

QUICK TIPS FOR SYMPTOM RELIEF



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We at Community Hospice & Palliative Care® know this journey often can be difficult and frightening. We want to help you feel confident in caring for your loved one by providing these tips to help you manage some of the symptoms your loved one may experience.

Please keep this flip chart in a convenient place. Should you call the 24/7 Patient Priority Line (904.407.7300, toll-free 877.699.7300), our nurse may ask you to refer to it. Always call Community Hospice & Palliative Care first. We are here for you.



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PAIN

WHAT YOU MAY SEE

- If the patient can tell you, ask if he/she is in pain and rate it 0-10
- What you may see:
 - Unable to sleep or sleep more to avoid pain, fatigue, loss of appetite, depression, anxiety
 - Wrinkled brow, clenched jaw, difficulty breathing, fidgeting, clenched fists, rubbing the body, rocking
- What you may hear:
 - Moans, whimpers, crying, unpleasant noises, yelling

WHAT TO DO

- Consider what has helped in the past
- Provide medications as directed by your hospice nurse
- Begin relaxation and breathing techniques
- Provide gentle touch
- Apply warm or cool packs
- Provide distraction with favorite music or TV show, sleep, reminiscing
- Position for comfort

Pain is whatever the patient says it is, whenever and wherever he or she says it is.

Pain:

- Is experienced differently by everyone
- Can be described with words like aching, cramping, pressure, sharp, throbbing, burning and stinging
- Can be difficult to know when someone has it
- Can be related to disease, anxiety or fear
- Can affect one's quality of life, such as through loss of appetite, inability to sleep, restlessness, anger, withdrawal or exhaustion
- Can be controlled by morphine or morphine-like drugs, available by prescription (there is no evidence that using them will make the patient die sooner or become addicted)

The medicines given for pain can cause constipation. Be sure the patient takes his or her laxative or stool softener for constipation as ordered.

CONSTIPATION



WHAT YOU MAY SEE	WHAT TO DO
▪ Firm swollen abdomen	▪ Increase fluids as tolerated. Warm liquids may promote a bowel movement
▪ Abdominal pain/cramping	▪ Take medications as directed by case manager
▪ Less frequent bowel movements or no BM in 2-3 days	▪ Eat high-fiber foods, including fruits, veggies, and whole grains if tolerated
▪ Decreased appetite	▪ Increase physical activity, if possible
▪ Hard stool or loose, unformed stools	▪ Drink fluids, water and fruit juices as tolerated
▪ Heartburn, nausea, or vomiting	▪ Eat 2-3 pieces of sugar free chocolate

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CONSTIPATION

THE BRISTOL STOOL CHART



TYPE 1

Separate hard lumps,
like nuts (hard to pass)



TYPE 2

Sausage-shaped,
but lumpy



TYPE 3

Like a sausage, but with
cracks on its surface



TYPE 4

Like a sausage or snake,
smooth and soft



TYPE 5

Soft blobs with clear-cut
edges (passed easily)



TYPE 6

Fluffy pieces with ragged
edges, a mushy stool



TYPE 7

Watery, no solid pieces
(entirely liquid)

CHANGES IN BREATHING



WHAT YOU MAY SEE	WHAT TO DO
<ul style="list-style-type: none">▪ Shortness of breath▪ Takes more effort to breathe▪ Fast breathing▪ Wheezing▪ Chest feels tight, sweating▪ Irregular breathing pattern: Periods of no breathing that can last a few seconds to a minute▪ Pale or bluish skin color	<ul style="list-style-type: none">▪ REMAIN CALM and REASSURING▪ Consider what has helped in the past▪ Provide medications as directed by your hospice nurse▪ Encourage patient to gently and slowly breathe in through the nose and out through pursed lips, like whistling▪ Elevate the head of bed▪ Keep the room cool — it is easier to breathe in a cool room▪ Use a fan▪ Distract patient with TV, favorite music, reading▪ Face the head of the bed toward the door or window, if possible
<ul style="list-style-type: none">▪ Gurgling or rattling when breathing due to inability to cough or swallow normal secretions	<ul style="list-style-type: none">▪ Change position from side to side▪ Note the color and amount of sputum▪ Clean the mouth as needed — Use mouth swabs or wash clothes▪ Check the oxygen concentrator or cylinder to ensure proper use. Refer to the “Medical Equipment” section in the <i>Patient and Caregiver Resource Guide</i> for troubleshooting techniques.

