Manual for Caring Death and Bereavement

During this module, you will be asked some questions to simply provoke thought and test your current knowledge please have a notepad or supervision workbook to hand to make notes. Your performance will only be measured by the answers you select when completing the knowledge test at the end of the module.

Contents

Learning Outcomes

- Understanding what actually behavior is
- Knowing how to reduce challenging behavior through person centered approach
- Recognizing that poor care and lack of understanding can cause challenging behavior
- Knowing about challenging behavior
- Understanding the facts that inflict challenging behavior

Complementary Manuals

- Equality, Diversity and Inclusion
- Promoting Dignity and Compassion in Care
- Mental Capacity Act 2005
- Improving Outcomes for People with Dementia
- Safeguarding Adults at Risk

Before beginning this manual, a think about and make some notes on the following questions using your personal experience and existing knowledge:

1. What types of behavior do you consider to be challenging?
2. Who might exhibit challenging behavior?
3. Who might be affected by challenging behavior?
4. Why might people behave in ways which are challenging?

Chapter One

Caring a 'Good' Death

"I'm not afraid of death; I just don't want to be there when it happens." — Woody Allen

The certainty of life lies in its inevitable end; the experience of losing loved ones and providing care during their final moments is an inescapable reality. The conclusion of our journey demands dignity, compassion, and the chance to depart according to our wishes.

What constitutes a "good" death varies among individuals, and part of your responsibility is to comprehend your clients' perspectives and discover means to honor and accomplish their preferences.

Addressing the distinct requirements of the person and their loved ones becomes crucial in end-of-life care. However, determining when this care is necessary poses challenges, as defining the exact moment of dying remains elusive.

For example:

- Diagnosis of a terminal illness such as an aggressive form of cancer may occur years before death
- A potentially life-threatening illness or accident may be recovered from
- Death may occur 'out of the blue' without any chance to prepare or plan

As a standard guideline, the initiation of end-of-life care should occur within a maximum of 12 months before the anticipated time of a person's passing and should adapt to the evolving requirements during this duration.

Respecting Life

Never lose sight of the fact that the individual is still alive even if it's critical to pay attention to their mental and bodily changes. Don't assume that your clients will want to spend their time moping around; instead, assist them in making the most of what little time they have. Follow the example of the person who is nearing death; if they can face their present and future with humor and hope, so can you.

Doctors and other medical specialists can help you, but you must also make sure to respect the client's individuality. Learn about their preferences, routines, and requirements so that you may deliver person-centered care as needed.

The National End of Life Care Strategy, the government's most recent advice on end-of-life care, was released in 2008 and identified four main areas requiring growth. It serves as a guide for the provision of social care and includes the following standards and approaches:

- Communication skills
- Assessment and care planning
- Symptom management, comfort and wellbeing
- Advance care planning

This booklet will examine each of these concerns and assist you in comprehending best practices for the treatment of terminally ill patients and their loved ones.

Person-Centered Measures

The Care Quality Commission is of the opinion that in order to adequately meet people's care needs, care must be provided in a way that takes individual needs into account. As a result, they advocate for a person-centered strategy in which the person becomes the focal point of a care partnership. Together, clients and caregivers develop original strategies for preserving physical and mental health and raising quality of life.

Person-centered approaches to care are based on several core values which include:

- Independence
- Dignity
- Privacy
- Rights
- Choice
- Respect
- Partnership
- Individuality

Note: Take a moment to think about some factors which may affect the choices people make about end-of-life care and funeral arrangements.

Person-Centered Arrangement

Your ability to create a thorough care plan for your client depends on how well you get to know them. When you learn something or see something that helps you understand a person's requirements, make an appropriate note and let your coworkers know what you learned. When disclosing information, obtain the client's permission and explain your motivations to them.

A client's anonymity and sensitive information must be protected, but it's also crucial for everyone involved in their care to comprehend them and know how to provide for their requirements in a way that is both individually and culturally appropriate. Everyone needs to be aware of how to get around Mrs. Jones' hearing issues so she may engage in events, for instance. Likewise, if Mr. Kimber tells you that he enjoys listening to musical songs because they make him think of his wife, this needs to be reflected in his care plan.

