# 2nd and 6th Years of Service CNA Inservice Training

- Hospice, Palliative Care, and Grief
- Assistive Devices
- Health Concerns in Elderly/Chronically Ill Clients
- Handwashing

# Hospice, Palliative Care, and Grief

Caregivers will care for clients through many stages of the healing process. Some clients, however, suffer from illnesses that have no cure. Other clients may be very elderly, and their body is slowly shutting down. In both cases, these clients are approaching death, which is the inevitable end to all human lives.

It's the role of the caregiver to see that these clients are made comfortable and maintain their dignity to the end.

**The primary concern of hospice is to focus on the client's quality of life, not on prolonging their life.**

To enter into a hospice care program, the client is usually terminally ill, which means they are in the final stage of a fatal illness.

**When a client knows there is no cure for their illness, the care they are given is called palliative care.**

Palliative care emphasizes giving the client a good quality of life, not extending their life.

# End of life: Caring for someone who is dying

**You can provide emotional, spiritual and physical care for a client who is dying.**

Quality care at the end of life addresses a person's physical comfort, daily care, and emotional and spiritual needs. If you're caring for a client who's approaching the end of life, learn what to expect and how you can support end-of-life care.

## Best practices in end-of-life care

If a client has a life-limiting illness or is nearing death, you'll likely hear the terms "palliative care" and "hospice care".

Palliative care is care to alleviate pain and manage barriers to a good quality of life while undergoing treatment for a serious illness, such as cancer. Palliative care may begin early in treatment and continue even after disease treatment ends.

Hospice care is a service for a person who has discontinued disease-fighting treatments and is preparing to die. Hospice care services provide a means to monitor end-of-life care needs, coordinate professional and family caregiving, and address the entire spectrum of needs at the end of life. This care can be provided in the home, assisted-living residences, nursing homes, hospitals and hospice-care facilities.

Palliative and hospice care depend on a team of people with different specialties, including doctors, nurses, home caregivers, social workers or counselors, and clergy or other spiritual advisors.

## Making decisions

A palliative and hospice care team can help your client establish treatment goals and guide them through important decisions. This decision-making is intended to honor the wishes of the person who is dying, optimize his or her quality of life and support the family. Issues may include:

- When and if to discontinue disease treatment
- When to remove life-support machines, such as ventilators and dialysis machines
- Where to receive hospice care
- What support the family needs to provide care for the dying person
- How best to enable the dying person to spend quality time with family and friends
- What emotional and spiritual support is wanted by the person who is dying, family members and friends

Studies demonstrate that this person-centered approach improves care and the quality of people's lives in their last days.

## Supporting spiritual needs

People who know they are near the end of life may reflect on their beliefs, values, faith or the meaning of life. They may have questions about how they will be remembered, or they may think about the need to forgive or be forgiven by another. Others may feel conflicted about their faith or religion.

You might listen and ask open-ended questions if the dying person wants to talk about spiritual concerns. You can read together, play music or share in a religious tradition the person values. A person who is dying may find solace in hearing why others value their relationship and how they will remember him or her.

## Supporting emotional needs

A person nearing the end of life may be distressed or experience conflicting emotions. You can provide emotional support by listening and being present. Your physical presence — sitting quietly or holding hands — can be soothing and reassuring.

You can also arrange visits with people the dying person wants to see for saying goodbyes or sharing memories. Or you can arrange calls with or share messages from those who can't visit.

Creating a calm environment with low lighting and quiet music — and removing distractions — can improve mood, evoke memories and help the person relax.

## Recognizing when death is near

While it's difficult to know when someone is going to die, there are common signs that may indicate the last days or hours of life. These may include:

- Restlessness, confusion or agitation
- Increased sleep or periods of drowsiness
- Loss of appetite
- Irregular breathing or pauses in breathing
- Swelling, coldness or blue coloring in the hands or feet
- Reports of seeing someone who has already died
- Gurgling or crackling sounds with breathing

### Providing comfort

It's important to know steps you can take to provide comfort during the last days and hours before death.

