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palliAGED Practice Tips for Careworkers in Aged Care

3

Care Issues

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Tips for Careworkers: Advanced Dementia

What it is: Dementia is a group of diseases affecting the brain. Over time the person loses everyday skills.

Why it matters: There is no cure for dementia. It is a life-limiting illness. Palliative care is needed with advanced dementia. The focus is on quality of life. When a person with dementia enters a care facility, they often have advanced dementia.

Careworkers can take an active role in supporting the person with dementia to express their wishes and report any changes in the person's condition. Getting to know the person well will assist in providing care.

People with dementia often have other diseases like heart disease, high blood pressure, and chest disease. Frailty and pain are common. They may need palliative care before they reach an advanced stage of dementia.

What I need to know: Dementia is most common in people over 65 years of age, but not all old people have dementia. Dementia can affect younger people.

A person with dementia may experience loss of:

- memory
- good sense and judgement
- ability to talk
- social skills
- physical functioning.

As dementia advances people have difficulty with:

- going to the toilet, washing, eating and drinking, walking
- making decisions
- being able to remember recent events
- thinking things through.

At all stages, the person with dementia still has their own likes and dislikes. Remember that even if a person with dementia is unable to speak, they may still sense the presence of loved ones and experience fear and loss.

It can be difficult to know when a person with dementia is approaching the end of their life.

Do

Check for signs of deterioration such as changes in:

- level of pain
- alertness
- care needs
- behaviour e.g., agitation and distress
- oral intake
- sense of comfort or discomfort.

Report changes to nursing/supervisory staff.

Name:

My reflections:

What other diseases might a person with dementia have?’

What tasks might a person with dementia have difficulty with? How can I help?

My notes:

See related palliAGED Practice Tip Sheets:

Advanced Dementia
Behavioural Changes

Palliative Care

Recognising Deterioration

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Tips for Careworkers:
Advanced Dementia – Behavioural Changes

What it is: People with advanced dementia may show behaviour that is very different to how they usually are. If this is related to their dementia, then it is known as behavioural and psychological symptoms of dementia (BPSD). BPSD commonly appears as aggression, agitation, anxiety, depression, or apathy.

Why it matters: Most people with dementia experience BPSD. This has a negative impact on their quality of life. It also affects carer quality of life.

What I need to know: Common BPSD symptoms include:

- being easily upset or worried
- repeating questions
- arguing or complaining
- physical aggression
- searching for or hoarding things
- inappropriate screaming or sexual behaviour
- refusing care (such as not wanting to have a shower or to get dressed)
- wandering or shadowing (following a carer).

Creating supportive relationships with the person to promote trust can help. Person-centred care based on activities that the person enjoys can also help. For example, music therapy where the person can choose the music and take part in the activity. Ask the person or their family what things they do or do not like. Usually, antipsychotic medications are not recommended. But they may be needed if the person has severe BPSD and could harm themself or others.

Do If you notice symptoms of BPSD let your supervisor know. Look for – and try the following:

- unmet needs such as pain, hunger, need to go to the toilet
- worries about family or staff interactions – take time to talk one-to-one
- lack or loss of supportive social relationships or meaningful activity – be a friend for them, help them to focus on what they can do and to make choices such as what to do or wear
- communication difficulties – use communication cards or an interpreter if appropriate
- physical environment problems such as privacy, noise, or light levels – knock before entering their room, find a quiet place for them to be including for meals if wanted, ask if they want lights on or off
- things that have changed for them such as staff, their routine, or physical ability – gently talk with them about this
- patterns in behaviours e.g. time of day, a certain activity – be prepared to provide more support at these times.

Do Keep the person physically active if appropriate.

Do Watch for body language signs indicating that they agree (smiling, laughing) or disagree (agitation, resisting activity, restlessness).

Name:

My reflections:

What ways have I tried to deal with behavioural and psychological symptoms of dementia?

What worked well and what could have been done better?

What supports does my organisation offer staff and families to manage BPSD?
What would be useful?

My notes:

See related palliAGED Practice Tip Sheets:

Advanced Dementia

Anxiety

Person-Centred Care

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Tips for Careworkers:
Anxiety

What it is: Feeling anxious means a person feels scared or worried about something. This is normal, and usually goes away.

Anxiety is when these feelings don't go away.

Why it matters: Many older people experience anxiety. Anxiety can be more common when people have a serious illness or at the end of life.

In an older person anxiety can be difficult to see because it is often associated with loneliness, depression and/or dementia.

When a person experiences anxiety and depression together, their symptoms and outcomes are more severe.

What I need to know: Anxiety can create physical symptoms, and changed behaviours and thoughts. These responses affect a person's health and quality of life.

Do Look out for and report to nursing/supervisory staff, if a person:

- becomes unable to relax
- becomes bad tempered
- has trouble sleeping or concentrating
- feels very tired or very awake
- is short of breath.

Do Gently ask the person 'Is there anything else troubling you?' or 'Is there anything you would like to talk about?' It can help a person to talk about things that worry them.

Do Treat the person with respect. Help them to maintain their sense of dignity, purpose, and spiritual well-being.

Name:

My reflections:

What is anxiety?

What signs of anxiety should I report to the nurse or supervisor?

My notes:

See related palliAGED Practice Tip Sheets:

Distress at the End of Life

Pain Management

Psychosocial Assessment and Support

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Tips for Careworkers:

Cachexia, Sarcopenia and Anorexia

What it is: Weight loss is common with advanced disease. The processes behind this are cachexia, sarcopenia and anorexia.

Cachexia is common in people with chronic conditions such as cancer, heart or kidney failure. The person loses weight and muscle and, sometimes but not always, fat.