CHANGES IN BREATHING



When the patient becomes short of breath, he or she can become anxious and frightened, which can make the problem worse. The important thing to remember is to stay as calm as possible and guide the patient to slow down and breathe calmly and deeply. Oxygen may not always help. Discuss this with your hospice nurse.

NAUSEA/VOMITING



WHAT YOU MAY SEE	WHAT TO DO
<ul style="list-style-type: none">■ Nausea:<ul style="list-style-type: none">• Food not tasting good or no taste• Unable to tolerate odors	<ul style="list-style-type: none">■ Consider what has helped in the past■ Provide medications as directed by your hospice nurse■ Encourage patient to eat slowly■ Provide frequent small meals or snacks■ Provide foods patient likes■ Rest in semi-reclining or sitting position after eating■ Eliminate offending odors■ Offer cold liquids or ice chips■ Offer peppermint or ginger tea■ Give the patient hard candies to suck on, if he or she is able■ Help patient to relax■ Guide patient to breathe through nose and out through mouth■ DO NOT force foods or fluids■ DO NOT let patient lie flat after eating
<ul style="list-style-type: none">■ Vomiting: Dry heaves	<ul style="list-style-type: none">■ Keep head of bed slightly elevated■ Place patient on his/her side■ Offer ice chips, frozen juice chips or frozen ginger ale

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NAUSEA/VOMITING



Nausea and vomiting are very unpleasant experiences for the patient. It can be frustrating, painful and exhausting. Unfortunately, it can be quite common with an advanced illness. It is important to avoid things that may trigger nausea, if possible.

AGITATION & RESTLESSNESS



WHAT YOU MAY SEE

- Pulling at bed linens or clothes
- Attempting to get out of bed, tossing and turning
- Uncooperative, short attention span, being unreasonable
- Combative
- Difficulty sleeping
- Inappropriate emotions; irritable
- Repeating statements and questions
- Yelling out using uncharacteristic language; rambling
- Moaning, groaning, calling out, crying
- Hallucinations

WHAT TO DO

- Consider what has helped in the past
- Provide medications as directed by your hospice nurse
- Find out if patient needs to use the restroom
- Create orderly, calm surroundings
 - Reduce excess noise — be mindful of what is on TV
 - Use soft lights
 - Remove excess blankets
 - Play soft or favorite music
 - Create a comfortable temperature
- Ensure comfort by changing position, keeping dry
- Don't correct or argue; provide reassurance
- Use a gentle voice and reassuring touch

AGITATION & RESTLESSNESS



Restlessness can be caused by a variety of reasons, such as a decrease in circulation or oxygen, inability to empty bladder, constipation, pain and fever. In most cases it can be successfully treated. The caregiver often views it as the single most painful expression of the dying experience. Watch for things that may trigger a state of restlessness. It may be noted at specific times of the day, especially in the evenings when the patient is tired.

CONFUSION

WHAT YOU MAY SEE	WHAT TO DO
<ul style="list-style-type: none">▪ Confused about time, place, identity of people (even those the patient knows well)▪ Disorientation▪ Not able to pay attention; easily distracted▪ Disorganized thinking▪ Trouble understanding▪ Decreased reactions▪ Increased anxiety	<ul style="list-style-type: none">▪ Consider what has helped in the past▪ Provide medications as directed by your hospice nurse▪ Identify yourself by name before you speak to the patient▪ Avoid asking him/her to “guess” who you are▪ Approach from the front to avoid startling▪ Speak softly, clearly and truthfully▪ Explain step-by-step what you are doing▪ Minimize distractions▪ Create a calm environment and avoid overstimulation<ul style="list-style-type: none">• When talking, do not have the TV on• Play favorite music or soft music• Comfortable lighting▪ Create a safe environment:<ul style="list-style-type: none">• Don’t leave patient alone• Keep medications out of reach
<ul style="list-style-type: none">▪ “Vision-like” experiences	<ul style="list-style-type: none">▪ Do not try to discount what the patient is claiming to see or hear▪ Support his/her experience

CONFUSION



“Vision-like” experiences are when the patient may see, speak or claim to have spoken to people who died years ago. He or she may claim to have seen places, people or things not visible to you. This doesn’t mean the patient is having a medication reaction or hallucination. He or she is beginning to detach from this life and prepare for the transition. These events may decrease the fear a person might otherwise experience.