| Problems | Comforting care |
| --- | --- |
| Not eating | Feed small spoonfuls of food. Use ice chips or a damp sponge to keep the mouth moist. |
| Dryness around the face | Use a damp cloth to relieve dryness around the eyes. Apply lip balm or petroleum jelly to the lips. |

| Problems | Comforting care |
| --- | --- |
| Labored breathing | Gently turn the person's head, adjust pillows or raise the head of the bed. Use a cool-mist humidifier. Ask the family about medication or the use of oxygen. |
| Skin irritation | Gently apply lotion to dry skin. Move and adjust the person safely in bed to avoid the development of sores. |
| Incontinence | Change incontinence pads or ask the family about the use of a catheter. |
| Agitation, confusion | Speak calmly and be reassuring. Hold hands or use a gentle touch if it's comforting. Remind the person where he or she is and who is there. Ask the family for help if significant agitation occurs. |
| Pain | Encourage the client/family to use pain medication as directed. Ask the family to have the medication dosage adjusted as needed. |
| Sensitivity to temperature | Pay attention to clues to whether the person feels hot or cold. Adjust the room temperature and bedding as needed. |

## Keeping vigil

Keeping vigil in the last hours of life is a way for others to show support for your client. If you think he or she would want to share this time with others, ask their family to invite family members or close friends to show their support as well.

# GRIEF

There are five stages of grief, and **sometimes people will start the grieving process before their loved one dies**. Others may not start the process until after someone dies.
People go through the stages of grief in different orders and at different rates as well. Sometimes the different stages are repeated or are never experienced at all.

## The stages of grief include:

**Denial -** The grieving person doesn't really believe that someone has died or is about to die; they may feel like this isn't happening to them or that it won't happen at all.

**Anger -** This is an extension of denial, where the person feels like the death is unfair; people may feel bitterness and a loss of faith, fighting against the loss of a loved one.

**Bargaining -** The grieving person starts to think that they can strike a deal to extend life; they may "promise" to live a better life or be a better person to prevent death.

**Depression -** This happens when the grieving person realizes the finality of death; they may brood, be withdrawn, stop communicating with others, and even consider suicide.

**Acceptance -** This is the last stage of grief, where the person realizes that death is an inevitable part of life; they start to have a feeling or sense of peace and start to recover from the grieving process.

Your client's family and friends will go through this process as they watch their loved one die.

The client will also go through this process as they come to understand that their illness is terminal, and that death is approaching. **For these people, the process is more personal because it is the end of their own life that they are grieving**.

The caregiver should support both the client and their family by being understanding, kind, and empathetic. **Caregivers are not immune from this either**, and may experience the grieving process as well as they watch their clients slowly die.

This is a natural feeling, **so take comfort in knowing that the care that caregivers give their clients helps them face the end of their life with dignity and respect**.

# Assistive Devices

An **assistive device** is any service or tool that helps people do activities they have always done but must now do differently. These tools are called "assistive technology" or AT for short.

There are more than 20,000 assistive devices on the market today.

You are in a great position to help your clients with assistive devices. For example, you might:

- Notice a problem that could be solved if your client had an assistive device
- Observe and report that a client is using a device improperly or needs training for the device to be effective
- Encourage a client to use an assistive device that he has been reluctant to use

Up to 80% of people who use AT appropriately are less dependent on others and up to 50% can live in their own homes longer.

**Examples of Assistive Devices:**

Hearing Loss: Hearing aids, amplified telephones, text telephones, closed captioned TV
Vision Loss: Magnifiers, special bright light bulbs, large print books, electronic readers (like Kindle, for example)
Mobility: Canes, crutches, walkers, and wheelchairs
Meal Time: Thick or long-handled silverware, rocker knives, cup holders, dishes with suction cups
Bathroom: Grab bars, handheld shower head, non-skid bathmat, shower chairs, bedside commodes, bedpans, long handled tooth/bath brushes, urinals, elevated toilet seats
Dressing: Elastic shoelaces, long-handled shoe horns, zipper pulls, Velcro clothing, grabber devices

Do-It-Yourself: add suction cups to dinnerware, add foam to silverware to make it easier to grasp, use ribbons on zipper pulls or cabinet/drawer pulls to make them easier to open.