When people are in their final hours or days, a thorough care plan will be very helpful. They may have become very physically and mentally weak and be unable to express their feelings, so this record informs those who are caring for them about their hopes and fears, their sources of comfort, and the people who matter to them. Although the wishes and preferences listed in care plans might not have legal force, every effort should be taken to abide by them whenever feasible to promote a dignified demise.

Confirming a Good Death

Every client has the right to receive fair and appropriate treatment from those who provide them with care, and this right is unaffected by any physical or mental impairment. Each patient has a right to care that respects their individual, cultural, and religious needs without bias or condemnation. Laws such as the Equality Act 2010; the Human Rights Act 1998; and the Mental Capacity Act 2005 protect these rights (see Chapter 3).

Equality Act 2010

This Act clarifies and strengthens current laws that guarantee people the right to receive fair, equitable treatment without discrimination, regardless of their health, history, circumstances, or beliefs.

The Act covers 9 ‘protected characteristics:

- Age
- Disability
- Gender Reassignment
- Race
- Pregnancy or maternity

- Religion / Belief
- Marriage or civil partnership
- Sex
- Sexual orientation

Care providers must make sure that personnel abide by the Equality Act's prohibitions against imposing personal opinions, attempting to persuade others, and criticizing others' lifestyle decisions.

The preferences and beliefs of the client must be honored before, during, and after death.

The Human Rights Act 1998

All of us are protected by the Human Rights Act against the activities of governmental entities like councils and NHS trusts. Following is a list of rights that are especially pertinent to the delivery of care:

- Article 2 – right to life
- Article 3 – protection from torture or inhuman or degrading treatment
- Article 5 – the right to liberty and security of person
- Article 6 – the right to a fair trial
- Article 8 – the protection of private and family life
- Article 9 – freedom of thought, conscience and religion
- Article 10 – freedom of expression
- Article 14 – freedom from discrimination

With regard to all of these rights, it is understood that individuals should not be subjected to cruel or inhumane treatment, should not needlessly be shackled, and should not have their freedom of movement curtailed. They need to be allowed to voice complaints about the care they get and receive assistance in comprehending and standing up for their rights.

People must be permitted to practice and express their religions as well as have their right to privacy and to a stable family life protected.

People who are dying are more likely to be abused and treated in ways that violate their privacy and dignity. When their physical and mental health declines, you must defend them from danger and advance their rights.

For good practical examples of how this Act might affect your life or the lives of your clients download 'Ours to Own Understanding Human Rights' from www.equalityhumanrights.com

Significant Communication Skills

Caregivers who deal with delicate topics with patients and their loved ones must have excellent communication skills. ***You should be capable of:***

- Talk to clients and others appropriately, without embarrassment or offense
- Encourage them to speak honestly to you
- Demonstrate tact, empathy and compassion
- Record appropriate information and know when and how to share it

If customers are to be given the freedom to make their own decisions, death cannot be disregarded. There is a chance that if it is not openly acknowledged, their death may not take place how and where they would have preferred. Even though death is unexpected and some things may be out of our control, we can make preparations for what we would like to happen if the situation permits.

All consumers should receive the necessary facts to enable them to comprehend the justifications for and advantages of discussing death. However, there shouldn't be any pressure to discuss death, and caregivers need to be sensitive to whatever distress the client may be feeling.

There are different ways in which clients can make their feelings known including:

- Through formal planning sessions with caregivers, loved ones and doctors
- In conversation
- Through comments about deaths within the home, in the news or on television
- By recording their wishes either informally, or as legal documents such as advanced care plans (see Chapter 3).

You must make sure that your interactions with your clients are productive and properly handled when the time comes to talk about death and dying. Use your active listening abilities to demonstrate your attention by using supportive language and gestures, such as "go on" and "I hear you," taking notes when necessary, and occasionally checking your understanding by asking questions.

Focus on the client and give them the impression that they can speak freely and at their own pace. Avoid appearing hurried or uncomfortable. Do not overstep your bounds by making promises that you are unable to keep, and if a client has questions that you are unable to address, locate someone who can instead of telling them what they want to hear.

