

JCECC International Conference 2021

Die at Home from Nursing Perspectives

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DYING AT HOME

Peace of mind

Sense of control

Dying with dignity

Comfort of their
own home

Without worrying
about hospital
protocol and visiting
hours

Allow to care with
their cultural,
spiritual or religious
wishes and beliefs



Spelten et al (2019)

PALLIATIVE CARE AND DYING AT HOME OF CHOICE

Requires coordinated support from the palliative home care team and other service providers in the community

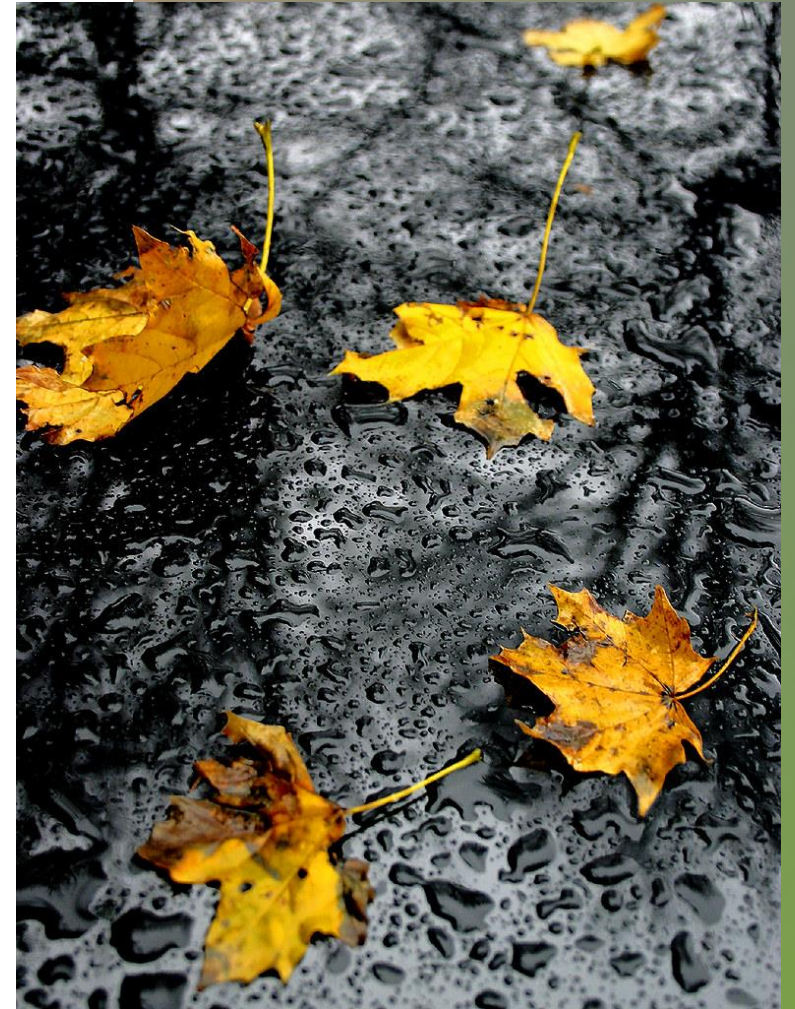
Requires a system and mechanism to ensure standard of care

Advance care planning can help to respect choices of dying at home

QUALITY OF DEATH AND DYING

Nurse responsible for:

- providing comfort care to dying patients
- Assist patients in making difficult decisions
- Advocating and facilitating end-of-life care discussions
- Ensure best medical and nursing care
- Provide quality outcomes



