Final Hours
Adapted for COVID-19 Crisis
Care of the Dying During the Coronavirus

- All patients must be cared for—especially those not expected to survive the virus.
- We are called to provide end-of-life (EOL) care differently than we are used to, as patients and families may be separated during the dying process due to visitation restrictions.
- Nurses must ensure that patients are not abandoned and assure families that their loved ones will be cared for.
Domain 7: Care of the Patient Nearing the End of Life

- Care provided to patients and their families near the end of life, with emphasis on the days leading up to and just after the death of the patient.
- Comprehensive assessment & management of pain and other physical symptoms
- Assessment & management of social, spiritual, psychological, and cultural aspects of care as the patient nears death. It
- IDT provides appropriate education to the patient, family and/or other caregivers about what to expect near and immediately following the patient’s death.

NCP, 2018
Preparing for Death

- Initiate advance care planning if not yet done - It is critical to identify goals of care (if patients want ICU, intubation, etc.) and surrogate decision makers as soon as the patient is admitted with (possible) coronavirus.

- Recognize the transition to active dying - Advocate for hospice support if patient/family want hospice at home or in the hospital setting.
Resuscitation

- Patients and families have unrealistic beliefs regarding survival- patients with serious co-morbidities rarely survive to leave the hospital following an attempt at CPR, adding COVID-19 to the list of serious illnesses makes survival highly unlikely.

- Patients and families need to have this information!
Ventilator Support

- Some patients may be triaged to comfort care without ventilatory support because of the limited availability of equipment and ICU beds – they need to know they are not being abandoned.

- Patients who have the option of ICU care and ventilatory support if needed, should be asked about goals of care. Some may wish not to be intubated or even hospitalized, but to go home to die with their family. It is critical to know their wishes before treatment decisions are initiated.
The Nurse, Dying and Death

- Nurses provide support to staff, patients/families
- Interpersonal competence
- Being present
- “Bearing witness”
- Interdisciplinary care
Open, Honest Communication

- Convey caring, sensitivity, compassion
- Provide information in simple terms
- Patient awareness of dying
- Family fears
Psychosocial Changes

- We only die once
  - Fear of dying
  - Feelings of loss
  - At end of life, patient may be more introspective
Spiritual Considerations When Death is Imminent
Frequent Symptoms Associated with Imminent Death
Two Roads to Death

**NORMAL**
- Sleepy
- Lethargic
- Confused
- Restless

**THE USUAL ROAD**
- Obtunded
- Semicomatose
- Comatose
- DEAD

**THE DIFFICULT ROAD**
- Tremulous
- Hallucinations
- Mumbling Delirium
- Myoclonic Jerks
- Seizures

https://www.aacnnursing.org/ELNEC/COVID-19
Physical Symptoms Vary

- Confusion, disorientation, delirium *vs.* unconsciousness
- Weakness and fatigue *vs.* surge of energy
- Drowsiness, sleeping *vs.* restlessness/agitation

Physical considerations:
- Fever
- Bowel changes
- Incontinence
- Decreased intake
Most Common Symptoms in Final Days/Weeks of Life

- Dyspnea
- Pain
- Noisy breathing/respiratory congestion

Berry & Griffie, 2019
Other Symptoms to be Aware of Near the End of Life

- Delirium
- Myoclonus

Burhenn, 2016; Schwartz, 2019
Use of Opioids in the Final Days/Hours

- Dosing of opioids given during last hours based on appropriate assessment and reassessment.

- Dose may be decreased or increased

- Consider other routes:
  - Oral
  - Rectal
  - Subcutaneous
Symptoms of Imminent Death

- Decreased urine output
- Cold and mottled extremities
- Vital sign and breathing changes
- Delirium / confusion
- Restlessness
Care Following Death

- Communication with the family
- Prepare family for next steps
- Technical tasks
Care and Respect of the Body

- Reflects importance and value of the patient
- Respect family rituals - If family cannot be with the patient, make sure critical cultural and spiritual rituals are honored - it may be possible to have the family participate in these rituals "virtually".
- Consider legacy - families may wish to have a handprint or a picture. Items such as a handprint must be secured so as not to spread the virus.
Honor the Deceased and Grieve the Loss

- We are in the midst of witnessing cumulative loss like never before
- Think of ways to honor the individual who has died, grieve the loss, and give thanks to the team who did everything they could to save this person-
- Watch the video on the next slide – a powerful example of one nurse’s idea to honor the person who has died, and to address our own grief-
- Consider adopting this practice in your own clinical setting
The Pause

A *Pause* is a brief acknowledgment of the patient’s humanity just after death has been declared

Providence Health Care, Spokane, WA

[https://www.youtube.com/watch?v=_HVXM2YhZ2A](https://www.youtube.com/watch?v=_HVXM2YhZ2A) (2:16 min)
Conclusion

Family members will always remember the last days, hours, and minutes of their loved one’s life. Yet, amidst this crisis, many may not be able to physically share these days with their loved ones. Nurses have a sacred opportunity to be at the bedside with patients who are dying and to care for their families at one of the most challenging times in our healthcare system’s history.
Thank You for the Great Work You Are Doing–You are Real Heroes