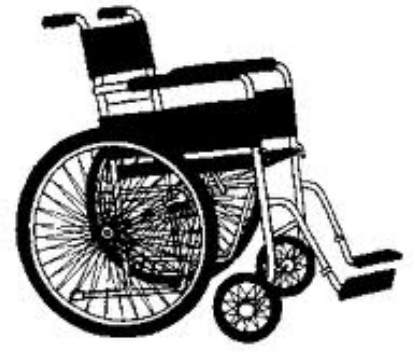




loddon mallee
regional palliative care consortium
Enhancing life and quality of health



Carers Safety & Information Kit for Palliative Care Services.



Acknowledgements:

Loddon Mallee CORG Project Team:

| | |
|-------------------|---------------------------------------------------------------------------|
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Physiotherapy Department Kyneton Health
Consumers and carers across the region.
Loddon Mallee CORG

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Introduction.

Background

In February 2011, the Loddon Mallee CORG (Clinical Operational Reference Group) conducted a strategic planning day. This resulted in a list of priority topics and projects being developed for consideration through the Clinical Operation Reference Group.

It was identified that despite the significant amount of written material already available for carers, there was a lack of simple and appropriate information often required. This gap was seen as being primarily around the lack of practical and 'hands – on' information around the safe use of equipment to complement the education given by community palliative care nursing staff. This is particularly evident in services who don't have readily available access to Occupational Therapists to support their patients and carers.

Review of current resources

Investigation of existing resources revealed multiple examples from which information could be utilized by any service to compile a 'carer's package'. Information in written and electronic forms is currently available covering multiple aspects of caring and 'what it's all about'. Various forms of information are used in existing community services with many services distributing large amounts of information through their patient assessment processes.

Whilst carers are given written and verbal information, it has become evident that they require ongoing prompts when situations arise. For example, it was reported during routine bereavement follow up, that a Carer said they did not know "how to use the slide sheet properly" and another did not know how to use a wheelie frame. In this situation a checklist of information may have been a useful tool to gauge the carer/ client comprehension at various intervals during care.

Another area of interest raised in discussion is research being conducted in Kyneton about "how the Care Giver could benefit from an increase in confidence, knowledge and experience in the transfer of care from community to hospital". Preliminary interviews have indicated that the physical capability of the carer often results in the patient being admitted to hospital. This has prompted the question - would better information have avoided an admission?

Carer's Information Kit

The information in this kit is intended to complement resources already provided to patients and carers. It is to be used in conjunction with education by nursing and support staff, especially Occupational Therapists. The information cards do not replace the hands on education and assessment by nursing staff of either the carer / s or patients. They can be a valuable tool in increasing the level of confidence for carers in completing a task.

It is the responsibility of each service to ensure that all information cards are current with any suggested changes added and that contact details added to each information card and are correct.

Policies and Procedures

Service LOGO

Policies and Procedures Checklist for equipment provided to Carers.

| Policy / Procedure | Yes / No | Located |
|-------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------|
| OH & S Checklist | | Located: |
| Equipment Inventory | | Located: |
| Hygiene procedures and infection control. | | Cleaning instructions provided with all equipment when delivered to the home. All equipment is cleaned on return. |
| Maintenance | | Equipment checked over when returned from the home. All electrical equipment is checked and tagged by qualified staff when returned. |
| Medication safe storage procedures | | Located: |
| Risk Assessment Files | | Located: |
| Manual Handling for Carers | | Located: |
| Palliative Care operational directions | | Located: |
| All service policies and procedures | | Located: |

Resource File

| | |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <p>Websites:</p> <p>www.pallcare.asn.au Palliative Care Victoria</p> <p>www.palliativecare.org.au Palliative Care Australia</p> <p>www.caresearch.com.au Care Search</p> <p>www.courts.sa.gov.au/courts/coroner/2010/Hutton_Arthur_John The South Australian Coroner handed down findings on the use of bed sticks in May 2010</p> |
| | PCV Newsletters – ‘ A literature review of Caregivers Interventions and their effectiveness’ |
| | <p>Free Brochures</p> <ul style="list-style-type: none"> • Veteran’s Affairs • Swan Hill – www.shdh.org.au |
| | <p>Networks</p> <ul style="list-style-type: none"> • Local support groups |
| | Appendix 1 - The Process of Dying Booklet (Echuca Regional Health) |
| | Appendix 2 – Syringe Drivers – Brochure |

Carers Information Cards

How to safely use a single handle bed pole on a home bed.

How to safely assist a person into and out of a car.

How to safely assist a person in and out of a chair = chair transfers

How to manage fatigue and conserve energy

How to provide mouth care

How to manage pressure areas and prevent ulcers

How to safely use a slide sheet

How to manage stress

How to give a Subcutaneous Injection – giving injections

How to safely assist a person to walk

How to safely push a person in a wheelchair

Self Care Hints and Tips



Carers Information Card -

How to safely use a single handle bed pole on a home bed

A **bed pole** can assist the person to safely roll in bed; balance while sitting, move from lying to sitting on the edge of the bed and from sitting to a standing position.

Set Up

1. The bed stick is placed in between the mattress and bed base. **Check daily that the bed pole is in the correct position with the upright flush with mattress with no gaps between the mattress.** If the bed has slats, the pole may need to be taped to the slats.

2. Avoid bending when putting the pole under the mattress. If the bed is difficult to access, is on blocks or is heavy, you will require another person to help you securely place the bed pole.