MAJOR OBSTACLES TO DYING AT HOME

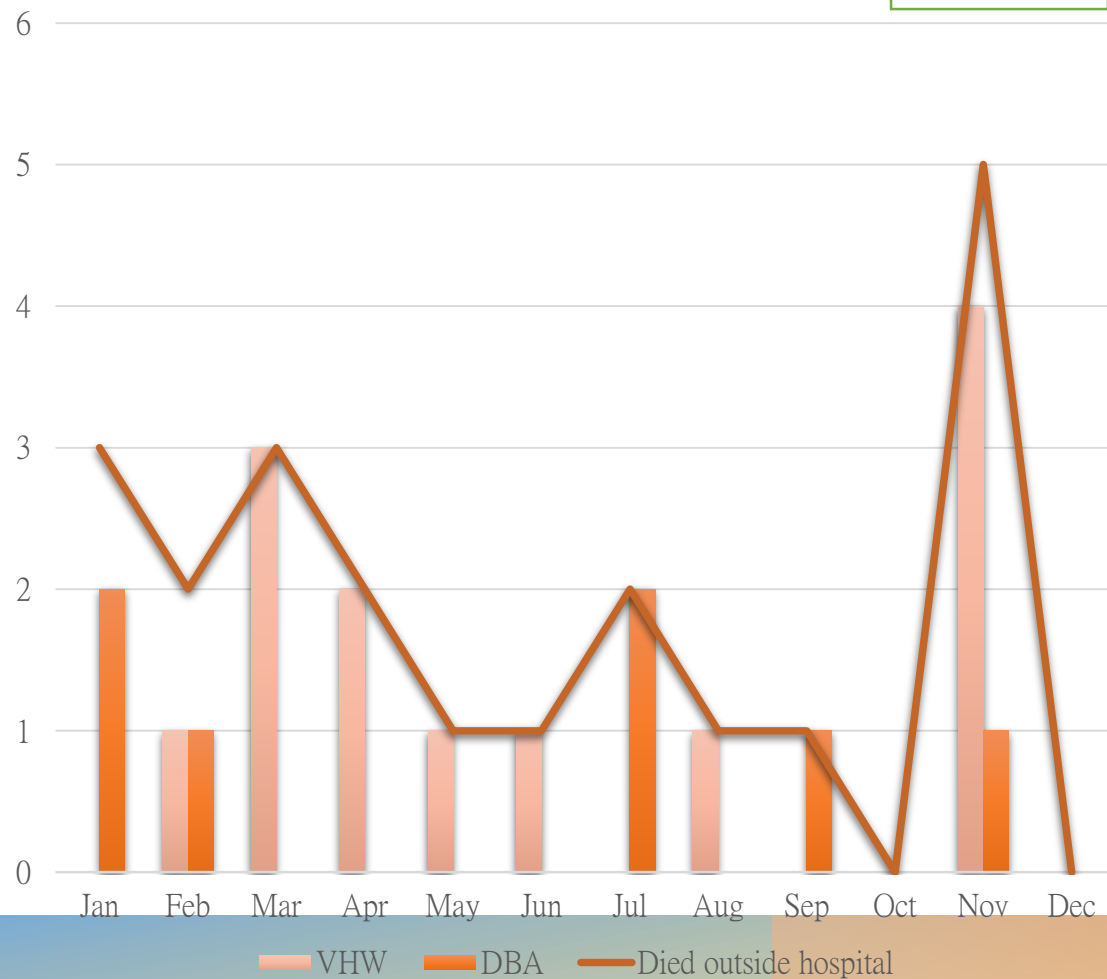
- Social taboos
- Affect the property value of the house (in Hong Kong)
- Lack of adequate care and facilities available at home
- Fear uncertain dying process
- Handling of body after death
- Availability of medical doctor
- Lack of sufficient ancillary medical support
- Legal obstacles (for dying in RCHE)
- Limited time for government procedures
- Coordination with funeral parlour



