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# ELNEC

END-OF-LIFE NURSING EDUCATION CONSORTIUM

*Advancing Palliative Care*

## Licensed Nursing Staff: Caring for Older Adults in Long-term Care During the Pandemic

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# Objectives

- Describe the current pandemic and the risks for older adults and those living in long-term care settings.
- Identify palliative care needs for older adults.
- Explain key components of palliative care that includes communication, and interventions to address physical, psychosocial and spiritual well-being.
- Discuss goals of care and the importance of advance care planning.
- Examine key strategies to support families and nursing staff in a pandemic.
- Review nursing care interventions during final days and at the time of death.

ACL, 2018; Carpenter & Ersek, 2019

# Current Pandemic

- SARS-CoV-2, COVID-19 or novel coronavirus
- Evolving status and constant update
  - Symptoms
  - Mitigation
- Past disasters inform us; US has complex disaster, government infrastructure



CDC, 2020a; Gulley et al., 2015

# Vulnerable Population: Older Adults and COVID-19

- Chronic conditions and multimorbidity
- Demographic characteristics
- Age-related changes – compromised immunity
- COVID-19 risks and death

ACL, 2020; AFAR, 2020; CDC, 2020b, 2020c, 2020d; Garg et al., 2020; Golden, 2020; Gulley et al, 2015; Long, 2019; Miller, 2018

# Risks in Long-term Care

- Mortality and vulnerability
- Congregate setting
- Infection control
- Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) Guidelines
- National Disaster Recovery Framework (NDRF)
  - Prevention, Protection, Mitigation, Response, Recovery



AMDA & AALNA, 2020; ARC & AAN, 2020; Carpenter & Ersek, 2019;  
CDC, 2020e, 2020f; CMS, 2020a; Commonwealth of Virginia, 2020;  
Gulley et al., 2015; Homeland Security, 2019

# Pandemic Management

- Potential scenarios
- Transfer to different locations
- Survival rates are lower for older adults
- Advance directives
- Oversight and investigations: State government and Centers for Medicare and Medicaid Services (CMS)

AHCA, NCAL, & NHPCO, 2020; ARC & AAN, 2020;  
CMS, 2020a, Garg et al., 2020; IHI, 2020

# Working with Palliative Care and Hospice Teams

- What is palliative care?
- Geriatric palliative care
  - Manage progressive changes and disease
  - Geriatric syndromes
  - Symptom distress and the need for relief
- What is hospice?
- Role in long-term care and pandemic

Chai et al., 2014; NCP, 2018; NQF, 2006;  
O'Neill & Morrison, 2018

# Optimizing Care During an Infectious Disease Pandemic

- Safety is primary and infection control
- Uncertainty for staff and residents
- Compassionate care provisions
- Residents who become ill
- Palliative care approaches are necessary



AHCA, NCL & NHPCO, 2020; CMS, 2020b & 2020c;  
Medicare.gov, 2020

# Palliative Care Approaches

- Maximize care strategies to help people achieve quality of life related to physical, psychological, social and spiritual domains
- Person-centered care
- Palliative care mitigates symptoms and provides comfort
- Excellent communication is necessary

NCP, 2018

# Communication

- Communication is the foundation of palliative care
- Essential information is needed
- Barriers to good communication
- Team care is necessary



Chovan, 2019; Cotter & Foxwell, 2019; Dahlin & Wittenberg, 2019; Long, 2016; Mazanec et al., 2019; NCP, 2018

# Communication (con't)

- Older adult and family expectations for communication
- Promote unconditional acceptance and continuing emotional support
- Overcome communication barriers
- Engage in effective communication strategies

Dahlin & Wittenberg, 2019

# Physical Aspects of Care

- Focus:
  - Patients with COVID-19
  - Others on palliative care or hospice
- Good assessment skills: Self-report and those who are unable
- Pharmacologic and nonpharmacologic interventions



AMDA & AALNA, 2020; CMS, 2015

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# Pain and Symptom Management: COVID-19

- Look for primary symptoms
- Emergency: trouble breathing, persistent chest pain or pressure, new confusion or inability to arouse, cyanosis
- Other: lethargy, delirium, just not the same
- Monitor for unseen decline and exacerbation or new geriatric syndromes

CDC, 2020g; Health in Aging Foundation, 2017

# Primary Symptoms: COVID-19

- Shortness of breath and cough
- Fever
- Pain: muscle and headache, sore throat
- Other: chills, shakes, new loss of taste or smell