TIPS for HELPING CLIENTS with ASSISTIVE DEVICES

- For clients who like carrying lots of assistive devices and other things with them but have trouble holding them, suggest an apron with large pockets or a utility bag hooked to their walker.
- Remember that a cane should be held by a client's STRONG side unless directed otherwise by a physical therapist. The handle should be at hip level.
- Discourage clients from picking up their walkers and carrying them! If you see this, let someone know.
- Keep an eye on each client's range of motion. If a client has limited movement, there are lots of assistive devices that can help make life easier.
- Remember that some people need time to adjust to a new physical limitation. Don't try and rush a client to use an assistive device or they may reject it if they haven't had time to deal with the emotional impact of needing an assistive device.

## Hoyer Lifts

A Hoyer lift allows a person to be lifted and transferred with a minimal amount of physical effort.

There are both manual and electric Hoyer lifts.

Make sure you have been instructed thoroughly on how to use the Hoyer lift that your client has in their home.

Things to remember:

- A client needs to have good head and neck control to use a sling that does not have head/neck support.
- The client's weight should be centered over the base of the lift's legs at all times. The base/legs should be spread as wide as possible for stability.

**Electric Hoyer Lift**

**Manual Hoyer Lift**

**Sit-to-Stand Lifts**

Sit-to-Stand Lifts are designed to help clients with some mobility but who lack the strength or muscle control to rise to a standing position from a bed, wheelchair, chair, or commode. A sit-to-stand device should only be used by people who can bear some of their body weight.

Several criteria are used to determine if a person is able to use a Sit-to-Stand Lift. These include:

- Being able to sit up unassisted at the side of the bed
- Supporting at least partial body weight while standing
- Holding onto the lift with at least one hand
- Good head and neck strength
- Following basic directions

These devices should be ordered by a doctor/physical therapist to make sure the right one is being used. You should be thoroughly trained on using whatever sit-to-stand lift your client has in their home.

# Health Concerns in the Elderly or Chronically Ill Client

There are many health concerns in the older or chronically ill client. These are just a few of them.

## Cancer

In 2018, more than 1.7 million new cases of cancer were expected to be diagnosed and more than 600,000 people were expected to die from the disease. Thankfully, major breakthroughs are changing how we prevent, treat, and cure cancer. Treatments are becoming increasingly personalized and many advances have been made in cancer treatment.

Cancer is the second leading cause of death among people over age 65. If caught early through screenings, such as mammograms, colonoscopies, and skin checks, many types of cancer are treatable.

A number of types of cancer are more common as people age, including skin, breast, lung, colorectal, prostate, bladder, non-Hodgkin's lymphoma, and stomach cancers.

## Cataracts/Macular Degeneration

A cataract is a progressive cloudiness in the lens of the eye, resulting from a number of factors. Age is one risk factor, but so is smoking, race (Caucasians are more susceptible than African-Americans), and family history. Cataract surgery may be recommended to remove and replace the lens.

According to the U.S. National Institutes of Health, half of all people over the age of 80 have some kind of cataract or have had cataract surgery. Initially, a person may not notice a cataract, but over time vision can become blurred and much reduced.

Age-related macular degeneration (AMD), a common condition in adults over the age of 50, is the most common cause of blindness in older people. As the macula of the eye progressively deteriorates, so does a person's ability to see objects clearly in the center of his field of vision, though peripheral vision is usually preserved.

Though the role of certain lifestyle habits is not fully understood, researchers believe that limiting tobacco use, regular exercise, maintaining healthy blood

pressure and cholesterol levels, and eating an anti-aging diet rich in colorful vegetables and fish will all help prevent macular degeneration.

**Dementia, including Alzheimer's Disease**

Characterized by a loss of brain functioning, dementia can manifest as memory loss, mood changes, confusion, difficulty communicating, or poor judgment.

Alzheimer's disease is the most common cause of dementia, but a number of other diseases can cause it as well, including:

- Vascular dementia (due to impaired blood flow to the brain)
- Lewy body dementia
- Frontotemporal disorders
- Huntington's disease
- Parkinson's disease

While the incidence of dementia increases with age, it is not considered a natural part of the aging process.