Reduce ambient noise as much as possible; radios, televisions, and general chitchat and clatter will all make it harder to hear conversation. Be sure to speak in private if you are discussing sensitive material.

Position yourself so the other person feels at ease. Make sure they can see you, keep your distance to allow them room, and go down on their level, which means sitting if they are seated. If it is appropriate and permissible, get closer and give the person a hug to make them feel better about you. You could delicately brush their arm or shoulder (avoid caressing their legs or any other areas of their body that might be viewed as "intimate").

Avoid employing gestures that may be insulting to some people, such as hand signals or shrugs, and always have an open, welcoming demeanor. In order to make it as simple as possible for the client to comprehend you, speak plainly without using slang, profanity, or jargon.

Points of Thought

Today, most people end their lives in a hospital rather than at home, further separating death from our regular experience of life. It's now simpler to shield youngsters from the reality of death as our population ages and youth fatalities become less frequent; it's now conceivable to live a large portion of your life without ever seeing a dead body.

Death is becoming a taboo subject that people find it harder to talk about, make decisions about, or deal with emotionally when it occurs, even while certain changes are undoubtedly favorable.

If the fear and avoidance of death grip us, we might resort to any means to extend life, regardless of its quality or the individual's preferences. Confidence in families' ability to care for the dying has dwindled, compelling them to entrust their loved ones to hospital care. Honest conversations about death are often evaded, replaced by euphemisms like 'gone to sleep' or 'passed on,' and contemplation of one's mortality or the potential loss of a loved one is avoided. As a result, when death does occur, especially among younger individuals, their families and friends may find themselves ill-prepared to cope with the grief and sorrow, increasing the likelihood of falling into depression.

Chapter Two

Need Analysis

The clients you support have 4 main types of needs:

- Physical
- Psychological
- Social
- Spiritual

(The National Council of Palliative Care, 2006)

Comprehensive and ongoing assessments of client requirements are necessary to be able to offer appropriate end-of-life care, and these assessments should be utilized to develop care plans. These evaluations must be comprehensive, taking into account the person's overall well-being as well as their physical requirements.

As a result of altered physical and mental states in the final days and weeks of life, people may develop highly specialized needs; Chapter 4 will explore support during this time. This chapter takes a more comprehensive look at how we encourage health for those who are anticipated to die.

Physical Needs

The physical needs of clients must be carefully evaluated at admission to care and on a frequent basis thereafter to ensure they receive the proper support.

Consider for a moment how you and your colleagues track or evaluate customers' physical capabilities, medical issues, etc. Why not jot down some notes to serve as a reminder and a test of your present understanding or way of thinking?

There are many issues that must be considered when identifying clients' physical needs; they include:

- Pain – are they currently experiencing pain; do they have any health conditions that we might expect to cause pain now or in the future?
- Communication – can they communicate easily or do barriers exist? How can we promote communication?
- Chronic health conditions – how do we manage these to limit harm e.g., if they have diabetes, dementia
- Sight/hearing – do they have any sensory difficulties affecting their ability to interpret their environment, mobilize independently or communicate
- Continence – how can we assist independent toileting? Are there medical conditions to be treated?
- Mobility – what assistance does the person need to stand, walk etc.? Is equipment required?
- Eating/nutrition – is the client over or underweight/ Do they have any special requirements?
- Infection – is this client at increased risk of being infected? Are they currently carrying an infection?
- Skin integrity – is special care needed when assisting or to prevent pressure sores?

Care planning needs to be seen as an ongoing activity rather than a one-time project. It is impossible to learn what you ought to know within a first consultation or even in the initial days after admission. It's crucial to give patients enough time to get to know their caregivers and feel at ease giving sensitive information.

By giving yourself enough time for monitoring, you can spot difficulties that the client might not be aware of or be reluctant to confess, including hearing challenges that prevent them from participating in conversations or activities. As you grow to know a client, you'll become more attuned to their mood swings and behavioral shifts, and you might find more effective ways to support them.

You can learn more about a loved one's personality, the best ways to interact with them, and how to inspire them by encouraging relatives and friends to participate in their care.