Anorexia is when a person no longer wants to eat.

Sarcopenia is the loss of muscle mass and function as people get older.

Why it matters: Weight loss is a part of the natural processes at the end of life. Your observations are important.

Fatigue and frailty may accompany the weight loss and so additional comfort measures may be needed. You may need to adjust approaches to care including:

- the time it takes
- careful repositioning
- use of cushions, a pressure-relieving mattress
- 2-person assists
- the use of a hoist or wheelchair.

With changes in weight and in their condition, clients or residents may be concerned about their appearance. If you can respond respectfully and helpfully, you can help the person keep their self-esteem and dignity.

What I need to know: Anorexia and cachexia are common in people receiving palliative care, and sarcopenia is common in older people.

Some staff can find it distressing to care for people with cachexia and sarcopenia. Seek help if you feel uncomfortable or need support.

Do Report to nursing staff if a person:

- changes their eating or drinking habit
- stops eating or drinking
- is less active or unable to do things
- finds it hard to swallow
- has diarrhoea or constipation
- feels sick or vomits
- has clothing that becomes ill-fitting and oversized, needing to be replaced.

Do Ask if the person would like snacks or small amounts of food throughout the day, respecting their choice to refuse.

Do Look out for skin care, pressure injuries and heightened sensitivity to cold.

Do Ask the person how you can assist them in a way that supports their remaining strength and respects their loss of ability.

Name:

My reflections:

What changes related to eating and activity should I report to nursing/supervisory staff?

In the daily care of an older person with significant weight loss, what should I pay attention to?

My notes:

See related palliAGED Practice Tip Sheets:

Frailty

Nutrition and Hydration

Recognising Deterioration

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Tips for Careworkers:
Complementary Therapies

What it is: Complementary therapies (CT) are often used alongside conventional medical treatments but have not been developed using the same evidence approaches. CT cover a variety of practices and physical therapies including aromatherapy, herbal medicine, and massage therapy.

Why it matters: CT are often used in Australia. Therefore, patients who transition to palliative care may already be using CTs or may wish to start to use CTs.

Some forms of CT can interfere with medications or cause harm. It is important to know what is being used.

What I need to know: CT may be used by palliative care patients to relieve physical symptoms, help control treatment side effects, and/or improve their wellbeing.

CT nutritional supplements can interact with medicines or cause adverse events.
It is important to know what is being taken.

The range of CT practices used by people with life-limiting illness includes:

- acupressure
- acupuncture
- aromatherapy
- art therapy
- massage
- meditation
- music therapy

The person's relationship with the complementary therapist can be important.

CT benefits may be uncertain or short-lived but can provide the opportunity for the person to 'escape' or 'live in the moment'. This might reduce their worries about their disease and future.

Note Remember that most people are waiting to be asked before they disclose their use of CT.

Lifestyle coordinators may be able to help with some approaches to CT.

Do Talk openly with the person and do not judge them. CT is a very personal choice.

Do Record information about the CT that people in your care are using and let your supervisor know.

Do You may wish to ask:

Have you tried anything else like herbal or natural remedies to help?

If so, then ask:

- Have you noticed any benefit?
- Have you noticed any side effects?

Do Ask if they would like help to understand any information about the CT and let your supervisor know.

Name:

My reflections:

What complementary therapies do I use?

What questions can I ask to find out what therapies a person I care for is using or wanting to use?

My notes:

See related palliAGED Practice Tip Sheets:

Pain Management

Person-Centred Care

Talking About Dying

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Tips for Careworkers:
Constipation

What it is: Constipation occurs when there is limited or difficult passing of hard, dry stools (faeces).

Why it matters: Constipation is common in older adults. However, it is more common in older people with palliative care needs and as a person comes to the end of their life.

Constipation can lead to a person not eating, feeling sick, having pain, or becoming weaker and more unwell. Pain may be severe. Careworkers are likely to notice these changes and can also actively support the older person to manage concerns with constipation.

What I need to know: The Bristol Stool Chart can be used to decide if a person's stool is normal or not.

Food with increased fluid and fibre may be useful.

Consider the person's dignity when helping with toileting.

Do To know what is usual, ask the person or their family how often they usually pass a stool.

Do Make sure that it is easy and safe for a person to use the toilet – this can mean good lighting, safe bed height, toilet height, and clothing that is easy to wear and remove.

Do Observe toileting patterns of a person and support them to go to the toilet. Report to nursing/supervisory staff any change in toileting pattern, discomfort, straining, or leakages. Document this accurately in care notes.

Name:

My reflections:

When attending to a person’s concerns with constipation what should I consider?

What can I do to make it easier for the older person to use the toilet?

My notes:

See related palliAGED Practice Tip Sheets:

Faecal Incontinence

Nutrition and Hydration

Opioid Analgesics

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Tips for Careworkers:

Distress at the End of Life

What it is: Distress at the end of life is when a person finds it hard to come to terms with dying.

It includes thoughts about:

- death
- the meaning of life
- loneliness
- loss of dignity
- achieving life's goals.

Distress at the end of life may also be called existential distress, death distress, or death anxiety.

Why it matters: People with life-limiting illnesses often suffer from distress at the end of life.

Older people with limited ability to connect with others can also have existential loneliness with strong feelings of emptiness, sadness, and longing. This can lead to anxiety and depression.

What I need to know: In people needing palliative care, distress at the end of life may lead to a wish for hastened death. Therapies such as life review or dignity therapy may help with quality of life and wellbeing in the short-term.

Do Take note and report to nursing/supervisory staff if the person shows signs of distress such as trouble breathing or appearing upset or annoyed.