Alzheimer's Disease is one form of dementia that affects the way people think, behave and remember events in life. Symptoms start off with forgetfulness and difficulty doing more than one thing at a time. As it progresses, clients have a more difficult time remembering people, places and events, and are often confused in social situations. This causes them to behave erratically and unpredictably. In later stages, those with advanced Alzheimer's cannot understand language and can no longer perform daily functions like eating or bathing. There is no cure for this disorder, and after diagnosis, people can sometimes live from 3-20 years with the disease, and it can ultimately cause their death.

**Depression**

Depression is a true and treatable medical condition, not a normal part of aging. However, older adults are at an increased risk for experiencing depression. If you are concerned about a client, ask their family or offer to go with him or her to see a health care provider to be diagnosed and treated.

Depression is not just having "the blues" or the emotions we feel when grieving the loss of a loved one. It is a true medical condition that is treatable, like diabetes or hypertension.

Someone who is depressed has feelings of sadness or anxiety that last for weeks at a time. He or she may also experience:

- Feelings of hopelessness and/or pessimism
- Feelings of guilt, worthlessness and/or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable
- Fatigue and decreased energy
- Difficulty concentrating, remembering details and making decisions
- Insomnia, early–morning wakefulness, or excessive sleeping
- Overeating or appetite loss
- Thoughts of suicide, suicide attempts
- Persistent aches or pains, headaches, cramps, or digestive problems that do not get better, even with treatment

## Diabetes

Despite recent advances, diabetes continues to be a major health threat for approximately 29 million Americans who have the disease, and 86 million Americans with pre-diabetes. The biggest concerns for individuals with the disease are its many complications and co-morbidities, which can cause vision loss, heart disease, stroke, and other debilitating medical conditions. The CDC estimates that 25 percent of people ages 65 and older are living with diabetes, a significant senior health risk.

Diabetes can be identified and addressed early with simple blood tests for blood sugar levels. The sooner a person knows that they have or are at risk for diabetes, the sooner they can start making changes to control the disease and improve their long-term senior health outlook.

## Hearing Loss

Hearing loss is common with advancing age, thanks to the deterioration of tiny hairs within the ear that help process sound. It can mean simple changes in hearing, too, such as having difficulty following a conversation in a noisy area, having trouble distinguishing certain consonants (especially in higher-pitched voices), certain sounds seeming louder than usual, and voices seeming muffled.

Several factors in addition to age, such as chronic exposure to loud noises, smoking, and genetics, can affect how well a person hears as they get older. About 25% of people between the ages of 65 and 74 and 50% of those over 75 have disabling age-related hearing loss.

## Heart Disease

According to the CDC, heart disease remains the leading killer of adults over age 65. As a chronic condition, heart disease affects approximately 37 percent of men and 26 percent of women 65 and older, according to the Federal Interagency Forum on Aging-Related Statistics. As people age, they're increasingly living with risk factors, such as high blood pressure and high cholesterol, that increase the chances of having a stroke or developing heart disease.

Deputy director of the National Institute on Aging in Bethesda, Maryland, geriatrician Marie Bernard, MD's advice for addressing this senior health risk not only helps with heart disease but can improve senior health across the board: "Exercise, eat well, get a good night's rest. Eating well means eating in a fashion that will allow someone to keep a healthy weight with a well-balanced and healthy diet."

## MS (Multiple Sclerosis)

MS is an autoimmune disease that affects the central nervous system, and is more common in women than in men. The extensive nerve damage caused by this disease leads to a number of symptoms like muscle spasms, difficulty walking or moving limbs, bowel and bladder problems, loss of vision, dizziness, slurred speech, trouble swallowing, and more. Some people experience symptoms on an on-going basis, while others have periods of attacks that may last a few days or months at a time.

Depending on the severity of the attacks, some people can live a "normal" life with MS, while others' health and mobility declines over time. There are no cures for MS, though there are medications and different forms of therapies that can slow the progress of the disease.

Symptoms of MS include:

- Blurred vision.
- Muscle stiffness.
- Balance problems.
- Difficulty walking.
- Fatigue.