Psychological Needs

Physical and mental health are inextricably linked; anything that affects one can also impact the other. A person's chance of getting mental health issues like depression and anxiety increases if they are physically ill, and their susceptibility to infection, disease, and even harm is increased.

A diagnosis of a serious or terminal illness can result in a psychological reaction akin to grieving. To accept the risk of dying or the need to fundamentally alter how you spend your life may need a lot of mental fortitude. For instance, a person who has just received a heart disease diagnosis might have been warned that they could pass away at any time and that changing their food and lifestyle is the only way to prevent this.

Responses to grief might take the form of shock, denial, rage, melancholy, terror, or remorse. The person may try to avoid their troubles by acting as though they don't exist, or they may feel regret for actions they wish they hadn't taken or resent life's unfairness. The person may bottle up their emotions, withdraw, and stop communicating, or they may get caught up in social events and other distractions that prevent them from thinking.

You must allow those who are dying to express their emotions without fear of criticism or retaliation while providing care for them. They must feel comfortable opening up to those around them. Additionally, it's crucial to keep in mind that the client's loved ones may also be impacted and may require emotional assistance.

You may promote a client's mental health and show their friends and family that they are getting the greatest treatment and support by treating them with respect and dignity. This could provide them some consolation both before and after death.

You need to believe that you are doing everything in your power to facilitate a "good" death as a caregiver assisting a dying person. You need to be certain that the client's needs are understood and satisfied and that you are taking all reasonable precautions to keep them free from harm or suffering, both physically and mentally.

When you are aware that someone is dying, you must be forthright and honest while simultaneously being courteous and empathetic. Through your conversation with the client, you may identify wants and objectives that must be met right away in order to be accomplished in the time allotted. A sense of unfinished business may make it more difficult for the person's family, friends, and carers to cope with their loss if death occurs more unexpectedly than anticipated.

Social Needs

Consider and even write down some of the opportunities that might exist for your clients to engage in social interactions.

For some clients, maintaining connections may be challenging; these obstacles must be removed in order to safeguard their mental health. Examples of obstacles are:

- Mobility problems
- Communication difficulties
- Distance from family, local facilities etc.
- Physical and mental health conditions

If clients are encouraged to participate in a variety of social contacts, their mental and physical health will improve. People should be shielded from loneliness by routine interaction with caregivers, other clients, family members, and friends unless they choose to remain alone. Volunteers may be able to assist with this, or clients can be encouraged to organize their own support groups, but special effort should be made to ensure that they still have regular opportunities for talk if their loved ones are far away or if they have outlived them. In other homes, the physically fitter residents set up schedules for visiting the less mobile residents who might find it challenging to spend time in the living or eating areas.

Some people find it challenging to converse with those who are dying because they lack the right words and worry about offending them. You might need to give the dying person a sense of "normality," talk to them about common topics, and assist them in staying informed about their surroundings.

You can find information about organizations that can help you meet client needs at the end of this guide, either because they have a volunteer network or because they operate clubs and support groups in the neighborhood. Why not think about holding coffee mornings for the community if getting your clients to meetings would be difficult?

Spiritual Needs

While not all of us have a religious faith spiritual needs are almost universal.

The following questions may help you to identify your own spiritual needs and can be used to improve your knowledge of your clients:

- When you feel sad what makes you smile?
- How do you relax?
- What are your fondest memories?
- Where do you feel most comfortable
- Who do you turn to when life gets difficult?

Creative endeavors, religious practices, reading material, or opportunities to engage with animals or the natural environment can all satisfy spiritual requirements. Memories can be associated with significant global events or with ordinary occurrences like a baby's grin. People can choose to follow the teachings of priests, rabbis, or imams, or they can discover their own paths to happiness and a sense of belonging to the world around them.

To support clients' spiritual needs, you may consider the following:

- Equal access to religious observance should be provided; examples include providing transportation to services, setting aside space in the home for worship, celebrating holidays, and inviting members of other faiths into the house.
- Support excursions to parks, beaches, and forests; designate specific outdoor locations; add bird cages or tables; or plant wildflowers. bring flowers and greenery into the house, at the very least.
- Create possibilities for animal contact. Cats and other pets may be kept in the care setting, but if this is not possible, people and nonprofit organizations can bring in all types of domestic animals so that they can be caressed. Even donkeys are allowed inside some homes.
- Art workshops, theater outings, and music appreciation classes can all be rewarding.