Do Take time with the person, giving them your full attention and allowing them to talk to you, with you.

Do Ask questions like 'How are you feeling?' or 'Is there anything else troubling you?' or 'Is there anything you would like to talk about?'

Name:

My reflections:

How do I cope with a client or resident expressing distress at the end of life?

My notes:

See related palliAGED Practice Tip Sheets:

Psychosocial Assessment and Support

Anxiety

Spiritual Care

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Tips for Careworkers:
Dysphagia

What it is: Dysphagia is difficulty swallowing. The person finds it difficult to swallow food or liquid, including medications in liquid or tablet form.

Why it matters: Dysphagia is common in older people and people in palliative care. Careworkers have an important role in supporting oral care and positioning of the person. Dysphagia can lead to:

- poor nutrition
- dehydration
- aspiration (breathing a foreign object or liquid into an airway)
- asphyxiation (lack of oxygen)
- pneumonia.

What I need to know: Any changes to the normal function of the mouth, pharynx or larynx or oesophagus can cause dysphagia.

Dysphagia may be due to:

- changes associated with ageing
- the side effect of medication
- treatment including radiation and chemotherapy for cancer.

Dysphagia is common in advanced or terminal illness. Dysphagia is also associated with neurological conditions particularly:

- dementia
- Parkinson's Disease (PD)
- Motor Neurone Disease (MND)
- stroke.

Note People providing meal time assistance should have received training in assisting people with swallowing problems and managing choking episodes.

Do Look out for and report to nursing/supervisory staff if a person:

- chokes when eating, drinking or taking medication
- has the feeling of food sticking in the throat
- dribbles or has food escaping from the mouth
- coughs during or after eating, drinking or taking medication
- eats or drinks very slowly
- refuses food and fluids
- doesn't swallow food, fluids or medication but keeps it in the mouth.

Do When someone is dying, their family can be upset that they are not eating or drinking. You can:

- reassure the family
- let them offer the person sips of water or if appropriate moisten the mouth with a wet swab.

Name:

My reflections:

Dysphagia is difficulty with what?

What are some of the signs I should look out for and report to nursing/supervisory staff?

My notes:

See related palliAGED Practice Tip Sheets:

Advance Dementia

Nutrition and Hydration

Oral Care

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Tips for Careworkers:
Dyspnoea

What it is: Dyspnoea is when a person has trouble breathing or has shortness of breath.

Why it matters: Breathing difficulties are a common and distressing symptom in many advanced life-limiting diseases, and can cause significant disability, anxiety, and social isolation. Careworkers can help the older person by reporting signs of dyspnoea and keeping them calm and comfortable.

What I need to know: Breathing concerns:

- reduce quality of life
- affect emotional, spiritual and physical wellbeing
- are made worse by fear and panic.

Treatment often requires a combination of measures. This includes medication and other forms of care.

People with dyspnoea get tired quickly and people who tire easily often complain of dyspnoea.

Dyspnoea in palliative care and at the end of life needs to be assessed by nursing staff.

Do

General care of dyspnoea:

- leave time between care and activities
- calm and reassure the person by being with them
- alert nursing/supervisory staff if breathing remains difficult.

Do

Non-pharmacological ways to relieve dyspnoea at end-of-life:

- optimise air flow around the person e.g., table or handheld fan, open window if appropriate
- breathing-control techniques e.g., pretend to blow out a candle
- relaxation exercises
- position the person in:
  - supported upright sitting
  - leaning on a supportive table
  - lying in a reclining chair or electric bed with a backrest and a knee break.

Do

Get all equipment and staff ready prior to commencing care procedures. This will shorten the time taken for care and reduce the impact on the person.

Name:

My reflections:

What is the clinical term for difficulty with breathing?

What can I do to help a person having difficulty with breathing at the end of life?

My notes:

See related palliAGED Practice Tip Sheets:

Anxiety

Opioid Analgesics

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Tips for Careworkers:
Eye Care

What it is: Eye care is attention to the health and comfort of a person's eyes.

Why it matters: Towards the end of life, dry eyes are common and can cause discomfort. Eye secretions (fluid from the eye) can also cause discomfort when they collect around the eye.

More generally, poor eyesight is common in older people. It affects the risk of falls, and impacts emotional health, independence, and participation in usual activities.

What I need to know: There are many reasons that older people may have poor eye health.

These include:

- impaired vision due to:
  - cataracts (clouding of the eye)
  - age-related macular degeneration
- improper contact lens hygiene
- prolonged wearing of contact lenses

Start the conversation by asking the older person if they usually wear glasses or if they need help to see.

In advanced illness or as the person approaches death there may be changes in their eye health and appearance. This can include dryness, bulging of the eye, not being able to close eyes, or build-up of secretions on eyelids.

Do When attending to eye care make sure that your hands are clean.

Do Let nursing/supervisory staff know if the older person's eyes seem to be different to usual. This includes any:

- build-up of eye secretions
- signs of irritation or redness
- discomfort or if unable to close eyes.

Do If removing eye secretions:

- use a sterile cotton ball moistened with sterile water or normal saline over the lid margins
- wipe from the inner corner of the eye to the outer edge
- use a new cotton ball and repeat until secretions are clear
- use a separate pad for each eye.

Do Let nursing/supervisory staff know if the older person is experiencing new problems with reading, daily activities, or mobility.

Name:

My reflections:

What role do I have in eye care of the people in my care?

What changes in an older person's activity might I notice if they are having problems with eyesight?

My notes:

See related palliAGED Practice Tip Sheets:

Oral Care

Recognising Deterioration

Signs of Imminent Death

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Tips for Careworkers:
Faecal Incontinence

What it is: Faecal incontinence is the inability to control bowel movements which leads to unexpected leakage of liquid and/or solid stool.

