

# Tips for Nurses: Palliative Care



**What it is:** Palliative care is an approach that improves the quality of life of people and their family and carers who are facing concerns associated with a life-limiting illness. This means that the person is expected to die in the foreseeable future and before they would have without the condition. This can be true for people at any age including the elderly.

**Why it matters:** The prevalence of chronic life-limiting conditions and the number of older people requiring palliative care is increasing. Nurses in aged care have a key role in assessing individual needs and supporting the person, their carers, and families in line with their care goals.

**What I need to know:** The aim is to support people with life-limiting illness to live the best life they can to the end.

Dementia, cancer, and advanced heart, lung, kidney and liver disease, are all examples of life-limiting chronic conditions. People with these conditions can benefit from palliative care in addition to usual acute and primary care as needed. The time course from diagnosis to death varies.

Palliative care can provide the person with pain relief and manage symptoms and medicines associated with the condition(s), as well as providing spiritual, emotional, and social support. The timing of palliative care depends on the individual and the condition.

Palliative care is a person-centred approach to care often taken with older people requiring daily support to improve quality of life and minimise any pain and discomfort. Difficulty in managing symptoms may reflect unrecognised palliative care issues and needs. This could signal the need for palliative care specialist intervention.

People needing palliative care may have social and cultural needs. Common care issues include:

- pain
- anxiety
- dyspnoea
- dry mouth
- dysphagia
- fatigue
- constipation
- depression.

The metabolism of older people and people with a serious illness can change over time. Monitoring for adverse reactions to medications is required.

## Actions

As a person's needs change, palliative care helps with care planning, declining health, dying, and bereavement.

**A complete** biopsychosocial history should be documented and include the presence of any life-limiting or chronic illness.

**Refer to** the person's advance care directive when planning palliative care. Consider psychosocial needs, review symptoms and emotional and psychological needs. Allied health professionals may assist in providing care.

**Some common signs** that may indicate things are changing and palliative care needed are:

- less interest in doing things they enjoyed before
- changes in how they act and talk
- less interest in food and eating
- weight loss
- being less physically active e.g., getting slower and less mobile
- incontinence
- difficulties swallowing.

**Notify** the prescriber or other health professional if you notice any adverse reaction to pain or other medications. A review by a pharmacist may identify concerns with medications.

## Tools

In line with the policies of your organisation the following tools may be useful:

**SPICT tool** helps health and care professionals to identify people who are declining in health and might benefit from better supportive and palliative care.

**Needs Assessment Tool: Progressive Disease (NAT:PD)**

**Name:**

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## My reflections:

How many of the people I care for would benefit from palliative care? What changes would prompt me to make a referral to a GP or palliative care specialist?

Careworkers spend a lot of time with the clients and residents. In my organisation how do they relay information to nursing/supervisory staff?

How do I support the team that I work with to provide palliative care?

## My notes:

See related palliAGED Practice  
Tip Sheets:  
Advance Care Planning  
End-of-Life Care Pathways  
Pain Management

For references and the latest version of all the Tip Sheets visit  
[www.palliaged.com.au/Practice-Centre/For-Nurses](http://www.palliaged.com.au/Practice-Centre/For-Nurses)

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