NO OF PATIENTS DIED IN VIRTUAL HOSPICE WARD(VHW) OR DIED BEFORE ARRIVAL(DBA) UNDER RUTTONJEE HOSPITAL PC TEAM

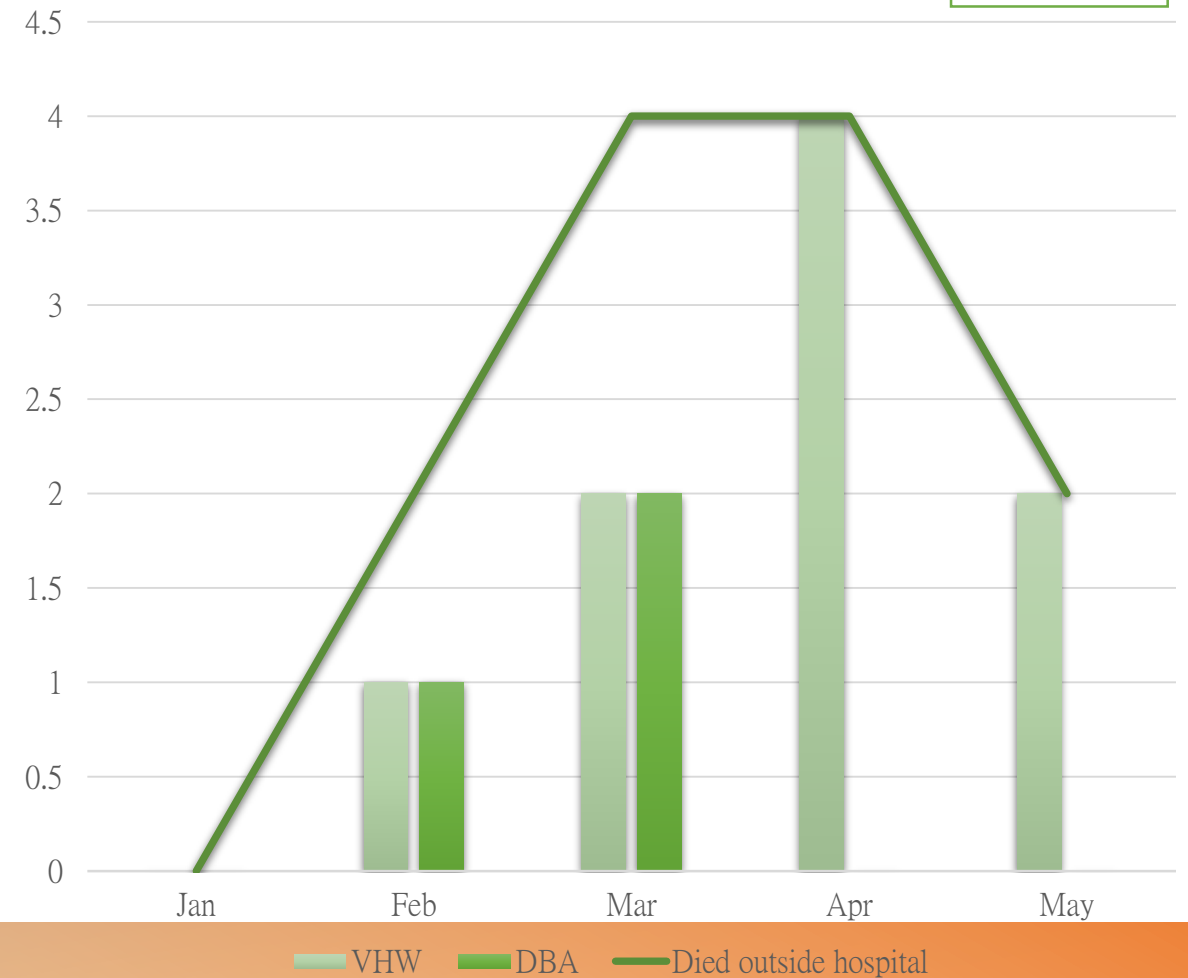
2020

No. =18



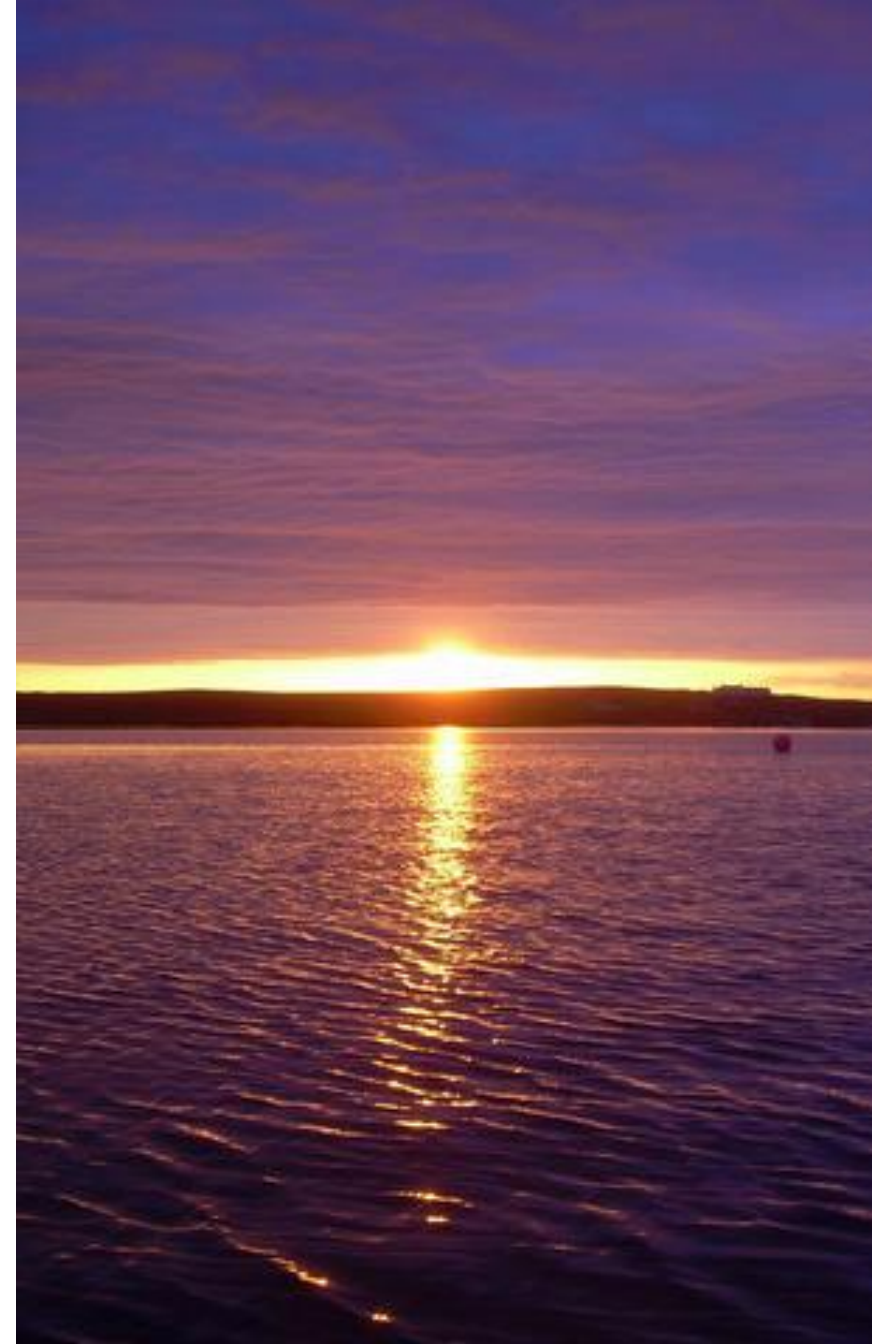
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TO HELP THE PATIENT TO ATTAIN A PEACEFUL DEATH, OUR NURSE SHOULD HAVE

- Appropriate attitude
- Appropriate knowledge and skill
- Compassion
- Being available and present