Why it matters: Faecal incontinence is common in older adults. However, it is more common in people with palliative care needs and as a person comes to the end of their life.

Faecal incontinence can affect a person's health, dignity, and independence. It is also a hygiene concern.

Faecal incontinence is a risk factor for pressure injury in frail older adults. The leaking fluids affect the health of skin.

Careworkers are likely to notice if a person experiences faecal incontinence. Together with nursing/supervisory staff they can help manage any concerns and look for signs of new or ongoing needs.

What I need to know: The Bristol Stool Chart can be used to decide if a person's stool is healthy or not.

Food with increased fluid and fibre may be useful.

Consider the person's dignity when helping with toileting and assisting with their continence needs.

Do The person may be unhappy and ashamed about faecal incontinence – be calm and patient with them.

Do Make sure that it is easy and safe for a person to use the toilet – this can mean good lighting, safe bed height, safe toilet height, and clothing that is easy to wear and remove.

Do Observe toileting patterns of a person and support them to go to the toilet. Report to nursing/supervisory staff any change in toileting pattern, discomfort, straining or leakages, and document this in care notes.

Name:

My reflections:

When attending to a person's concerns with toileting and faecal incontinence, what should I consider?

What can I do to make it easier for the older person to use the toilet?

My notes:

See related palliAGED Practice Tip Sheets:

Constipation

Opioid Analgesics

Nutrition and Hydration

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Tips for Careworkers:
Frailty

What it is: Signs of frailty include unplanned weight loss, slow walking speed, weakness and low physical activity with the person feeling exhausted or tired.

Why it matters: Older people are not always frail or dependent. After the age of 80 years it is more common. Frailty affects a person's health, and ability to recover from poor health. Frailty and dementia together predict a more rapid decline and shorter life expectancy.

Knowing when older people with life-limiting illness are frail, helps us to know they are approaching death. Careworkers spend a lot of time with the older person and by reporting signs of frailty they can make certain that the right care is received.

What I need to know: Older people who are frail often have poor health, many conditions, falls and disability, as well as longer stays in hospital, and are more likely to die.

When a person is frail or at risk of becoming frail, illnesses such as infections are harder to recover from.

Older people and people with a life-limiting illness should be monitored for frailty so that care plans can be made to support their needs.

Do

Look out for non-specific signs of frailty:

- extreme fatigue
- slow walking speed
- unexplained weight loss
- many infections.

Do

Look out for specific signs of frailty:

- frequent falls
- fear of falling
- restricted activity
- delirium (acute change to their mental state)
- fluctuating disability (having good days and bad days) with, for example,
  - loss of interest in food
  - difficulty getting dressed.

Name:

My reflections:

What are some of the signs of frailty? How do I report these?

How many people in my care could be considered fail?

At what age does frailty become more common?

My notes:

See related palliAGED Practice Tip Sheets:

Cachexia, Sarcopenia, and Anorexia

Palliative Care

Recognising Deterioration

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Tips for Careworkers:

Grief and Loss among Older People, Families and Residents

What it is: Grief is a response to loss. It can affect all parts of a person's life.

Bereavement is the time of grief experienced by people following the death of someone close to them.

Why it matters: Grief and loss are common among people who receive care and their families. For people with palliative care needs or approaching the end of life, there may be more than one trigger for grief. Older people may be able to deal with grief, but signs of intense or ongoing grief should be reported.

Feelings of grief and loss can have a great affect on a person's physical health and mental wellbeing. Careworkers are likely to notice signs of grief in the people they care for. Cultural differences in grief should be respected.

What I need to know: Older people and their families may experience grief and loss due to the death of relatives or the death of friends or fellow residents. Family includes people (and pets) identified by the person as family.

Older people can also experience grief because of loss of independence (need for help from others), or not being able to do things that they once enjoyed.

Signs of grief in older people include:

- crying or finding it hard to talk of their sadness
- anger, anxiety or worry
- a change in eating habits
- losing interest in family, friends, or hobbies
- finding it hard to sleep, concentrate, or make decisions.

There is no right or wrong way to grieve. Offer the person and their family a chance to talk. For some people talking with a GP, counsellor, or pastoral care worker may help.

Note The person may not need answers or advice; listening to them may give the greatest comfort.

Do Let the older person know that grieving is a natural response to loss.

Do Spend time with the person in a gentle and unhurried way. Use phrases such as 'I'm awfully sorry for your loss' and then take time to listen to their response.

Name:

My reflections:

What are some of the reasons for which an older person may grieve?

What is one thing I can do to help an older person with grief?

My notes:

See related palliAGED Practice Tip Sheets:

Grief and Loss among Staff

Spiritual Care

Talking about Dying

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Tips for Careworkers:
Grief and Loss among Staff

What it is: Grief is a response to a loss. Bereavement is the time of grief experienced by people following the death of someone close to them.

Why it matters: Caring for others can be rewarding. But grief over the death of people you care for is not unusual. It may contribute to burnout and overwhelming stress.

Staff working in aged care look after many people who die. As a result, they may experience repeated grief. Sometimes it can lead to complicated or prolonged grief where grief is very intense and/or long lasting. Report to nursing/supervisory staff any feelings of grief that are very strong, last for more than six months or make it difficult for you to do your work appropriately.

What I need to know: Grief is a response to bereavement and loss. How people grieve varies. No-one can tell another how they should grieve.

There are bereavement services to help you deal with grief and loss.

Talking to your supervisor and colleagues about what you are experiencing can help. If you need more support, request their help to find it.

