



Regional Palliative Care Services

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Food and Fluid Needs in the End of Life: Helping Patients and Families Make Informed Decisions

By Jenna Hemmerich, Palliative Nurse Consultant

As death approaches, people often experience a decrease in appetite with little or no interest in food and drink. Providing food and fluids has great meaning to many people as they often relate the provision of food and fluids to comfort and nourishment, and to the giving and the preserving of life. Nearing end of life people are often unable to digest food and may be unable to swallow. As health care providers, many times we are asked “Is she starving or suffering?” or we hear statements like “He needs to eat to get stronger.” When a dying person’s body begins to shut down, the body may be unable to adequately use nutrients that artificial nutrition or hydration would provide and therefore be futile. It is important to have discussions early

on in a persons’ prognosis regarding nutrition and the natural changes that may occur as disease progresses to ensure the patient and families have the necessary information to make informed decisions at end of life.

Artificial hydration or nutrition support alone does not reverse or cure disease and at end of life should be carefully considered based on a patient’s wishes, prognosis, and goals of care. Open and honest communication amongst the patient, his or her family and healthcare providers is essential and can facilitate decisions that are made in the patient’s best interest. The decision regarding hydration or nutrition should focus on patient comfort rather than on the goal of providing optimal nutrition and hydration.

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In specific situations, artificial hydration can be beneficial. Such instances can include helping to reverse neurotoxicity or opioid-induced delirium, to help with nausea and vomiting or in cases where electrolytes need to be corrected such as in hypercalcemia or other electrolyte imbalances. In certain situations, artificial nutrition may also be appropriate and beneficial such as in a high functioning person with cancer who cannot eat due to a tumour preventing swallowing or in other various situations where temporary nutrition will show a benefit to a patient where quality of life can be preserved.



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Burdens of artificial hydration at end of life can include increased respiratory secretions particularly in those patients with congestive heart failure, increased shortness of breath, restlessness and incontinence. As normal body functions are responding to the disease process and are slowing in preparation for death, less urine will be produced which may lead to fluid overload or edema. Hydration does not prevent or improve thirst or relieve a dry mouth, so frequent mouth care can provide comfort. An intravenous can be invasive at end of life, causing pain and can restrict activity and movement of the patient. Another possible burden may be that it could affect where the patient dies due to limits or availability in home or facility. As every situation is individualized, the benefits and the burdens need to be explored thoroughly with careful monitoring and ongoing evaluation.

Providing information to families regarding the normal changes at end of life can help informed decisions be made. Suggesting activities that families can do with their loved one such as spending time together reminiscing, hand or foot massages, listening to music or just sitting quietly. Giving frequent mouth care, ensure the person's lips are moistened and reassuring the

family that people approaching death usually do not feel thirsty or hungry. Providing the pamphlet "Food and Fluid Needs at the End of Life" can be helpful information for families to read.

Decisions to not start or to withdraw any treatment can be very difficult at the end of life. Cultural or religious beliefs can also play a role in how decisions are made. If an advance care plan is in place, this can be the guide for what choices are made once the patient can no longer speak for him/herself. If the wishes of the patient are not known and the patient is no longer able to speak on his or her own behalf, it may be helpful to have the family consider a few important questions. These questions can include: "Do you know what your loved ones wishes were about intravenous and feeding tubes?" "Had these wishes been expressed earlier on in their illness?" "What do you feel will bring the best quality of life for him/her at this time?" Or, "If your loved one could talk right now and express their wishes, what is it that you think they would want at this time?" The struggle for families to make decisions at end of life can be burdensome. As a health care provider, communicating the options openly and honestly to allow the family to make informed decisions is of utmost importance.

References

Daniel, K., Rhodes, R., Vitale, C., & Shega, J. (2014). American Geriatrics Society Feeding Tubes in Advanced Dementia Position Statement. *Journal of the American Geriatrics Society*, 62(8), 1590–1593. doi:10.1111/jgs.12924



<https://pixabay.com/>

Downing, G. M. & Wainwright, W. (2006). Medical Care of the Dying (4th Edition) Victoria: Victoria Hospice Society, 311-316.

Fuhrman, P. (2008). Nutrition Support at the End of Life: A Critical Decision. *Today's Dietician*, 10(9), 68.

Information on end-of-life care (2001). *JNCI Journal of the National Cancer Institute*, 93(18), 1369–1369. doi:10.1093/jnci/93.18.1369

Northern Health. Food and Fluid Needs At the End of Life Hospice Palliative Care Program. Retrieved February 2, 2017, from https://northernhealth.ca/Portals/0/Your_Health/HCC/Hospice%20Palliative%20Care/HPC%20Forms/10-410-3006%20-%20Food%20and%20Fluid%20Needs%20at%20the%20End%20of%20Life.pdf

Schultz, M. A. (2009). Helping Patients and Families Make Choices about Nutrition and Hydration at the End-of-Life. *Medscape*. 9(2).

Education Opportunities

The Northern Health Palliative Care Consultation Team is pleased to be offering Pallium Canada's Learning Essential Approaches to Palliative Care (LEAP) Education. LEAP curriculum is competency based, interprofessional, practical/case-based, and developed by content experts across Canada. The NH Palliative Care Consultation team has been trained to facilitate these courses and the course fees for health authority staff (excluding physicians who have a reduced rate) are being paid for by the BC Center for Palliative Care at the present time.