FACILITATING
PATIENTS
DYING AT
HOME



Living environment

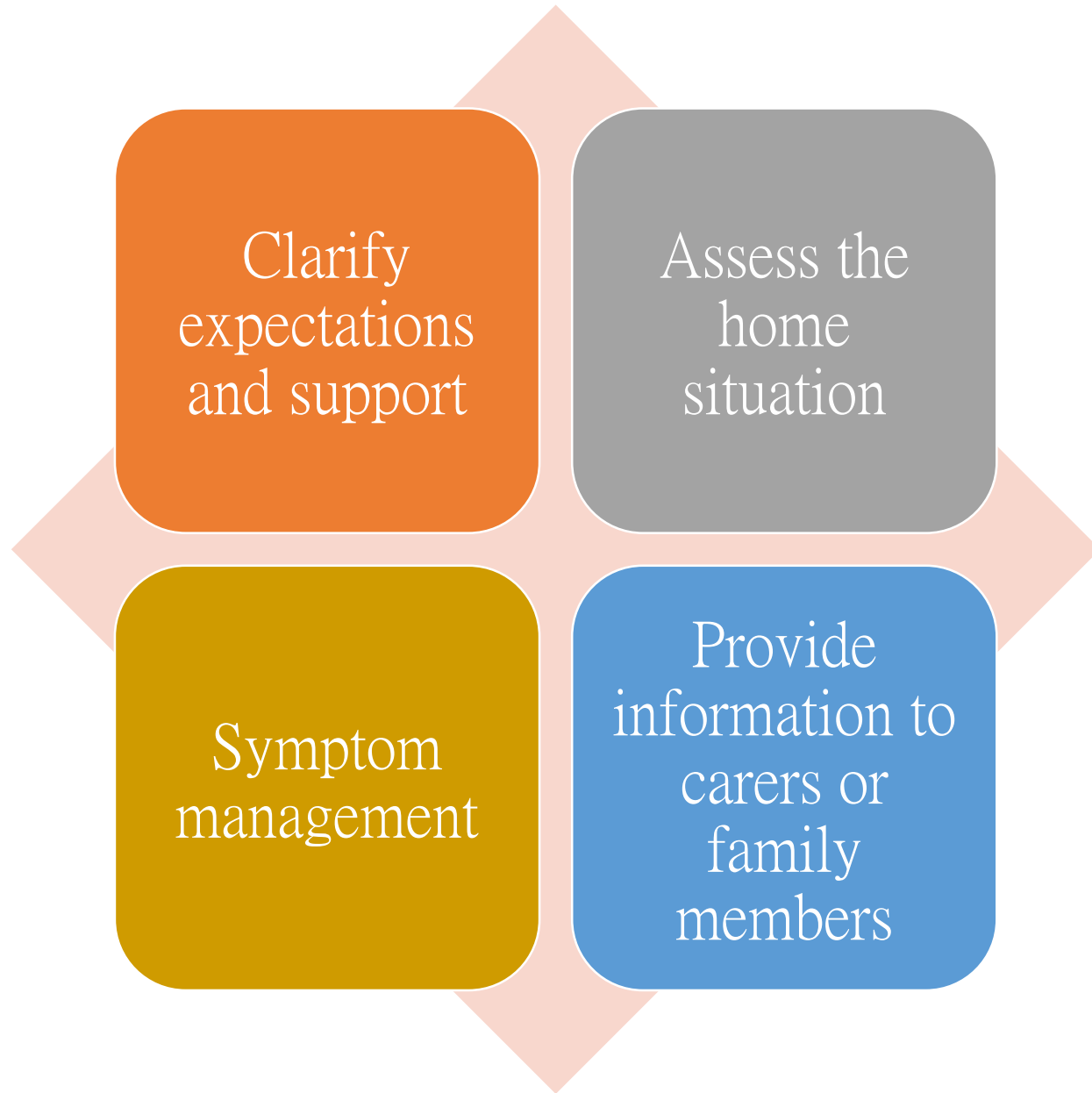
Palliative home care team support

Good symptom control

Adequate psychosocial support

Effective coordination of care

PLANNING



ROLE OF HOME CARE NURSE

- Case management
- Regular home care nurse visits
- Pain and symptom management
- Communication, coordinates and collaborates with physician or other team members
- Individualized care plan
- Education about self-care
- Emotional preparation and support



RECOGNIZE
DEATH IS
APPROACHING

Profound weakness

Drowsy or reduced cognition

Diminished intake of food and fluids

Difficulty swallowing medications

Cold and mottled extremities

Vital sign and breathing changes



ROLE OF THE HOME CARE NURSE IN SUPPORTING THE CARER

- Treat with compassion and respect
- Assess the applicability of advance care plan at dying phase
- Provide information and education
- Involve spiritual care worker when necessary



HOW TO SUPPORT CARER / FAMILY WHEN THE PATIENT IS APPROACHING DEATH

- Invite to express worries and misgivings
- Active listen to family concerns
- Give clear and caring message
- Reassurance that they are not alone
- Ask for and accept help
- To honor spiritual, traditions, religions and cultural belief
- Facilitate communication with patient e.g. to say goodbye, thank you or ask for forgiveness
- Educate about the moving body & funeral arrangement

SPECIAL ARRANGEMENT OF PATIENT DIED BEFORE ARRIVAL AT AED UNDER HKEC END-OF-LIFE PROGRAM



Patient is critically ill or died at home



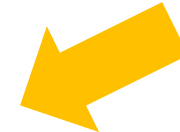
Call ambulance to AED



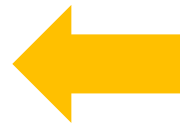
Patient died on / before arrival



AED doctor check & confirm the validity of the documents (AD;DNACPR;" Eo L Care Program" memo)



Admission into "Virtual Hospice Ward" and AED inform Palliative Care nurse



Palliative Care Dr prepare relevant medical certificate



Perform standard procedure aftercare

BEREAVEMENT SUPPORT

Address	Address the needs for bereavement support of the family before, during and after the death of patient
Phone	Phone call or bereavement visit to bereaved family / carer to identify their emotional status
Provide	Provide emotional support, information and educational resources to family to handle grief
Help	Help in adapting to the role changes
Make	Make referral to other agencies when necessary





Thank you