Note Ways of dealing with grief include:

- taking care of your own physical health
- acknowledging your grief
- talking with colleagues
- talking with pastoral care providers
- talking with bereavement counsellors
- talking with a GP.

Note Careworkers in aged care can develop close bonds with older people and families. You may experience grief.

Do Instead of ‘protecting yourself’ from future loss by keeping a distance from clients, learn ways to cope with grief and develop self-care. You can grieve and still care well.

Do Visit the ELDAC self-care room for self-care ideas.

Name:

My reflections:

Who can I talk with if I experience grief?

How could I start a conversation with other staff experiencing grief?

My notes:

See related palliAGED Practice Tip Sheets:

Grief and Loss among Older People, Families and Residents

Self-care

Talking about Dying

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Tips for Careworkers:

Myths about Morphine

What it is: Opioids are analgesics. They are medications often used to treat pain from terminal illnesses.

Morphine is an opioid. It is often used in palliative care to manage moderate to severe pain. There are other opioids. Myths are widely believed but untrue beliefs.

Why it matters: Morphine provides effective pain relief. The dose can be adjusted to reduce pain. Older people and their family may have heard myths about morphine and be concerned. Careworkers have direct contact with the person and their family and can ask nursing/ supervisory staff to answer any questions they may have.

What I need to know: Facts and common myths about morphine use.

Myth Once on morphine the end is near.

Fact Morphine properly used does not cause death, the underlying illness does.

Myth Enduring pain will enhance one's character.

Fact Pain decreases quality of life and causes suffering.

Myth Morphine is addictive.

Fact When given at the right dose to relieve pain, morphine is not addictive.

Myth Injections are better than oral.

Fact Oral preparations are as effective as injections; long-acting forms mean better pain control and less frequent administration.

Myth Side effects (nausea, vomiting, constipation, sleepiness, etc.) are due to allergies.

Fact Allergies to morphine are rare, side effects can be managed and should be reported to the prescriber.

Myth Tolerance to morphine will develop and higher doses will be needed.

Fact Tolerance develops slowly. Disease progression may cause increasing pain and increased need for analgesia.

Myth Morphine is a treatment for cancer.

Fact No, morphine is not a treatment for cancer, it is an analgesic medication used to relieve the symptoms of pain.

Name:

My reflections:

Why might a person need increasing doses of morphine?

Who should answer any questions that older people and their families might have about morphine or other opioids?

My notes:

See related palliAGED Practice Tip Sheets:

Opioid Analgesics

Pain Management

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PALLIATIVE CARE AGED CARE EVIDENCE

Tips for Careworkers:

Nutrition and Hydration

What it is: Nutrition is about the intake of food and how this helps health of the body. Good nutrition helps people stay healthy. Nutrition depends on the quality of food and how often we eat.

Hydration is about the intake of fluids to help with growth and health.

Why it matters: In the early stages of palliative care, nutritional intervention can help people boost tissue repair and general wellbeing and prevent infection. However, as people come to the end of their life, they may have less interest in food, and they may have difficulties with swallowing or tiredness. This can be due to many reasons. Careworkers can help by reporting any difficulties and assisting the person to eat and drink if possible.

Eating and drinking are important parts of a person's life and social interactions. The attitudes and values of the person and their family are important in the decisions about eating and drinking.

What I need to know: Good food and drink can improve a person's quality of life by reducing the effects of weight loss, improving wound healing and tiredness. In the early stages of palliative care the person may need help with eating and drinking.

Towards the end of life, a person may be less interested in food and drink. Changes in their body's function and activity may mean less nutrition is needed. The goal is to enjoy food and reduce food-related discomfort. Family and carers may be distressed if a person does not eat. They can be reassured and provide comfort through mouth care or assisting with drinks. Mouth care remains important.

Do Ask the person what foods and drinks they like, or if they cannot answer ask their family and look at their dietary plan. Report or record this information.

Do Offer meals or snacks when the person is most alert and receptive.

Do Report to nursing/supervisory staff if you think that the:

- person
  - is in pain
  - has poor oral health
  - is confused
  - has difficulty swallowing
- carer
  - is stressed about weight loss.

Do Help the person to eat or drink if they:

- have trouble being able to eat or drink
- are confused
- do not recognise food.

Name:

My reflections:

Why are nutrition and hydration important?

What can I do to encourage someone to eat? What do I need to be careful of?

My notes:

See related palliAGED Practice Tip Sheets:

Cachexia, Sarcopenia and Anorexia

Dysphagia

Oral Care

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Tips for Careworkers:
Opioid Analgesics

What it is: Analgesics are medications used to relieve the symptom of pain. Opioids are analgesics. They are often used to treat pain from terminal illnesses.

Morphine is an opioid. It is often used in palliative care to manage moderate to severe pain. There are other opioids.

Why it matters: Opioids provide effective pain relief. The dose can be adjusted to reduce pain. Like all medications there can be side effects. Careworkers are likely to notice if there are side effects or pain persists.

What I need to know: Opioids can be given by:

- mouth (orally)
- a transdermal patch (skin patch)
- injection
- subcutaneous infusion (syringe driver).

Morphine, properly used, does not cause death; the person's illness does. Like all medications there can be side effects. Constipation is common.

Tolerance (lack of response) develops slowly, but rapid disease progression may cause increasing pain and increased need for pain medication.

Older people and their families may be concerned about opioid use. Ask nursing/supervisory staff to answer any questions.

Note Be aware that a person may be given opioids or other analgesics.

Do Watch whether the person still has pain after being given analgesia. Careful repositioning and gentle massage may also help with pain relief.