CDC, 2020a, 2020g; Gulley et al., 2015

# Shortness of Breath and Cough

Oxygen	If O <sub>2</sub> sat < 90%, supplement with O <sub>2</sub> 2-5 liters per nasal cannula
Morphine liquid 20 mg/ml --- OR ---	Give 5 mg (0.25 ml) SL q 4 hours. Increase to 10 mg (0.5 ml) in no relief from starting dosage; increase frequency to q 30 minutes prn until relief from symptoms is needed.
Morphine (IR) immediate release 15 mg	Give 7.5 mg (1/2 tablet) po q 4 hours. Increase to 15 mg (1 tablet) if no relief from starting dosage; increase frequency to q 30 minutes prn until relief from symptoms is needed.
Substitution	Can substitute with the same frequency as morphine: Oxycodone 2.5-5 mg Hydrocodone 5-10 mg --- OR --- Fentanyl transdermal patch 12 mcg/hour. Change patch every 72 hours.
Source: <a href="#">Probari</a> . Symptom Management Support for COVID-19 in the Nursing Home. April 5, 2020, with permission.	

Donesky, 2019

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# Fever and Pain

<b>Fever</b>	
Acetaminophen	Give 650 mg PO or PR (per rectum) q 6 hours prn for fever not to exceed 2,000 to 3,000 mg total in 24 hours for people age 65 and older. Consider liquid acetaminophen.
<b>Pain</b>	
Acetaminophen	Give 650 mg PO or PR (per rectum) q 6 hours prn mild pain not to exceed 2,000 to 3,000 mg total in 24 hours for people age 65 and older. Consider liquid acetaminophen.
Morphine liquid 20 mg/ml --- OR ---	Give 5 mg (0.25 ml) SL q 4 hours. Increase to 10 mg (0.5 ml) in no relief from starting dosage; increase frequency to q 30 minutes prn until relief from symptoms is needed.
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Malone et al., 2020; Paice, 2019; Roland & Markus, 2020; University of Maryland, 2020

# Psychological and Social Aspects of Care

- Separation from staff, residents and family
  - Lack of physical contact and loss
  - Diminished communication
- Effects of isolation:
  - Emotional responses: fear, loneliness, depression, grief



CDC, 2020; Gulley et al., 2015

# Psychological and Social Interventions

- Improve communication
- Monitor psychological status
- Activities of daily living are not just tasks to be completed
- Genuine and meaningful connections are important

Zhao et al., 2019

# Spiritual Aspects of Care

- Heightened awareness during the pandemic
- Spiritual apprehensions might arise
- Screening and assessment for spiritual beliefs and practices
- Be aware of spiritual distress



Chai et al., 2014; HPNA, 2015; NCCN, 2019; Puchalski & Ferrell, 2010; Taylor, 2019

# Spirituality Interventions

- Assure therapeutic presence: be *with* the person
- Discover meaning
- Promote hope
- Remain nonjudgmental and listen
- Life review: Affirmation of a life well-lived
- Respect and support are essential

Cotter & Foxwell, 2019; NCP, 2018

# Advance Care Planning

- Goals of care are specified
- Advance directives document decisions
  - Medical proxy
  - Treatment decisions
- Provider or Physician Orders for Life-Sustaining Treatment or POLST
- If a person is incapable of making decisions
- Ensure documents are readily available in the medical record

CMS, 2013, 2017; Levine et al., 2020; Long, 2016

# Supporting Families of Residents in Long-term Care

- The family unit in jeopardy
- Expectations regarding care and communication
- Key questions to ask
- State Long-term Care Ombudsman Program



CMS, 2020c

# Supporting Families of Residents in Long-term Care (con't)

- Advocacy: Visiting, if possible, and medical proxy
- Plan ahead: goals of care and the possibility of medical futility
- Maintain hope
- Messages to the dying
- Self-care and perception of control

Cotter & Foxwell, 2019; Long & Hector, 2017

# Final Days and Time of Death

- Location of death
- Dying is a sacred journey
- Nursing roles at end of life are extremely important
- Physical, psychological, social, spiritual aspects of care
- Signs that death has occurred

Berry & Griffie, 2019; CMS, 2020d;  
Long, 2019; NHPCO, 2018

# Staff in Long-term Care: The Human Toll

- Self-care and resilience
- Compassion fatigue and stress
- Moral distress and fatigue
- Grief
- Supportive care



CDC, n.d. ; Dewey et al., 2020; Kravits, 2019, p. 818;  
Prince-Paul & Daly, 2019

# Staff in Long-term Care Settings and Palliative Nursing

- Trustworthiness
- Imagination
- Beauty
- Space
- Presence



Lazenby & Moore, 2019

# Summary

- Licensed nursing staff care for seriously ill older adults who reside in long-term care settings.
- Palliative care is necessary for this population.
- Communication, and interventions to address physical, psychosocial and spiritual well-being are essential.
- Nurses advocate for older adults in addressing goals of care at the end of life.
- Remember the family in all care interactions.