Many people enjoy reading, yet it's simple to forget the advantages of reading. People can be missing out on a pastime that could offer them a distraction from their daily problems if they have vision issues or have trouble physically handling a book. The majority of demands can be met by libraries, which offer reading material in a variety of forms. Find out what services your local library can give by contacting them.

Chapter Three

Assisting to Decide

Those have the right to make decisions about all elements of their lives as long as they are cognitively capable of doing so; but people who are terminally ill may become psychologically and physically vulnerable to having this right taken away by those close to them. It is your responsibility to defend your client's right to make decisions and to work with them to see that their needs are satisfied in the manner they want.

Client’s risk being exploited, disregarded, mistreated, or abused if they are not protected. It's possible for relatives and caregivers to disregard a person's preferences for personal care, meals, or funeral arrangements in an effort to impose their own views and values. Treatment that violates a person's values and beliefs may jeopardize their rights, deprive them of their dignity, and result in discriminatory behavior.

Dying persons may be subjected to financial abuse; family members and carers may put pressure on them to change their wills or may exploit their physical dependence to steal money or valuables. People may be left with uncontrollable pain or discomfort if they lose the ability to verbally speak and are not properly assessed. Due to the fact that medical professionals make decisions without taking their patients' personal, ethical, or religious values into account, individuals may also be at danger of receiving therapy they didn't want.

Both the law and your duty of care to protect your client from harm protect your client's right to make decisions. You should be aware of how risk assessments are used to keep clients safe while safeguarding their freedoms in accordance with the Equality Act, the Human Rights Act, and the Mental Capacity Act, which are all pertinent.

Arrangement for Advanced Care

Care providers provide clients the chance to make significant decisions about their future while they still have the mental capacity to do so by advocating advance care planning. This kind of care planning tries to find and document clients' preferences about the following matters:

- Where they would like to die
- Who they would like to be with them when they die
- Their beliefs, values and goals
- The type of care and treatment they would like, or wish to avoid
- How they would like their body to be treated after death
- The kind of funeral they would like

All parties involved in the client's care or treatment should have access to the advance care plans, which should be properly recorded. Along with the employees who provide day-to-day care, this may include paramedics, doctors, and specialty nurses. The client, their caregivers, and any friends and relatives the client desires to include should all participate in planning conversations.

In the event that a client is incapable of making decisions for themselves, care providers can make educated decisions based on the client's "best interests" with the aid of current records of their requests and preferences.

The following scenarios could necessitate doing this:

- The client becomes unconscious and requires treatment
- The client’s mental capacity deteriorates and affects their ability to reason or understand information
- The client is under the influence of alcohol or medication reducing their mental capacity
- The client is experiencing severe depression and lacks the motivation to make decisions or take actions to meet their own needs

The Mental Capacity Act 2005

Unless it can be demonstrated otherwise, ALL adults must henceforth be presumed to have the ability to make decisions and take actions for themselves after receiving the necessary support and knowledge. If it is determined that a person lacks capacity, then choices must be made in their best interests, with as much of their input as feasible.

The Mental Capacity Act of 2005 was created to safeguard the rights of potentially vulnerable persons who might otherwise be unable to exercise their own judgment.

The Act is built upon five guiding principles that ensure that people are treated equally, without bias or discrimination, given every opportunity to make their own decisions, and encouraged to be as independent as possible.

The statutory principles:

1. A person must be assumed to have capacity unless it is established that he lacks capacity
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person’s rights and freedom of action

(Mental Capacity Act 2005 Code of Practice)

Effective Participation

The idea of active engagement is essential to the delivery of person-centered care. Allowing clients to actively engage in decision-making on all matters that may have an impact on them helps to guarantee that their needs are being served in a way that works for them.