DECREASE IN EATING & DRINKING



WHAT YOU MAY SEE

- Decreased interest in food and/or drink
- Decrease in eating or stopping completely
- Dark-colored urine
- Decrease in urine output
- Decrease in activity level

WHAT TO DO

- Avoid force-feeding
 - Look for ways to spend time together that do not center around food and eating
- Provide gentle touch
- Read or watch TV with the patient
- Reminisce with the patient
- Offer small chips of ice, chips of frozen juices
- Provide bites of food of choice if requested
- Keep soft, cold foods available — yogurt, ice cream, shakes, pudding

DECREASE IN EATING & DRINKING



Caregivers see food not only as necessary for survival, but also as a source of caring, nurturing and comfort. Why does the loss of interest in food and fluid occur? When the patient's activity level decreases, the metabolic rate slows down and the amount of calories needed daily will decrease. You will notice a gradual decrease in appetite and/or thirst. The patient will want little or no food or drink. The body will naturally begin to conserve energy, so it is important not to force him or her to eat and drink. The body expends a great deal of energy performing these tasks. Although many patients will eat or drink to make their loved ones happy, this can cause discomfort, nausea and vomiting. Increasing the amount of food taken in will not increase the patient's life expectancy. There are times when the patient may crave a certain food, including beer or wine. If possible, provide the food or drink of choice, but understand he or she may only take a bite or two.

Dehydration occurs naturally in the patient due to decreased oral intake of fluids, decreased gastrointestinal and kidney function and loss of moisture through the skin and lungs. While the word dehydration itself has negative implications, it appears that this state of dehydration does have beneficial effects. Decreased urine output lessens the need for the discomfort of a bedpan or catheter. It decreases lung congestion and secretions, which can make breathing easier and lessen the incidence of gurgling or rattling. Certain chemicals are released when one is dehydrated that help to manage pain and discomfort. The stomach can rest, which decreases the possibility of nausea and vomiting.

SIGNS OF APPROACHING DEATH

ONE TO TWO WEEKS

- Withdrawal from people and activities
- Less frequent communication
- Eating and drinking less or not at all
- Sleeping more
- Disoriented and confused
- Use of symbolic language ("I want to go home")
- Talking to others not present
- May talk about dying
- Increased physical weakness and fatigue
- Physical changes
 - Increased or decreased pulse
 - Decrease in blood pressure
 - Changes in skin color – bluish or purple
 - Irregularities in breathing
 - Changes in body temperature, hot/cold

DAYS TO HOURS

- Sleeping most of the time
- Surge of energy
- Restlessness
- Difficulty swallowing
- Further discoloration of skin
- Ongoing changes in breathing (long pauses between breaths)
- Rattling breath sounds
- Weak pulse
- Further decrease in blood pressure
- Decreased urine output or no urine
- Eyelids no longer able to close completely
- Eyes look glazed

MINUTES

- Shallow breaths with longer pauses
- Mouth open
- Difficult or unable to wake up or arouse
- Jaw drops

SIGNS OF APPROACHING DEATH



For a hospice patient, when death occurs it is not considered an emergency. Take the time you need, and if a team member is not there in person, call the Community Hospice & Palliative Care 24/7 Patient Priority Line at 904.407.7300 (877.699.7300 toll-free) when you are ready. We will help you by providing support by phone, sending someone to your home and helping to contact the funeral home.

If the patient lives in a long-term care or assisted living community, that community's staff will contact our team. Please refer to your Patient and Caregiver Resource Guide for in-depth information on caring for your loved one.

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PAIN RATING SCALES

Numeric Pain Rating Scale

NO PAIN			MODERATE			SEVERE			WORST IMAGINABLE	
0	1	2	3	4	5	6	7	8	9	10

Wong-Baker FACES Pain Rating Scale



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