Do When a person is taking morphine, it is important to note certain possible changes. Report to nursing/supervisory staff if the person shows signs of adverse effects such as:

- nausea or vomiting
- constipation
- sedation
- respiratory depression (slower breathing)
- dry mouth
- cognitive impairment
- delirium (confusion)
- hallucinations
- seizures.

Name:

My reflections:

Why are opioids used in palliative care?

What side effects of morphine should I look for and report to nursing/supervisory staff?

My notes:

See related palliAGED Practice Tip Sheets:

Myths about Morphine

Pain Management

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Tips for Careworkers:
Oral Care

What it is: Oral health covers the ability to eat, speak and socialise without discomfort or active disease in the teeth, mouth or gums.

Why it matters: People in need of palliative care or at the end of life often have poor oral health. Treatment for cancer can cause poor oral health. Good oral health is important to quality of life and wellbeing. It affects the person's ability to eat, speak and interact with others. Oral care provided by careworkers helps.

What I need to know: Poor oral and dental health can be associated with:

- dry mouth (xerostomia)
- bad breath
- bleeding gums, tooth decay and tooth loss
- being withdrawn and behaviour changes
- pain and discomfort
- swallowing and nutritional problems, and weight loss
- speech difficulties and problems with social interactions
- increased risk of respiratory infection or other infections.

Whether the older person has natural teeth or dentures, it is important to keep a good routine for cleaning the teeth, mouth and lips. The person may not say if they have pain or discomfort. Look for signs including pulling at face, chewing at lip or tongue or not eating.

Do

Remember when cleaning the mouth to:

- give explanations and allow time for the person to respond
- maintain regular routines in a quiet environment
- use a soft toothbrush which can be bent or a mouth swab
- always rinse the mouth with water
- ask the person to copy your actions of brushing or help the person brush their teeth
- use props to distract the person's hands while you gently brush their teeth
- ask a colleague or a dental hygienist to help.

Do

For denture care (false teeth):

- label dentures and soak in cold water
- use a denture brush for cleaning dentures morning and night
- encourage the person to remove dentures overnight if this is what they usually do
- encourage the person to remove dentures after each meal and rinse mouth with water.

Do

Report to the nursing/supervisory staff any changes in a person's mouth, teeth or lips or any pain or discomfort with oral care. Ask about the Oral Health Assessment Tool (OHAT).

Name:

My reflections:

What are three signs of poor oral health?

What can I do to make cleaning of the mouth easier for a person?

My notes:

See related palliAGED Practice Tip Sheets:

Advanced Dementia

Nutrition and Hydration

Dysphagia

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Tips for Careworkers:
Pain Management

What it is: Pain can be physical or emotional. Older people often have pain. This includes physical and spiritual pain.

Why it matters: Pain is a very common symptom in chronic progressive illness. People in need of palliative care often have more than one type of pain. Careworkers spend a lot of time with the older person and may notice signs of pain or changes in the level of pain experienced.

What I need to know: The expression of pain is different for everyone. It will be affected by the person's experience, attitudes, and beliefs. Palliative care helps to manage pain and improve quality of life. The aim is to manage pain in line with the person's wishes.

Pain that is not properly treated can cause:

- a person to eat and move less
- a person to avoid other people
- poor sleep
- depression
- family distress.

Unrelieved pain may affect cognitive function. It may contribute to an increase in challenging behaviours and delirium.

Nursing staff are responsible for assessing a person's pain. Careworkers can play a part by reporting discomfort noted during care.

Do

Careworkers can look out for signs:

- report if a person has had any difficulties with walking, moving, normal activities
- report if a person says they are in pain
- monitor the person's response to prescribed pain treatments
- notify a nurse/supervisor if comfort measures have been tried but are not effective
- report any discomfort.

Do

You can help relieve pain:

- by repositioning the person
- by reassuring the person, by word and by action, that they are safe
- with therapies e.g., gentle massage or application of warmth.

Do

Careful positioning of people who are immobile can minimise muscle pain and cramps.

Name:

My reflections:

What are some of the signs that a person is in pain?

What comfort measures could I try to reduce the pain felt by an older person?

Who would I speak to if an older person is crying out in pain during care?

My notes:

See related palliAGED Practice Tip Sheets:

Myths about Morphine

Opioid Analagesics

Palliative Care

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Tips for Careworkers:
People with Specific Needs

What it is: Some people may have specific care needs related to their cultural or linguistic (language) background, sexuality, religious or faith beliefs, life circumstance or location. People may identify with one or more of these attributes.

Why it matters: Culture is not just about language, ethnicity or nationality. It is also about identity and relationships, and shared (sometimes painful) experiences.

Events early in life may significantly affect health and wellbeing in later life. Understanding the person's circumstances is an important part of person-centred care.

What I need to know: There are many recognised specific groups in aged care which include people who:

- identify as Aboriginal and/or Torres Strait Islander
- are from culturally and linguistically diverse (CALD) backgrounds
- live in rural or remote areas
- are financially or socially disadvantaged
- are veterans of the Australian Defence Force or an allied defence force and their spouse, widow or widower
- are homeless, or at risk of becoming homeless
- are care leavers (people who spent time in care as a child, Forgotten Australians, Former Child Migrants and Stolen Generations)
- as parents, were separated from their children by forced adoption or removal
- identify as lesbian, gay, bisexual, trans/transgender or intersex (LGBTI)
- have a disability
- are refugees or asylum seekers
- are prisoners.

It is important to be aware of people's privacy and know who you may share information with.

Note Everyone is a unique person with their own life and life story. Some issues are complex, you may or may not be able to help them. If you have concerns talk with nursing/supervisory staff.

Do If you are uncertain about a person's culture, beliefs or specific needs, ask questions in a respectful way, for example 'Good morning Mrs xxx, could I ask you about something?'

