

Many residents do not suffer pain toward the end stage of life. The team members will regularly assess the needs of the resident and will routinely monitor for the presence of pain. If you think your loved one is experiencing pain, please share your concerns with us.

In the very end stages of life, a resident may experience difficulty breathing. This is called "Cheyne-Stokes." It is caused by the body's inability to provide adequate oxygen exchange. It is characterized by increasing frequent deep breaths followed by periods of not breathing (apnea). Eventually the periods of apnea will become longer and more frequent than the breaths. Cheyne-Stokes have an anaesthetic effect and are beneficial to the resident. They are sometimes frightening to hear, and there are medications available to calm the resident if necessary. We encourage you to talk with the Care team and the physician if you have questions.

#### **Caring for the body after death**

The staff want to ensure that they are caring for the body in a manner that is culturally and ethnically sensitive. Before your family member's death, we ask that you provide these details to the Charge Nurse.

If you wish to see your loved one before the resident is moved from the home, please make this wish known to the care team.

E.J. McQuigge Lodge provides extensive palliative training to all levels of staff. We know that this is a difficult time for families and we want to support you. If you have any concerns you would like to discuss, we ask that you share these with any member of the care team or with the Charge Nurse.



## Palliative Care



Caring for Residents  
at the end stage of  
life

### **Moving to the next stage ...**

Residents come to our home to have the fullest Life possible, with the help of our staff. Our goal is to help them to be as independent as possible and when they begin to lose their independence, we strive to support them. When residents are in the end stages of life, staff will work with you and your Loved one to make their final days as serene and comfortable as possible. The care offered at the end stage of life is called "palliative care:" and this brochure is designed to help you prepare for the last stage in the life of your loved one.

What is palliative care? Palliative care, also called comfort care, is primarily directed at providing relief to a terminally ill person by managing pain and symptoms. The goal is not to cure, but to provide comfort and maintain the best quality of life for as long as life exists. The focus is on compassionate care for the living,

We strive to provide this care in a socially supportive environment, and to meet the physical, emotional and spiritual needs of the residents, while also supporting the family during this difficult time. Medical investigations and therapies are limited to those that provide benefit to the resident and are in accordance with the wishes of the resident and the family.

### **levels of intervention**

Residents and families are encouraged to discuss the resident's wishes for end of life care in a relaxed setting and at a non- stressful time. These decisions can then be communicated to the care team.

Levels of intervention are discussed by the physician or care team at the six-week care conference, annually and at any time the resident and family wish to make a change.

The levels of intervention are:

- *Comfort Care - Level 4*  
The focus is to maintain comfort by ensuring that the resident has pain relief, good mouth and skin care, etc. The resident will not receive CPR, receive antibiotics or be transferred to hospital. Staff who know the resident will provide the care.
- *Supportive care - Level*  
This level is for residents who have advanced diseases and have deteriorated. Antibiotics are used to treat infections such as pneumonia. However, if the resident does not respond to the treatment, they will be kept at the home and comfort measures will be provided by staff who know the resident.
- *Supportive care & transfer to hospital Level 2*  
No CPR would be provided in the case of a witnessed cardiac arrest, but the resident will be transferred to the hospital if it will be of benefit. For example, a resident will be transferred to the hospital if he/she suffers a fall or requires acute care. The family will be notified.
- *Aggressive Intervention - Level 1*  
CPR will be given in the case of a witnessed cardiac arrest. In addition, advanced life support will be given at the hospital with a possible admission to an intensive care unit.

Families are encouraged to make these decisions together. We also encourage you to discuss your thoughts and questions with the care team. The care team will try to respond to your questions and provide the information you need to understand what your loved one is experiencing.

### **Symptoms**

We work with residents to relieve the stresses experienced at the end stage of life. This includes assessing and managing the emotional and physical symptoms. Two of the greatest concerns of people who are dying are the fear of dying alone and dying in pain

We encourage families to visit your loved one at any time during this period. We will try to arrange a comfortable place for the resident. Our staff receive education on palliative care and will answer questions to the best of their ability. If you have questions, a member of the care team can arrange for you to meet with other members of the team,

Residents may experience a number of physical symptoms as they decline. These include, decreased energy, skin breakdown, difficulty with food and fluid intake, nausea, constipation/diarrhea, decreased urine output and difficulty breathing. Please ask the care team to explain the interventions they are using to ease your family member's discomfort. The team will use the expertise of the dietitian, the physiotherapist and our pharmacist to manage these symptoms and make your family member as comfortable as possible.