Daily** – Helps establish a daily mindfulness practice three times daily

**Prague** – Focus, energy, clarity. Meditate through mindful moments

**Stoa Breathe & Think** – Personalized meditations with a breathing timer and tools to track progress

**Stress Free Now Meditations (ClearMind Clinic)** – Includes mindful breathing, body scan, letting go, loving kindness, others

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## NURSING MANAGEMENT OF PEOPLE WITH LONG HAUL COVID

**More than half of adults diagnosed with COVID experience at least one or more symptom of Post acute sequelae of COVID (PASC) 6 months after their last COVID-19 infection. For many, these symptoms can occur in people who were hospitalized and had mild symptoms or were completely asymptomatic. These symptoms significantly affect quality of life.**

**PHYSICAL WELL-BEING & SYMPTOMS**

- Dyspnea
- Chest discomfort
- Joint/muscle pain
- Headaches
- Stomach and taste changes
- Fatigue
- Hypocysty

**PSYCHOLOGICAL WELL-BEING**

- Difficulty concentrating
- Cognitive changes
- Generalized anxiety disorder
- Other mood alterations
- PTSD
- Sleep disorders

**SOCIAL WELL-BEING**

- Financial burden
- Loss of employment/income
- Medical costs
- Access to healthcare and rehabilitation
- Caregiver burden
- Loss of social roles and relationships

**SPIRITUAL WELL-BEING**

- Uncertainty about future and loss of hope
- Why me?
- Religious or spiritual infection

**NURSING INTERVENTIONS**

- Conduct a complete nursing assessment. Consider presenting and other comorbidities
- Address issues with compassion
- Address symptoms, mood, and benefits of pharmacologic interventions while not using pharmacologic strategies with attention to access
- Work to identify and use COVID relief resources
- Engage team members when specialty clinics not available: general medicine, occupational therapy, speech therapy, physical medicine & rehabilitation, psychology, social work, pharmacy, nutrition, neuropsychology or neuropsychiatry, palliative care, integrative medicine
- Engage patients with support groups (e.g. COVID-19)
- Address health disparities – work to identify and use COVID relief resources in women: COVID disproportionately affects people of color

**References**

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## 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/elnece/elnece-school-of-nursing-faculty-corner>
- **Lippe, M.**, Davis, A., Stock, N., Mazanec, P., & Ferrell, B. (2022). Updated primary palliative care competencies and alignment with AACN Essentials: Resources for nursing faculty. *Journal of Professional Nursing*, 42, 250-261. doi: 10.1016/j.profnurs.2022.07.012

**AACN / ELNEC FACULTY CORNER FOR SCHOOLS OF NURSING**



<https://www.aacnnursing.org/elneec/elneec-school-of-nursing-faculty-corner>