

Personal Support Worker Community of Practice Series

The Personal Support Workers Role: End of Life Medications and Side Effects



Presenters: Tracey Human and Diane Roscoe

Date: March 22, 2022

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

Stay connected: www.echopalliative.com

Thank you!

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



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Welcome and Reminders

- Please introduce yourselves in the chat!
- Your microphones are muted for background noise, but we do want dynamic sharing, so please raise your hand to unmute to talk. Sharing or asking questions in the chat is also welcome.
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session
- Terminology (Personal Support Worker)

Series Objectives

Our PSW Palliative Care Community of Practice

- **PSWs with a passion to become PSW experts in palliative care**
- A place for Peer-to-Peer practice support
- Facilitated and coached by palliative care experts
- Shared skill building in the Palliative Approach to Care
 - We engage in topic-based discussions, share knowledge and experiences to learn from each other, used cases to practice applying our skill caring for individuals/ families living with life-limiting illness
 - We share resources, tools, best-practice approaches
- Build on foundational knowledge acquired through LEAP PSW

Overview of Topics

Session #	Session Title	Date/ Time
Session 1	Introductory Session	Nov 16 th , 2021 from 5-6pm
Session 2	Essential Communication Skills Part 1	Nov. 30 th , 2021 from 5-6pm ET
Session 3	Essential Communication Skills Part 2	Dec. 14 th , 2021 from 5-6pm ET
Session 4	Tools Practicum Part 1	Jan. 11 th , 2022 from 5-6pm
Session 5	Tools Practicum Part 2	Jan. 25 th , 2022 from 5-6pm ET
Session 6	Pain and Shortness of Breath Management	Feb. 8 th , 2022 from 5-6pm ET
Session 7	The PSWs Role in the Last Days and Hours	Mar. 8 th , 2022 from 5-6pm ET
Session 8	End of Life Medications and Side Effects	Mar. 22 nd , 2022 from 5-6pm ET
Session 9	End of Life Delirium	Apr. 5 th , 2022 from 5-6pm ET
Session 10	Post-mortem Care: Cultural Considerations and what happens at the funeral Home	Apr. 19 th , 2022 from 5-6pm ET
Session 11	Culturally Relevant Care	May 3 rd , 2022 from 5-6pm ET
Session 12	Trauma Informed Care and Cultural Safety	May 17 th , 2022 from 5-6pm ET
Session 13	Indigenous End of Life Care	May 31 st , 2022 from 5-6pm ET
Session 14	Understanding Tubes, Pumps, Bags and Lines	Jun. 14 th , 2022 from 5-6pm ET

TOPIC: End of Life Medications

What is your role as a PSW?



Palliative Performance Scale (PPSv2)

version 2

	PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
STABLE	100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
	90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
	80%	Full	Normal activity <i>with</i> Effort Some evidence of disease	Full	Normal or reduced	Full
	70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
TRANSITIONING	60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
	50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
	40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
	30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
END OF LIFE	20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
	10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
	0%	Death	-	-	-	-

Who “administers” or “gives” medications?

Regulated health care workers:

1. Registered Nurse
2. Registered Practical Nurse or Licensed Practical Nurse
3. Nurse Practitioner
4. Medical Doctor
5. Physician’s Assistant (PA)

In Home Care or Similar settings:

1. Delegated family members or other care providers

PSW’s do not “give” or “administer” medications. Very rarely this is a “delegated task” to a PSW.

The Future:

May see an increase in virtual care, a regulated health care worker attends the visit virtually, “assess” the individual/family and provides medical orders, interventions this way.

Helps with geographically underserved areas, agencies or institutions who are understaffed.

Knowledge Check What are PRN medications?

A PRN or “as needed medication”, means a medication ordered by the Medical Doctor or Nurse Practitioner that is not to be administered routinely but is prescribed to be taken only as needed and as indicated.

The medication label should also indicate what the medication is for, “for breathing” or “for pain”

What is the PSW's role in medication administration?