## Osteoarthritis/Rheumatoid Arthritis

Osteoarthritis is a degenerative joint disease and the most common form of arthritis. Osteoarthritis occurs more commonly as people age, and it's more prevalent in women. Genetics, obesity, and prior joint injury also makes a person more susceptible. The CDC estimates that it affects 49.7 percent of all adults over 65 and can lead to pain and lower quality of life for some seniors.

Rheumatoid arthritis is an autoimmune disease, where the immune system attacks the lining of the joints.

Characterized by swelling and pain in the joints, arthritis cannot yet be cured, but it can be treated with pain-relieving or anti-inflammatory medications, as well as through lifestyle modifications like weight loss, exercise, and physiotherapy.

## Osteoporosis

Also known as "brittle bone disease," osteoporosis is characterized by bone mass loss, which leads to thinning and weakening bones. It gets more common with age, especially in Caucasian and Asian women as well as those from extreme northern areas, such as Scandinavia, where vitamin D deficiency is common. Having osteopenia, or low bone density, is also a risk factor.

According to the National Osteoporosis Foundation, as many as half of all women over the age of 50 will break a bone because of osteoporosis, as will 27% of men over 50. Bone breaks, like hip fractures, are a very serious problem for older adults, resulting in a loss of mobility, independence, and in about a quarter of all cases, death within a year of the injury.

Regular weight-bearing exercise, eating a diet rich in calcium and Vitamin D, and not smoking can all help prevent osteoporosis.

## Parkinson’s

Named after the British physician who first described it in the early 1800s, this progressive neurological disorder causes tremors, stiffness, and halting movement.

Three-quarters of all Parkinson's Disease cases begin after the age of 60, though age is only one risk factor. Men are more likely than women to develop Parkinson's. Researchers believe the disease is caused by a combination of genetics and environmental factors, including exposure to toxins. Research suggests traumatic brain injuries may also play a role.

The most common symptoms to look out for are:

- Involuntary shaking of particular parts of the body (tremor).
- Slow movement.
- Stiff and inflexible muscles.

Currently, there is no cure for Parkinson’s disease. However, there are treatments available that can reduce the symptoms and help those affected to maintain their quality of life for as long as possible.

## Pneumonia and Influenza

Although the flu and pneumonia aren’t chronic conditions, these infections are among the top eight causes of death in people over age 65, according to the CDC. Seniors are more vulnerable to these diseases and less able to fight them off.

Senior healthcare recommendations include getting an annual flu shot, and getting the pneumonia vaccine if recommended by one’s doctor, to prevent these infections and their life-threatening complications.

## Respiratory Diseases

Chronic lower respiratory diseases, such as chronic obstructive pulmonary disease (COPD), are the third most common cause of death among people 65 and older. Among people 65 and older, about 10 percent of men and 13 percent of women are living with asthma, and 10 percent of men and 11 percent of women are living with chronic bronchitis or emphysema, according to the Federal

Interagency Forum on Aging-Related Statistics. Although having a chronic respiratory disease increases senior health risks, making them more vulnerable to pneumonia and other infections, getting lung function tests and taking the correct medication, or using oxygen as instructed, will go a long way toward preserving senior health and their quality of life.

Chronic obstructive pulmonary disease (COPD) is characterized by a reduction of airflow into and out of the lungs due to inflammation in the airways, thickening of the lining of the lungs, and an over-production of mucus in the air tubes.

COPD is most common in people over 65. The condition cannot be cured, but it can be treated, and, perhaps more importantly, prevented.

Symptoms include:

- A worsening, chronic, and productive cough
- Wheezing
- Shortness of breath

The main cause of COPD is chronic exposure to airborne irritants like tobacco smoke (either as a primary smoker or second-hand), occupational contaminants, or industrial pollution. Cigarette smoking remains the most significant risk factor.

**Stroke (Cerebrovascular Accident or CVA)**

A stroke occurs when blood flow is cut off to an area of brain, depriving its cells of oxygen. This can lead to serious health problems.

There are two types of strokes. The most common is called an ischemic stroke and is caused by any lack of blood flow to the brain. A blood clot blocking a vessel, or embolic stroke, is one type of ischemic stroke. The second type is called a hemorrhagic stroke and is caused when a blood vessel ruptures and bleeds in the brain.