Do Ask 'Are there religious or cultural practices that affect the way you wish to be cared for?' or 'Is there anything I need to know about you and your preferences in order to care for you?'

Name:

My reflections:

When meeting someone I will be caring for how do I respectfully understand their specific needs?

Sometimes in caring for people we learn things about them which do not affect their care. How can I respect their care yet address things that I have learnt that are of concern?

My notes:

See related palliAGED Practice Tip Sheets:

Anxiety

Continuity of Care

Psychosocial Assessment and Support

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Tips for Careworkers:

Psychosocial Assessment and Support

What it is: Psychosocial support includes mental well-being and social aspects of a person's life. It responds to emotions, thoughts, attitudes, motivation, and behavioural needs as well as their social circumstances. This includes their sense of identity, relationships, or living arrangements.

Why it matters: Older people can have stress related to frailty, loss of independence, money, changed living arrangements, or social isolation. A life-limiting illness can make it even harder to adapt and cope. Together this can lead to anxiety, depression, grief, distress, and loss of identity and meaning.

Identifying and addressing a person's psychosocial needs is important. Recognising and understanding the family's role and need for support is also important.

What I need to know: Ongoing meaningful conversations can help to identify any needs or concerns.

Psychosocial needs are best addressed by a multidisciplinary team. This can include careworkers, counsellors, GPs, medical specialists, nurses, pharmacists, psychologists, occupational therapists, and social workers.

Friendly communication is important especially if the older person is feeling lonely or isolated.

Information about support groups for carers might also be helpful for families.

Do

Tips for talking:

- Take time to talk with and understand the older person and their family
- Take time to reflect on what they have said
- Ask them how they feel and what they think they need
- Use open questions that require more than a 'yes' or 'no' answer, e.g. 'What would help?' is better than 'Do you need help?'
- Encourage them to participate in activities and connect with others in the facility or their community.

Do

Look out for physical symptoms such as breathlessness, not sleeping well, pain, sadness, crying, or weight loss. Let your supervisor know if you notice any of these.

Do

Talk with your supervisor about massage, art therapy, music therapy, spiritual support, or counselling for the older person.

Name:

My reflections:

What approaches to psychosocial care are used in my workplace?

How can I support a client or resident's psychosocial needs?

My notes:

See related palliAGED Practice Tip Sheets:

Person-Centred Care

Talking About Dying

Supporting Families

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Tips for Careworkers: Recognising Deterioration

What it is: Deterioration is when a person's state of health declines (worsens). They may:

- become bedbound (stay in bed)
- spend more time sleeping or resting
- have reduced intake of food (eat less)
- have difficulty with swallowing, or
- have fluctuating consciousness.

Why it matters: Recognising that a person is deteriorating is important so that:

- this can be discussed with the person and their family
- care is reviewed with the person (if able), the family and GP
- a palliative care plan or pathway can be started or changed
- care is given in line with the person's wishes
- symptoms are managed appropriately
- support to the person, the family and staff can be provided.

Careworkers often care for people on a daily basis and may notice signs of deterioration.

What I need to know: Many people suffer from chronic (long-term) conditions that are not always recognised as life-limiting (e.g., dementia).

The terminal or end phase of care for conditions like dementia and organ failure can extend over months or years. Signs of deterioration should be reported to nursing/supervisory staff.

Do Look out for and report to the nursing/supervisory staff if:

- a person has changes in level of usual activity or engagement including a reluctance to get out of bed
- a person needs help from others for care due to increasing physical or mental health concerns
- a person loses weight or stays underweight
- a person has poor general health that is getting worse or not improving
- symptoms persist despite appropriate management
- there are emergency transfers to hospital
- the carer increasingly needs help and support.

Do Ask nursing/supervisory staff about SPICT4ALL, a tool to identify when a person's health is declining.

Do Ask nursing/supervisory staff to show you the forms used to help determine deterioration.

Name:

My reflections:

What tool can be used to tell if someone's health is deteriorating?

What changes should I report to nursing/supervisory staff?

My notes:

See related palliAGED Practice Tip Sheets:

Case Conferences

End-of-Life Care Pathways

Frailty

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Tips for Careworkers: Respiratory Secretions

What it is: When people have an infection of their airways or if they have difficulty swallowing then there can be a build-up of fluid in the respiratory tract. When they breathe and air passes through the fluid this can result in noisy breathing.

Why it matters: Noisy breathing is one of the most common terminal phase symptoms in people who are dying. Being unable to swallow or cough is common in people who are weak.

What I need to know: Noisy breathing due to respiratory secretions is often called 'rattle' or 'death rattle'.

The noisy breathing does not usually worry the older person. However, the family and carers may be concerned.

Note Noisy breathing due to respiratory secretions might be referred to as 'death rattle' or 'rattling'.

Do If the older person has noisy breathing, try repositioning them from side-to-side in a semi-upright position.

Do If family or carers are distressed by the person's noisy breathing let the nurse/ supervisor know so that they can explain what is happening.

Do If the older person is given medication for noisy breathing let nursing /supervisory staff know if you notice side effects including:

- delirium / agitation
- sedation (sleepiness)
- dry mouth
- urinary retention (not passing urine).

Do Continue to provide mouth care often.

Name:

My reflections:

Does 'death rattle' worry the older person?

Does my organisation provide any material for family and friends to help them better understand what 'death rattle' is?

My notes:

See related palliAGED Practice Tip Sheets:

Oral Care

Signs of Imminent Death

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Tips for Careworkers:
Signs of Imminent Death

What it is: Imminent death means that the older person is likely to die in the coming hours, days or weeks.