1. Observe for symptoms and/or **listen** to client concerns or complaints that may indicate a PRN medication is required
1. Have a PSW role knowledge base of the types of medications used in end of life care, what they are used for and the most common side effects
1. Observe and report to the team (SBOR),
 - the effectiveness of the medication (both regularly given and the prn's)
 - side effects of the medication .
1. Provide comfort measures to decrease symptoms while waiting for medication to take effect, and/or minimize side effects of the medication

Reporting to the Team

PSW Key Responsibilities:

1. Know what symptom concerns the individual, concerns the family and concerns you!
1. For home care know if a Interdisciplinary Chart exists and what your role is in documenting in it
1. Know the individuals medical diagnosis
1. Read the most recent progress note from the Nurse/previous PSW/MD - **What is going on NOW!**
1. Know the most responsible person to contact if needed and for what purposes - **have the phone numbers at the ready**
1. Know the DNR status of the individual

When an end of life individual cannot swallow

*PSW is often the “**first responder**”, and may be the first to note that an individual cannot safely swallow food, liquids and medications*

What redundant medications might be discontinued by the team?

Report to the team when this happens:

1. redundant medications may be discontinued
1. Other medications converted to:
 - sub cut route
 - through a central line infusion i.e. PICC or Implanted port



End Of Life Medications

- Opioids - for breathing or pain
- Antiemetic - for nausea and/or vomiting
- Anti-Anxiety - for agitation and delirium - **we will discuss in more detail on April 5, 2022**
- Anti-Secretion - gastrointestinal
- Anti-Secretion - respiratory and throat

Knowledge Check: Poll Question Number 1

The correct name to describe the category of pain medication is:

- A. opioid
- B. narcotic



Knowledge Check: Poll Question Number 2

What are the most common side effects of opioids?

- 1. nausea/vomiting/addiction/confusion
- 1. nausea/vomiting/confusion/insomnia
- 1. constipation/nausea/vomiting/addiction
- 1. **nausea/vomiting,/constipation/drowsiness/confusion**



Common Opioid medications for pain

Morphine

Hydromorphone

Codeine

Oxycodone

Fentanyl

others?

Transdermal Patch: Special Considerations

PSW Role:

1. Know where the patch is
2. Observe for clients with delirium/confusion/dementia who may try to remove.
3. Watch for supportive care activities that may increase absorption. What are these?



Put into the Chat!!!

Adjuvant Pain Medications

Anti - Inflammatories - steroids:

- Prednisone (oral)
- Decadron (sub cut)

- Adjuvant medications may be used to treat another symptom but the goal is pain relief

Others:

Tricyclic - Antidepressants

Anticonvulsants,

Antispasmodics,

Antibiotics

What side effects do these medications cause?



PSW Role: Observing for pain in a unconscious person

Observe for non verbal cues of pain if a individual is somnolent or unconscious

What are some non verbal cues?

When might you see them?

What tools are you using?

PAINAD

Pain Assessment IN Advanced Dementia- PAINAD (Warden, Hurley, Volicer, 2003)

ITEMS	0	1	2	SCORE
Breathing Independent of vocalization	Normal	Occasional labored breathing. Short period of hyperventilation	Noisy labored breathing. Long period of hyperventilation. Cheyne-stokes respirations.	
Negative vocalization	None	Occasional moan or groan. Low- level of speech with a negative or disapproving quality	Repeated troubled calling out. Loud moaning or groaning. Crying	
Facial expression	Smiling or inexpressive	Sad, frightened, frown	Facial grimacing	
Body language	Relaxed	Tense. Distressed pacing. Fidgeting	Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out	
Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract or reassure	
TOTAL*				

* Total scores range from 0 to 10 (based on a scale of 0 to 2 for five items), with a higher score indicating more severe pain (0="no pain" to 10="severe pain").

DOLOPLUS-2 SCALE

BEHAVIOURAL PAIN ASSESSMENT IN THE ELDERLY

NAME :		Christian Name :	Unit :	DATES			
Behavioural Records							
SOMATIC REACTIONS							
1• Somatic complaints	• no complaints	0	0	0	0		
	• complaints expressed upon inquiry only	1	1	1	1		
	• occasional involuntary complaints	2	2	2	2		
	• continuous involuntary complaints	3	3	3	3		
2• Protective body postures adopted at rest	• no protective body posture	0	0	0	0		
	• the patient occasionally avoids certain positions	1	1	1	1		
	• protective postures continuously and effectively sought	2	2	2	2		
	• protective postures continuously sought, without success	3	3	3	3		
3• Protection of sore areas	• no protective action taken	0	0	0	0		
	• protective actions attempted without interfering against any investigation or nursing	1	1	1	1		
	• protective actions against any investigation or nursing	2	2	2	2		
	• protective actions taken at rest, even when not approached	3	3	3	3		
4• Expression	• usual expression	0	0	0	0		
	• expression showing pain when approached	1	1	1	1		
	• expression showing pain even without being approached	2	2	2	2		
	• permanent and unusually blank look (voiceless, staring, looking blank)	3	3	3	3		
5• Sleep pattern	• normal sleep	0	0	0	0		
	• difficult to go to sleep	1	1	1	1		
	• frequent waking (restlessness)	2	2	2	2		
	• insomnia affecting waking times	3	3	3	3		
PSYCHOMOTOR REACTIONS							
6• washing &/or dressing	• usual abilities unaffected	0	0	0	0		
	• usual abilities slightly affected (careful but thorough)	1	1	1	1		
	• usual abilities highly impaired, washing &/or dressing is laborious and incomplete	2	2	2	2		
	• washing &/or dressing rendered impossible as the patient resists any attempt	3	3	3	3		
7• Mobility	• usual abilities & activities remain unaffected	0	0	0	0		
	• usual activities are reduced (the patient avoids certain movements and reduces his/her walking distance)	1	1	1	1		
	• usual activities and abilities reduced (even with help, the patient cuts down on his/her movements)	2	2	2	2		
	• any movement is impossible, the patient resists all persuasion	3	3	3	3		
PSYCHOSOCIAL REACTIONS							
8• Communication	• unchanged	0	0	0	0		
	• heightened (the patient demands attention in an unusual manner)	1	1	1	1		
	• lessened (the patient cuts him/herself off)	2	2	2	2		
	• absence or refusal of any form of communication	3	3	3	3		
9• Social life	• participates normally in every activity (meals, entertainment, therapy workshop)	0	0	0	0		
	• participates in activities when asked to do so only	1	1	1	1		
	• sometimes refuses to participate in any activity	2	2	2	2		
	• refuses to participate in anything	3	3	3	3		
10• Problems of behaviour	• normal behaviour	0	0	0	0		
	• problems of repetitive reactive behaviour	1	1	1	1		
	• problems of permanent reactive behaviour	2	2	2	2		
	• permanent behaviour problems (without any external stimulus)	3	3	3	3		
COPYRIGHT				SCORE			

DOLOPLUS-2 SCALE : LEXICON

Somatic complaints

The patients expresses pain by word, gesture, cries, tears or moans.

Protective body postures adopted at rest

Unusual body positions intended to avoid or relieve pain.

Protection of sore areas

The patient protects one or several areas of his/her body by a defensive attitude or gestures.

Expression

The facial expression appears to express pain (grimaces, drawn, atonic) as does the gaze (fixed gaze, empty gaze, absent, tears).

Investigation

Any investigation whatsoever (approach of a caregiver, mobilization, care procedure, etc.).

Washing/dressing

Pain assessment during washing and/or dressing, alone or with assistance.

Mobility

Evaluation of pain in movement: change of position, transfer, walking alone or with assistance.

Communication

Verbal or non-verbal.

Social life

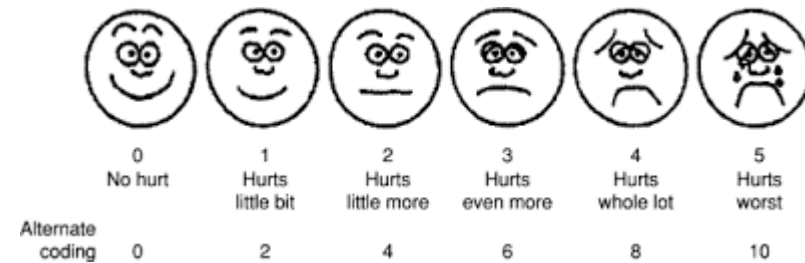
Meals, events, activities, therapeutic workshops, visits, etc.

Problems of behaviour

Aggressiveness, agitation, confusion, indifference, lapsing, regression, asking for euthanasia, etc.