It's very important to know the signs and symptoms of a stroke. The sooner someone gets treatment, the better the outcome is likely to be. As mentioned, strokes can be life-threatening, so it's important to seek medical help as soon as possible. Memorize the signs of a stroke with the word **FAST**:

- **F**ace – Has their face drooped or fallen on one side? Can they smile?

- **A**rms – Can the person raise both arms and hold them there?
- **S**peech – Are they speaking clearly? Or is their speech slurred or garbled?
- **T**ime – Don't waste any time! Dial 911 immediately if you notice any of these symptoms.

## Urinary Tract Infection

Urinary tract infections, or UTIs, are the most common bacterial infection in older adults, affecting women more often than men. UTIs can typically be treated effectively with antibiotics once diagnosed. Unfortunately, not all UTIs are treated quickly, and some aren't even identified, particularly in seniors.

### What is a UTI?

A UTI is an infection in the urinary tract. The urinary tract includes the kidneys, bladder, ureters and the urethra which carries urine out of the body. They are most commonly caused by bacteria.

A lower UTI is a common infection, affecting the lower part of the urinary tract, the urethra and urinary bladder. Infection of the urethra is urethritis while a bladder infection is cystitis. An upper UTI affects the kidneys.

### What causes a UTI?

A typical bacterial UTI is caused by bacteria, often fecal bacteria, entering the urethra through the urethral opening where urine is released from the body. Usually, the body can fight off these bacteria and prevent infection. However, if the immune system is too weak, the bacteria multiply, causing infection.

### What are the symptoms of a UTI?

When typical, healthy adults get a UTI, the symptoms are usually easy to identify, and the infection is simple to diagnose:

- Frequent, urgent need to urinate
- Painful or burning urination
- A constant feeling of a full bladder
- Pressure or pain in the abdomen or lower back
- Dark, cloudy or thick urine

If left untreated, a person may experience:

- Fatigue

- Nausea and vomiting
- Fever
- Pain in the lower to mid back where the kidneys are located

**Are UTI symptoms different for seniors?**

Typical UTI symptoms like burning and frequent urination often do not appear in seniors -- or they may be too subtle for caregivers to notice. Seniors experiencing UTIs can show a sudden change in behavior and symptoms that may appear to be associated with cognitive issues, such as:

- Frequent falls
- Confusion
- Dizziness
- Agitation or aggression
- Fatigue and lethargy
- Decreased appetite

These symptoms may be interpreted as signs of aging, but if there is a sudden change in abilities, behaviors or disposition, it may be an undiagnosed UTI

## WATCHING FOR SIGNS OF ILLNESS IN OLDER ADULTS

The physical changes of aging and multiple medical problems make illnesses in older adults difficult, so caregivers must be aware of atypical signs to watch for.

What are the early signs and symptoms of acute illness in older adults?

- Acute confusion (for example, delirium)
- Anorexia (change in appetite)
- Absence of fever
- Absence of pain, or pain in alternate location
- Generalized weakness
- Fatigue
- New urinary incontinence
- New functional decline (for example, change in mobility)

# Handwashing (Hand Hygiene)

Hand hygiene is a simple, low cost, evidence-based intervention that can help protect your health and the health of others.

In the wake of the COVID-19 pandemic, governments and community leaders worldwide have called for rigorous and collective efforts to improve public hygiene practices such as handwashing.

Although washing your hands with plain soap and clean, running water is the preferred method for hand hygiene, using an alcohol-based hand sanitizer with at least 60 percent alcohol can also be an effective option.

Good hand hygiene isn't a measure to be used only during pandemics and other disease outbreaks. It's a time-tested intervention that needs to be practiced consistently and mindfully to have the greatest effect on individual, community, and global health.

Key Times to Wash Hands, according to the CDC

You can help yourself and your clients stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- Before, during, and after preparing food
- Before and after eating food
- Before and after caring for someone who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a client who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

To prevent the spread of germs during the COVID-19 pandemic, you should also wash your hands with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol to clean hands BEFORE and AFTER:

- Touching your eyes, nose, or mouth
- Touching your mask
- Entering and leaving a public place
- Touching an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens