

## End of Life Conversations Tool Diagnosing Dying –an e-learning package

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## Aim

- To showcase an e-Learning programme entitled "Diagnosing Dying" which looks at assessment skills
- To explore conversations we have with family/whanau at end of life
- Collate our shared knowledge to utilise in our practice settings

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## A little bit of history

- Wanting to do it
- Exploring the options
- 2 streams
  - Utilising e-learning for in-hospice training
  - Developing an e-learning resource for primary palliative providers
- Collaborative project MHA, HNS and Goodfellow Unit
- Brainstormed topic ideas

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## Why Diagnosing Dying???

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## Diagnosing Dying

Narrowing down the topic ....

Identifying objectives ....

- Learner will develop ability to recognise when a patient they are working with is actively dying ie in the last 24-48 hours of life
- Aims
  - Enable attendee to learn the skills they will need to assess someone to 'diagnose the dying phase'
  - Know what do next and who to speak to
  - What resources and support they can access
- Course developed with awareness of differing contexts & situations a HP may face where they question whether a patient is dying

Target audience for this course is community and inpatient health professionals

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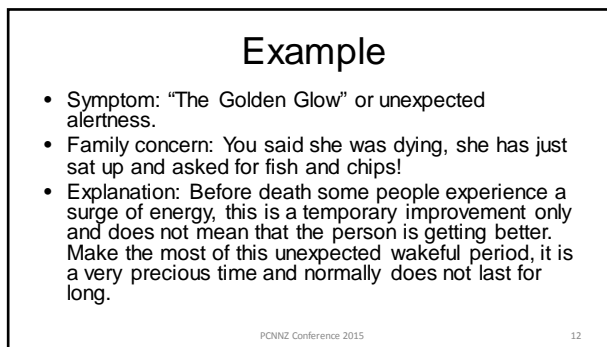
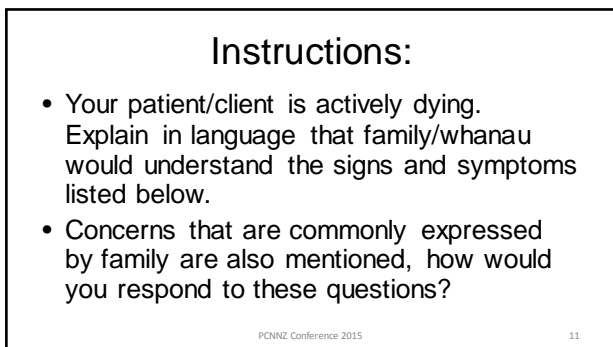
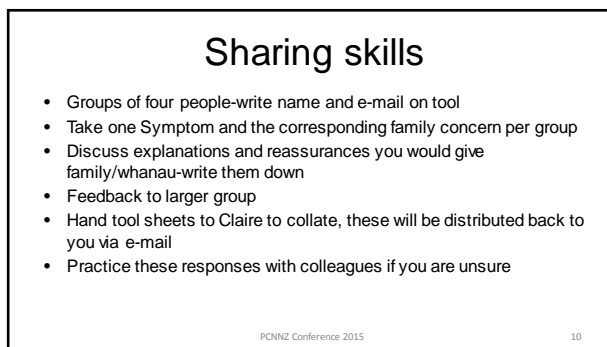
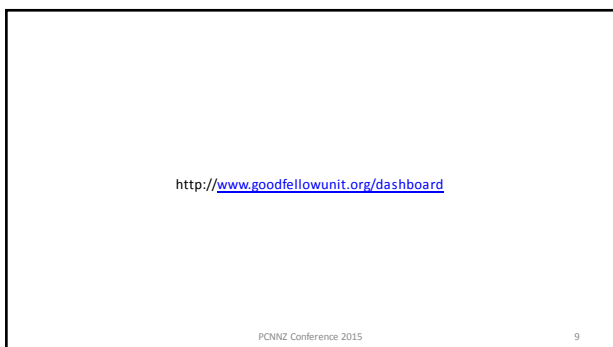
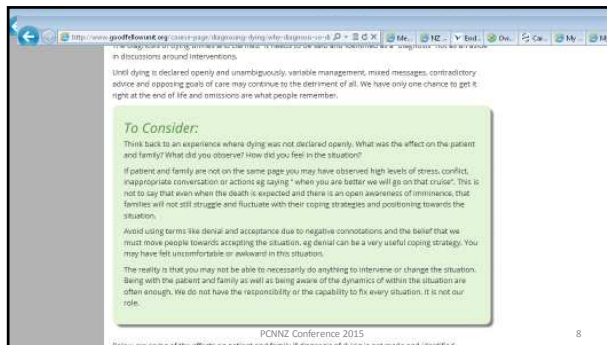
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## Areas of focus

- INTRODUCTION (Claire)
- THE DYING PROCESS (Alison)
- COMMUNICATION (Helen)
- BARRIERS TO DIAGNOSING (Claire)
- FURTHER RESOURCES (Helen)
- WHAT IF PERSON IMPROVES / REVERSIBLE CAUSES / ABNORMALIES (Helen)

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SYMPTOM	Family concerns	EXPLANATION
Body temperature Hot, cold, clumpy temperature can fluctuate. Peripheral shutdown.	Their hands are cold, we need to switch on the electric blanket.	
Breathing Patterns Cavey like breathing. Rapid, shallow, laboured, death rattle- upper respiratory tract secretions.	She needs oxygen. His breathing stops and starts. She is drowning, give her suction.	
Stupor/Coma Reducing level of consciousness attributed to disease process.	Don't move him, he is comfortable. I cannot wake her up.	

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SYMPTOM	Family concerns	EXPLANATION
Eating and Drinking Dysphagia, swallow reflex poor but can be intermittent. Energy required to process food becomes greater than the energy derived from it.	She is starving to death. We believe in the "Energy Ghost" - He is dehydrated why can't you put him on a drip?	
Confusion/Disorientation/Vision/ Halo/hallucinations Towels building up. Multi-Organ failure. Existential distress. Total pain. Terminal restlessness. Delirium. Unfinished business.	He saw Uncle Albert and Mum- they have been dead for 2 years! She is pecking at the covers and saying she sees spiders crawling along the wall. He is calling out and talking to someone.	
Skin Colour Central cyanosis. Mottling. Jaundice. Peripheral shutdown. Pallor.	Have you seen the bruises on her feet and hands? Why is she mustard coloured?	

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SYMPTOM	Family concerns	EXPLANATION
Urine-reduced output and bowels/incontinence Urine: Concentrated, cloudy, poor output Bowels: No motions, diarrhoea Systems shutting down Reduced intake.	Should you put a catheter in him? He has not used his bottle. He won't be producing much so we don't need to worry about his bowels.	
Reduced activity/ social withdrawal/fatigue Systems shutting down, less oxygen availability to the muscles. Not engaging with conversation.	Can he hear us? Do they know we are here?	

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## Thank you

Any questions?

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