Faces Scales

- an observer rates the pain according to the varying degrees of growing or facial distortion
- can be non specific
- can have user bias



more useful with “continuity of care provider”

PSW Role: Side Effects of Opioids

At End of Life

1. Observe/watch for urinary retention
2. Confusion /Delirium
3. Jerking or Myoclonus movements
4. Signs of Opioid Toxicity: delirium, hyperalgesia - the individual is hypersensitive to even gentle touch.

**Report to the team and they will
decide the cause**



Medications to Manage Nausea & Vomiting

- As with pain medications a combination of medications may be required to manage nausea and vomiting.
- The medication chosen by the MD/NP is related to the cause of the nausea
- Depending on the cause of the nausea and vomiting the person may need to continue the medications through to death.

Some Common Examples:

Metoclopramide (Maxeran or Metonia) -

Dimenhydrinate (Gravol)

Haldol

Methotrimeprazine (Nozinan)

Cannabinoids

PSW Role: Side effects to watch for

Sedation

Report to the team if the family or others wonder why they are continuing to take medications for nausea and vomiting if they do not have symptoms

Dry mouth (again)

headache

extrapyramidal symptoms (usually long term use) - involuntary movements of legs/arms

PSW Role: Observing the mouth

Many of these end of life medications dry the mouth or change the environment and the individual is at risk of thrush.

What care activities can you do to support someone with thrush?



Medications to Manage: Throat and Respiratory Secretions

Possible medications used:

- glycopyrrolate
- scopolamine
- Atropine

Reminder:

Hearing the sound of the secretions is often harder on the family than the dying individual.

Depending on which medication is chosen it is administered every 2 to 4 hours

<https://youtu.be/ysSljklb6D4>

End of Life Secretions



Test Your Knowledge: Poll Question 3

What is the best position to place an individual with end of life secretions?

1. High Fowler's with a few pillows so the individual can swallow the secretions
1. On their side or semi prone to facilitate drainage, with a face cloth or small towel under the mouth so gravity can “drain” the secretions
1. Semi Fowlers with a few pillows to facilitate suctioning
1. I don't know

PSW Role: Medications to manage throat or respiratory secretions

- observe for signs the medication is “wearing off” and report to the team
- hydrate lips, mouth, eyes
- change the face cloth if this position is used provide skin care
- observe for signs of skin break down on the cheeks and lips

SBOR Example Reporting to the Team

- easy
- simple
- manages time
- clear

PSW – SBORS REPORTING TOOL

1. Know the observation that concerns you, the Client/Family
2. Know the client's diagnosis
4. Read the most recent Progress Notes from the last PSW & NURSE visit
5. Have the contact number(s) to be reached at ready (You; Nurse; Supervisor; Doctor; SDM/POA; Family contact)

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R	<p>RESPONSE/ REQUEST</p> <p>Do you think ... <input type="checkbox"/> Nurse needs to come <input type="checkbox"/> the Doctor needs to come <input type="checkbox"/> Other _____</p> <p>If this does not improve, when should I call again? _____</p> <p>Anything else I should watch for? _____</p>																																								

Medications for Anxiety and Delirium

We will discuss in detail on April 5, 2022

For now:

- Haldol
- Nozinan (Methotrimeprazine)
- Midazolam

Medications for anti secretory - Gastrointestinal System

Some possible medications:

Decadron/Prednisone - as a steroid anti inflammatory to decrease swelling and inflammation

Octreotide - causes a decrease in the amount of gastrointestinal fluid produced

For what underlying conditions/diagnosis?

PSW Role:

Observe for signs of bowel obstruction:

- Individual complains of increased abdominal pain
- Cannot or has difficulty passing flatus
- Increase in nausea and vomiting
- Increase in abdominal size (distention)
- **report to the team!!!**

Case-Based Discussion



Case Study - Edina

Edina is 55 years old and had been diagnosed with Stage 4 small cell lung cancer just 3 months ago. The cancer has progressed rapidly. She has been admitted to the local palliative care unit (PCU) at hospital for management of pain and dyspnea.

Monday, in hospital, Edina's status declined significantly. She is "sleeping" most of the day, no longer has an appetite, is taking only sips of fluids and a few bites of soft food, she needs assistance with intake and she is now total care.