All clients should be encouraged to participate actively in determining their own care requirements, finding strategies to support their mental and spiritual health, and making changes to their immediate surroundings. By actively participating, one can guarantee that needs are provided in a manner that respects each person's cultural, religious, and personal preferences. They are more likely to feel confident speaking up and knowing that their thoughts will be taken into account.

When clients are encouraged to engage in all elements of care planning and delivery, they can have an impact on the environment and procedures used in their care and feel empowered to speak out against procedures that they believe to be abusive or discriminatory.

If you're interested in learning more about personalization and active engagement, the resources listed below might be useful:

- www.scie.org.uk
- www.skillsforcare.org.uk
- Approved Care Training manual ‘Person-Centered Approaches to Care’

Advance Treatment Refusal Decision

A legal document used to document decisions regarding medical care is an "advance decision to reject treatment." People who would prefer not to get therapies that could be experimental or invasive, create serious adverse effects, or prolong suffering and pain can use these.

These documents must be current and precise about the illnesses and treatments they relate to in order to be legally binding. Doctors are free to disregard advance directives and make "best interests" decisions if they have cause to believe that they do not apply or are no longer valid.

Advance decisions will not be used if the person has retained the ability to make their own decisions.

Note: It is great practice to routinely review decisions and to sign and date documents. If someone says anything to imply that they have changed their mind, this calls into question the validity of the document.

DO NOT RESULT IN CPR (DNR)

People who have a low quality of life or who are in great bodily pain or anguish might not want to be revived. For instance, if paramedics are summoned, you must have signed confirmation that the person does not want to be revived; otherwise, they would proceed with the procedure.

Every client should be free to make their own decisions, and these decisions must be documented and shared. You must not assume anything about a client's quality of life; everyone must have the right to make their own decisions without interference from others; and they must not feel like a burden.

Decisions must be maintained current, but talks must be conducted delicately. For example, it would be impolite and useless to ask someone on a weekly basis if they would like to be revived. Instead, gauge opinions when clients are admitted, and then reevaluate anytime their circumstances alter. The goal of resuscitation should be pursued if there is any question over the person's desires.

It would be against their human right to life to have a general policy of not doing CPR on patients.

Chapter Four

Symptoms Management

Even while end-of-life care may start months before a person is expected to pass away, as they approach their final days and hours, some typical symptoms are likely to worsen, necessitating careful and compassionate management to ensure that they are as comfortable and anxiety-free as possible.

During this dying time, complications could arise such as:

- Pain
- Breathlessness
- Nausea and vomiting
- Delirium
- Anxiety

At this stage, you should analyze and evaluate all the data you have collected on this client; everything that pertains to the provision of care for their final hours should be highlighted and used to plan treatment.

Maintain the client's dignity by treating them with kindness and respect for their fundamental humanity at all times. Whether they can react or not, talk to them, explain everything you do, and ask permission. Always keep in mind that you must behave in a manner appropriate to their personality, values, and views, not your own.

When appropriate and necessary, seek expert assistance; by collaborating with doctors, specialized nurses, and other professionals, you can lessen the likelihood that the client will end up in the hospital. Don't forget to meet social needs as well; family members and other loved ones should be permitted to remain with the dying person for as long as that is desired and desired by them.

Pain

Most people believe that a "good" death should be as pain-free as possible; nevertheless, there are many different forms of suffering that can happen as well as many different causes of pain. Different people deal with pain in very different ways; some are able to manage it better than others; some might see showing signs of suffering as weakness.

It's important to evaluate people's discomfort and arrange for the best care. It can be necessary to order painkillers in advance to ensure that they are available when needed. The client's doctor will be able to offer planning advice and assistance in determining the best medicine.

The amount of medication prescribed by doctors should be kept to a minimum in order to prevent pain and suffering, and care should be taken with how these medications are administered in order to minimize patient misery.

Clients who are unable to speak must be closely watched for any indications of pain or discomfort as well as assessed for the type of pain that, given their diagnosis and general physical health, may be predicted to be present. To be efficient and to offer ongoing relief, it could be necessary to prescribe patients a mix of various medications.