Please visit Pallium Canada's website at: <http://pallium.ca> for more information, or call the Consultation Team if you have any questions.

1. LEAP individual modules - 1 hour modules based on LEAP Core or Mini - can be provided based on education need for staff and are being utilized for the NH Palliative Care Consultation Team's webinar series. These are also being uploaded onto the Learning Management System along with a pre/post test to evaluate learning.
2. LEAP Mini - one day course - being run on request (minimum 10 staff).
3. LEAP Core - two day course covering topics more in-depth ... see 2017 dates below to "hold the dates".
 - LEAP Core NW (Terrace) June 20/21 - 20 participants
 - LEAP Core NE (Ft. St. John) June 13/14 - 20 participants
 - LEAP Core NI (Prince George) June 6/7 - 30 participants

Registration for the Core in Terrace, Ft. St. John and Prince George will occur in April 2017 (early registrations will not be accepted).

More information and details will be sent out closer to the registration dates.



Pallium Canada

Palliative Care Education for All Care Providers - Mobilizing Compassionate Communities
Formation sur les soins palliatifs pour tous les soignants - Mobiliser les communautés bienveillantes

Highlighting the North

guest articles from the region

Aromatherapy and Essential Oils in Palliative Care

Author: Jenny Bellhouse, Certified Aromatherapist

Essential oils are slowly making their way into the daily lives of clients with life-limiting conditions. They are being promoted everywhere as a natural alternative to healing ourselves emotionally and physically. They are part of the “*get healthy, get natural, be aware of what you are putting in and on your body*” movement. Although aromatherapy is still not being researched clinically on a large scale, many practitioners and clients are finding them useful.

Aromatherapy usually involves the use of essential oils. Essential oils are plant based substances extracted from various parts of the plants. It takes 50 rose petals to obtain one drop of essential oil. You can see how concentrated and fragrant pure essential oils are.



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How can essential oils be helpful?

Essential oils, when used carefully on elderly clients can promote healing, relaxation and sleep, emotional well-being and hence improved quality of life. They can be used to alleviate symptoms such as anxiety, depression, headaches and nausea, or other side effects of chemotherapy. The most common and

least intrusive way to use essential oils with palliative clients is by inhalation using a personal inhaler or by adding a few drops to a diffuser. For clients receiving massage therapy, mixing a few drops of essential oil with a lotion or carrier oil base is another way to use essential oils.

Helpful Essential Oils and a few of their properties:

Cedarwood, Indian (*Cedrus deodara*) – Reduces pain and swelling, skin nourishing, calming.

Roman Chamomile (*Chamaemelum nobile*) - Calms irritability, reduces anxiety, eases frustration, reduces spasms and cramps.

Ginger (*Zingiber officinale*) - Stimulates will power, restores motivation, increases energy, antibacterial, decongestant, relieves nausea or vomiting, settles digestion and may assist in preventing gas.

Juniper Berry (*Juniperus communis*)- Cleanses and protects, useful when feeling burdened, calms worry and negative thinking.

Lavender (*Lavandula angustifolia*) - Calms, soothes, nurtures, encourages balance, reduces anxiety and fear, helps calm panic attacks.

Patchouli (*Pogostemon cablin*) - Balances an overactive mind, reduces nervous strain, grounding, helps reduce anxiety, antibacterial, antifungal.

Safety Precautions:

It is best to consult with a Certified Aromatherapist due to the many safety precautions and contraindications essential oils may pose on palliative clients who are receiving treatment. You should

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consult a medical health professional before trying essential oils on clients who are taking medications, have compromised immune systems and/or skin allergies.

Due to the fragile systems of palliative clients, a 1% dilution is recommended when applying to the skin. Never apply pure essential oil directly on the skin as it can cause irritation. If a client does not like the smell of an oil, it is best not to use it. Do not mix essential oil with a water based substance. Carrier oils are used as a natural base to mix with your essential oils so they are safe to use on the skin. They are beneficial to the skin as well. Some examples of carrier oils are beeswax, jojoba wax and avocado oil. Do not use expired or rancid essential or carrier oils.

Essential oils are for external use only unless under the direct supervision of a Certified Aromatherapist. If you accidentally spill or get essential oil on the skin,

use an oil to remove it. A vegetable oil from your kitchen cupboard will do. Do not try to rinse the essential oil off the skin with water, as this will only cause more irritation.

When using a diffuser, be sure to leave your clients door open and/or only run the diffuser for 10 minutes at a time. Using too much essential oil can be overwhelming for the delicate systems of your clients. An alternative to using a diffuser or inhaler would be to place a few drops of essential oil on a Kleenex and place it near to your client's bedside table.

For more detailed information regarding essential oils, their properties and safety precautions, seek the advice of your local Certified Aromatherapist.

References:

Aromahead Institute of Essential Oils Studies
Mayo Clinic

Tisserand Institute of Advanced Aromatherapy

Note: Check with your facility to determine if aromatherapy use is appropriate.

“When we honestly ask ourselves which persons in our lives mean the most to us, we often find it is those who instead of giving advice, solutions or cures, have chosen instead to share our pain. The friend who can be silent with us in an hour of grief, who can tolerate not knowing, not curing, not healing, and face with us the reality of our powerlessness, is the friend that cares”

Henri Nouwen 1974

Transitions in Dying and Bereavement. Cairns, Thompson, Wainwright, Victoria Hospice Society. Health Professions Press, 2003. Page 219.