Edina is supported by her husband, 5 adult children, 1 living locally and 4 in various provinces. Family have been notified and those outside the province are flying in to be with Edina and to have their final goodbyes.

When they arrive they are distressed by how much their mother, Edina, has changed, that she is "sleeping" most of the time and is "so thin"! Edna is briefly rousable, responds to her children's presence with a smile and holds their hands, but exhausts quickly and resettles to "sleep".

Knowledge Check - let's use the chat!

1. What is the life-limiting illness in this case?

1. What PPS score would you give Edina?

1. Are there signs death is approaching? What are they?

1. Who should you report your observations to? What tool is good for you to organize your report?

1. Know the observation that concerns you, the Client/Family
2. Know the client's diagnosis
4. Read the most recent Progress Notes from the last PSW & NURSE visit
5. Have the contact number(s) to be reached at ready (You; Nurse; Supervisor; Doctor; SDM/POA; Family contact)

SBOR Example

Situation: Edina is sleeping a lot the family is concerned

Background: PPS is 20% condition changed quickly over the last 2 days. Family has arrived from out of town/province

Observation: Drowsy, rouses briefly to voice and touch with care. Oral intake is only sips with assistance.

Request: Can you come explain to the family what is happening and what to expect

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Physical Issues	Describe																																								
Psychological Issues	Describe																																								
Social Issues	Describe																																								
Spiritual Issues	Describe																																								
Practical Issues	Describe																																								
End-of-Life Care Issues	Describe																																								
Grief/Loss Issues	Describe																																								
R	<p>RESPONSE/ REQUEST</p> <p>Do you think ... <input type="checkbox"/> Nurse needs to come <input type="checkbox"/> the Doctor needs to come <input type="checkbox"/> Other _____</p> <p>If this does not improve, when should I call again? _____</p> <p>Anything else I should watch for? _____</p>																																								

Case Study - Edina Continued

Edina is now unresponsive. You observe a change in her breathing pattern from shallow breathing to Cheyne Stoking pattern. Her arms and legs are cool to touch and appear mottled, her torso and head are warm to touch. You can hear a rattling sound coming from her throat.

What do these observations mean?

Who do report these changes to?

How can you and the team support the family at this stage?



Knowledge Check: PSW Role in Caring for Edina



1. What would you be observing Edina for?
2. What would you be observing the family for?
3. How can you help the family to connect with Edina in her semi-responsive level of consciousness?

Test your Knowledge: Poll Question 4

What medication would be prescribed by the team to help with the distressing “gurgling sound”?

- A. morphine
- B. glycopyrrolate or scopolamine**
- C. Ativan
- D. Gravol

Case Study - Edina Continued

During a episode of care, turning and positioning, and a tepid sponge bath you observe Edina grimacing her face and becoming “ridged” when attempting to turn her with a family member.

What are we seeing here?

Test your Knowledge: Poll Question 5

You report to the team the following:

- A. Family members should not be allowed to turn and position as they cause more problems
- A. Do a SBOR report with a request that the nurse come and do a pain assessment and give Edina an anti nausea ASAP
- A. Do a SBOR with the request that the nurse come and do a pain assessment and give Edina an opioid if warranted. Provide non pharmacological comfort measures**
- A. Tell the family when a individual is unconscious they don't know they have symptoms

Wrap Up



Wrap Up

- Please fill out our feedback survey! A link has been shared in the chat
- A recording of this session will be emailed to you within the next week
- Make sure you have the next session marked in your calendar!
 - End of Life Delirium
 - April 5th, 2022 from 5-6pm ET

LEAP Personal Support Worker



- LEAP Personal Support Worker is an online, self-learning course that provides personal support workers and care aides with the essential competencies to provide a palliative care approach
- Register at: <https://www.pallium.ca/course/leap-personal-support-worker/?enroll=enroll>

"I feel this course was great, and straight forward. It was easy to navigate, and had very good information, and knowledge"

"A great course, lots of information just for the PSW role. Information very informative and easily learned."

"This course is really amazing, well made and really helped me understand palliative care"

"I feel this course was absolutely fantastic! I enjoyed it very much."



"Wonderful journey, thank you"

Thank You
See you on April 5th!



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