All painkillers have potential negative effects that should be watched for and managed if at all possible; occasionally, it may be necessary to balance the risk that a medication will have potentially fatal side effects with the necessity to reduce pain and suffering. Since doctors are aware that some therapies might speed up death but also understand that death is inevitable anyway, this can present an ethical conundrum.

As a caregiver, it's crucial that you are aware of the advantages and disadvantages of any medications you give, that you follow the doctor's instructions, and that, if you are able to give medication "as required," you do so in the client's best interests to manage pain rather than to shorten their life.

Breathlessness

The difficulty and distress of breathing at the end of life is one of the more distressing and observable symptoms. Breathing problems can worsen when pain and anxiety are present, so it's important to keep such conditions under control.

The client is positioned comfortably supported by a lot of pillows, the room is well-ventilated and kept at a pleasant temperature, and any irritants like strong odors or dust are dealt with. Appropriate medication is also supplied.

It might be beneficial to play the client's preferred music or give them a light hand massage to make them feel less stressed.

Nausea and Vomiting

Patients should be evaluated to determine the source of any nausea or vomiting; doctors may need to adjust the patient's current medication or provide a prescription to treat these symptoms.

Delirium

Delirium is a precipitous decline in mental health that is marked by extreme agitation and bewilderment. Clients that are affected may have hallucinations and paranoia, and they may be very worried and afraid. The dying person's loved ones may find these delirium symptoms upsetting, therefore they should be informed about the disease and encouraged to stay in touch with them.

Medication side effects, infections, constipation, and discomfort are some of the factors that might induce delirium, so it's critical to assess clients and, where appropriate, address underlying conditions.

Anxiety

People experience anxiety at all phases of their lives, but it can be particularly visible and profound when they are actually dying. Finding measures to lessen stress and make individuals feel comfortable will be crucial to protect them from side effects like panic episodes and increased dyspnea.

Identification of effective methods for treating anxiety will be aided by a thorough grasp of the clients' emotional, social, and spiritual needs:

- Ensure privacy, peace and quiet
- Support spiritual needs – opportunities for prayer or meditation; soft music
- Support emotional needs – through talk and appropriate touch ensure the person knows they are cared for and will be treated with dignity, compassion and respect

Discomfort Reduction

An individual's sensitivity to what would normally be minor irritants may increase as their world shrinks to the room, they are in. Because of these sensitivity and mobility issues, it is important to use as soft of bedding as possible to reduce the danger of pressure sores. Regular repositioning may cause unnecessary disruption. You may increase comfort by using sheepskins, natural textiles, and specialty mattresses.

Final Hours Care

When it is clear that a client is approaching the end of their life, their loved ones should be informed (as previously discussed with the client), and caregivers should take into account both the client's and their loved ones' needs. A calm environment and sporadic refreshments can be welcome.

The comfort of the customer should come first for those who are giving care. Give them frequent sips of water, ensure that their mouth is kept fresh and moist, and make sure the space is calm, serene, softly lighted, and spacious. Make sure that all caregivers are aware of their individual roles and respect whatever preferences the client may have had for their final hours. Make sure that carers can provide companionship if the client's family members are not present but they didn't want to be left alone.

Chapter Five

After Death Care

Your obligations to your client do not cease with their passing; you still need to take care of their body and show consideration for the grieving. The client's body must be properly prepared for collection, any requested religious ceremonies must be performed, and all necessary documents and reports must be finished. Everyone who was impacted by the client's passing should be given information, emotional support, and if required, time with the body.

Funeral Management

When it was decided that death was impending, the right priest, minister, or other religious person should have been called. Care planning should have established whether final rites or other religious observances are required.

Always treat people's bodies with respect; behave as though the person's family is watching you at all times; and give care in a way that is congruent with your own values, your culture, and your religion.

Last offices should be performed by two carers and the necessary skills can be transferred from experienced caregivers to new personnel. Last offices cannot be performed until the client's death has been verified by a doctor or adequately qualified nurse.

Before starting, invite family members to leave the room unless they will be taking part. To avoid having to leave the room once you've started, gather all necessary materials and have them ready before you begin. Syringe drivers, catheters, and other medical devices must be removed by a doctor or nurse.

What you will require:

- Water
- Towels, flannels and soap
- A disposable razor
- Tools to clean mouth/dentures
- Incontinence pads
- Clean clothing as agreed with client or their family
- Disposable gloves and aprons
- Sheets
- Clinical waste bags
- Identification labels (if necessary)
- Valuables/property book

Steps Should Follow:

- Wash your hands and put on gloves and apron
- Lie the client flat and remove all but one pillow from under their head
- To prevent problems with rigor mortis, place a pillow or rolled towel under the dead client’s chin
- If necessary, gently close the client’s eyes
- Wash the client as appropriate and shave if required.
- Cover any open wounds to prevent the spread of infection (if there is to be a post-mortem leave the existing dressing in place)
- Clean mouth and dentures
- Remove jewelry as appropriate, record in the valuables book and store it safely
- Dress the client and put a clean incontinence pad in place
- If necessary, put an identification tag on the client’s ankle

- Change the sheets on the bed; cover the client with a sheet but don't cover their face
- Deal with laundry and clinical waste and wash your hands
- Check that everything is presentable before allowing people back into the room
- The bodies of clients who were suffering from notifiable diseases should be placed in waterproof body bags.

Documenting

When a client dies The Care Quality Commission must be informed.

The attending physician is required to call the police in the event of an unexpected death.

Although unexpected does not always imply unnatural, the police will need to check into the client's death and conduct an inquiry. The body will be turned over to the coroner's officer by the police, who will also fill out the necessary paperwork. The coroner's office will be notified, and a post-mortem will be scheduled.

The client may experience distress if their beliefs dictate that they be buried or cremated as soon as possible after death because post-mortems delay funeral plans. Caretakers must be upfront and honest about what is happening and why, and families must be kept completely informed.

The following documents may be required for an inquest; they must be up-to-date and available:

- Care plans
- Medical records
- Fluid charts
- Tissue viability sheets
- Daily logs

Bereavement Care

The passing of a client could have an impact on family members, friends, other clients, and care personnel. Some people will want to see the body and may want to spend some time in a quiet room thinking back on the person's life and beginning to accept their passing. You must understand that everyone experiences and expresses grief differently, depending on their culture, personality, and religious views.

You must be ready for any outcome, even if there is none. Avoid the error of presuming that someone who displays no emotion isn't experiencing anything by remembering that some people deal with negative feelings by isolating themselves and becoming quite businesslike. You have no right to evaluate how people react, so be kind to everyone.

If people are unsure about their official responsibilities following a loved one's death good guidance can be found on www.gov.uk.

Be available to provide cups of tea, a shoulder to cry on and sympathetic words and gestures of support if necessary. Try to maintain a calm and respectful atmosphere around the dead client's room.

Considering Other Clients

All clients should be urged to offer suggestions for how they would like the handling of deaths to be done; they could desire some sort of celebration of life or assistance in attending funerals. Be considerate of your clients' emotions and make sure they are given the chance to discuss deaths and recall memories of the deceased.

The term "closure" after a traumatic occurrence has become overused, although a funeral or memorial service can serve to mark an end and initiate the healing process.

What impact do you believe it might have on clients who are still alive if client deaths are disregarded? Will their carers and friends treat them like they don't exist, and will they expect to be forgotten? Your clients cannot be shielded from death; nevertheless, you may help them enjoy life and have the finest possible death.

It is not a sign of failure if you are deeply affected by death; it is a sign that you are human and that you care if you need support or advice in coping with the loss of a client.

The websites listed below may be helpful. If you believe that certain people could profit from expert advice and assistance:

www.crusebereavementcare.org.uk

www.samaritans.org

References

Common Core Competences and Principles for Health and Social Care Workers Working with Adults at the End of Life

Published by NHS et al

End-of-Life Care Strategy

Published by the Department of Health

Introductory Guide to End-of-Life Care in Care Homes Published by The National Council of Palliative Care

Useful Contacts

www.gov.uk

www.endoflifecareforadults.nhs.uk

www.helpthehospices.org.uk

www.ncpc.org.uk

www.skillsforcare.org.uk

www.ageuk.org

www.alzheimers.org.uk