Why it matters: Recognising when death is near is important because it allows the older person to spend time with their friends and family of choice if that is their wish. It also alerts their health care team to the need for terminal care.

What I need to know: The signs of imminent death include:

- weakness - totally bed-bound and requiring extensive nursing care
- sleepy and not responding to sound or touch
- difficulty with swallowing or inability to swallow
- reduced eating and drinking
- reduced or no urine output
- changes in breathing pattern including noisy breathing or very long pauses between breaths
- skin that is cool to touch.

Communication from the older person may not be possible. Look for signs such as agitation, restlessness, facial expression, body posture and changes in breathing.

Care should continue with cultural and spiritual needs respected.

Do Let your nursing/supervisory staff know if you notice any of the signs of imminent death.

Do Continue to care for the person and make sure that family know that death is likely so that they can say goodbye.

Do Listen to any concerns and opinions of the family and let nursing/supervisory staff know of these.

Do Offer emotional support appropriate to the older person's needs and preferences.

Do Continue to talk calmly with the person and let them know what you are doing - hearing is believed to be the last sense to be lost.

Name:

My reflections:

What signs should I look for that might mean a person is likely to die soon?

Who should I speak with if I think a person in my care is approaching death?

My notes:

See related palliAGED Practice Tip Sheets:

Distress at the End of Life

Recognising Deterioration

Spiritual Care

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Tips for Careworkers:
Skin and Wound Care

What it is: Wounds are damage or breaks of the skin and are common at the end of life. Wounds include:

- pressure ulcers
- ischemic wounds
- skin tears
- skin changes.

Why it matters: The skin is an organ. The skin deteriorates with advanced disease. As the body weakens with age, severe illness, or multiple illnesses, wounds can become more common. Wounds affect a person's quality of life due to:

- pain
- unpleasant smell
- putrid or bad smelling discharge
- disturbed sleep
- the time it takes to look after a wound.

A person with a wound or skin changes may feel embarrassed. They may not want to be around other people.

Wounds can be worsened by:

- poor handling technique
- rushing the person during care
- poor hygiene
- inadequate wound care.

What I need to know: Despite good wound care, wounds may not heal. However, wound care should be continued to prevent more damage.

Note

Remember that the person will be more comfortable if they have regular pain medication and if they are given analgesics before starting wound care.

Do

Report to nursing staff:

- pain during wound care or when moving
- skin changes - redness, dryness, itchiness
- skin tears or ulcers
- smell
- oozing or bleeding
- any worsening of a known wound.

Do

Follow hand hygiene steps so that your hands are always clean.

Do

Protect the person from injury by:

- careful positioning to avoid friction and shearing forces, bumps and scratches
- avoiding vigorous skin rubbing
- appropriate continence care
- cleaning skin with gentle skin cleanser and thoroughly drying
- protecting skin with water based skin moisturiser
- using pressure relieving devices.

Name:

My reflections:

What changes in the skin should I report to nursing/supervisory staff?

Skin deteriorates with advanced diseases. What approaches to care can be taken to avoid skin damage and wounds at the end of life?

My notes:

See related palliAGED Practice Tip Sheets:

Cachexia, Sarcopenia and Anorexia

Frailty

Pain Management

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Tips for Careworkers:
Spiritual Care

What it is: Spirituality can be a person's connection to other people, to nature, or to what gives them meaning and purpose.

Spirituality depends on the person. It is not always about religion.

Why it matters: For many people, spirituality is important throughout life and at the end of life. Spiritual pain may lead to a physical response (e.g., increased pain) or an emotional response (e.g., anxiety, depression, or anger).

What I need to know: Spiritual support is an important aspect of palliative care. Showing respect and support for a person's spirituality can reduce the distress of being ill or dying.

People may appreciate opportunity for discussion with chaplaincy staff, spiritual care practitioners, or faith representatives.

Do

When you interact with the person use:

- appropriate touch
- eye contact if appropriate
- a welcoming unhurried approach to conversation and listening so that the person feels heard and valued.

Do

Be sensitive and respectful of the spiritual, cultural and religious needs of people in your care and their families.

Do

Offer opportunities for a connection with spiritual practices outside of those in the place of care.

Name:

My reflections:

What can I do to support someone's spirituality?

How can my own beliefs affect how I care for other people?

My notes:

See related palliAGED Practice Tip Sheets:

Distress at the End of Life

Grief and Loss among Older People, Families and Residents

Talking about Dying

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Next Steps for Careworkers

What can I do next as:

A beginner

- Start a personal learning folder
- Complete the palliAGED Introduction Modules and add the completion certificates to my learning folder.

An intermediate learner

- Visit the palliAGED Practice Centre for more tips and discuss these with my supervisor
- Complete the ELDAC personal learning assessment
- Do some online training e.g., PCC4U and The Advance Project (Dementia) for careworkers.

An advanced learner

- Map my specific knowledge needs with the palliAGED course selection tool
- Build specific knowledge with resources in the palliAGED Practice & Evidence Centres.

What can my organisation do for:

Beginners

- Order palliAGED Practice Tip Sheet booklets for all staff members as part of induction
- Ask to install palliAGED Introduction Modules onto the local LMS
- Print out palliAGED Tip Sheets for the staff room
- Discuss how the palliAGED Practice Tip Sheet topics overlap with the aged care standards.

Intermediate learners

- Promote online education including the National Palliative Care program courses listed in the palliAGED Practice Centre
- Use selected Tip sheets and modules to start discussions about local care issues
- Arrange for an onsite PEPA workshop.

Advanced learners

- Promote the palliAGED Practice Centre
- Discuss options for further education with staff
- Arrange for Reverse PEPA placements.

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