3. Position the pole at the side, near head of the bed so that it does not impede the transfer (approximately at elbow level when laying). **The bed pole should not be used if the person is not laying or sitting on mattress**

4. If required, you can pad the head board with a towel or similar if the bed stick is hitting against it

5. Make slight adjustments to the bed stick position after the person has trialled as appropriate

For Patient Use

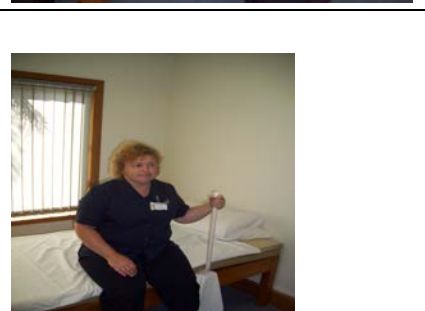
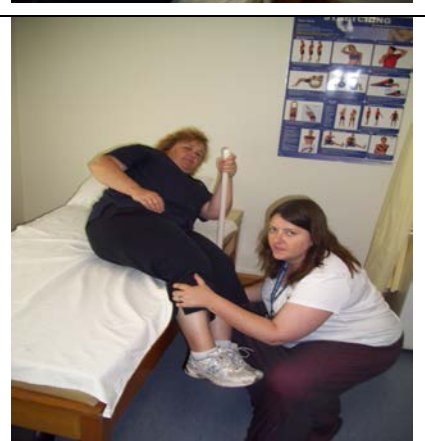
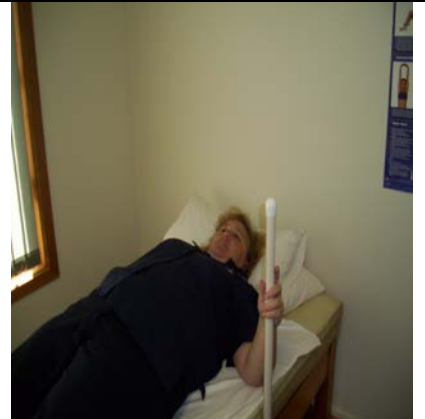
6. **Transferring from sitting to laying** – sit beside the bed stick and grip the bed stick

7. Use the bed stick to lower / lever into a laying position.

8. If a person has difficulty lifting their legs up onto the bed, another person may assist, ensuring that they squat to do so safely.

9. **Transferring from laying to sitting** – the person reaches for the bed stick

10. The person raises/levers themselves from a laying to sitting position





Carers Information Card -

How to safely use a single handle bed pole on a home bed.

Purpose: To provide information that reinforces the education provided by nursing or support staff to assist carers to be able to safely use bed sticks without injury to either themselves or the person.

Note: Bed poles are generally not safe to be used if the person using the pole:

- has a significant history of falls from bed
- has a cognitive impairment
- capacity is compromised by medications
- only has a light mattress – as there needs to be enough weight to keep the bed pole secure.

If you wish the person to be assessed to ensure safety, do not feel confident, have any difficulty assisting with this or have any concerns, please let nursing or support staff know.

Please contact: The Community Palliative Care Service if you have any concerns.

Further information: www.caresearch.com.au

Acknowledgements: Occupational Health Department - Sunraysia Community Health Service.
Occupational Health Department – Swan Hill District Health

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Carers Information Card - How to safely assist a person into a car.

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Push the car seat as far back as possible. | 2. Open the car door fully and make sure that it doesn't swing back. |
| 3. Bring the wheelchair or walking aid as close as possible to the car. Have the person touch the back of their legs against the car seat before they sit down. | 4. Protect their head as they sit down into the car by holding your hand above their head. |
| 5. The person pivots on their bottom, bringing their legs around into the car. If this is difficult, using a car slide sheet or plastic bag could help. | 6. If there is hip pain, you can slightly recline the back rest of the car seat to make it easier for them. |
| 8. If required, the person can lift their legs into the car using towels. | Note: If an extra hand hold is needed, consider a handibar. Also, pillows or cushions can help with positioning and comfort in the car seat. |

How to safely assist a person out of a car.

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 1. If the person uses a walking aid or wheelchair, position it correctly and ensure that the brakes are on before getting out of the car. |  |
| 2. Push the car seat as far back as possible. | |
| 3. The person pivots on their bottom to bring their legs out of the car. | |
| 4. The person should push up from the seat to stand. | |
| 5. Protect the person's head from hitting the inside of the car, by holding your hand above their head. | |



Carers Information Card -

How to safely assist a person into and out of a car.

Purpose: To provide information that reinforces the education provided by nursing or support staff to assist carers to be able to assist a person into or out of a car without injury to either themselves or the person.

Note:

1. If you don't feel confident, have any difficulty assisting with this or have any concerns, please let nursing or support staff know.
2. If any item is required to assist, ensure that it is close by.

Please contact: The Community Palliative Care Service if you have any concerns.

Further Information: www.caresearch.com.au

Acknowledgements: Occupational Therapy Department- Swan Hill District Health
Physiotherapist - Kyneton District Health Services

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Carers Information Card - **How to manage fatigue and conserve energy.**

Causes of Fatigue:

- Disease itself
- Inactivity
- Poor nutrition
- Insufficient rest
- Poor sleep
- Stress / tension
- Depression
- Side effects of medication



What is Energy Conservation?

Energy conservation involves learning to make the most of your energy and reduce unnecessary activities. This allows you more time to do essential tasks as well as enjoyable activities.

Strategies – The six P's

1. Planning

- Organise your time
- Make a list of tasks for the week
- How can they be done?
- Who can help?
- Spread the heavier jobs over time

2. Prioritise

- Prioritise the activities that are meaningful to you
- Accept help from others

3. Pace

- Avoid doing too much in one day
- Take regular rest breaks
- Do not rush

4. Positioning

- Sit when possible
- Use lightweight equipment
- Store equipment within easy reach e.g. store commonly used kitchen appliances at bench height

5. Practice

- "Practice makes perfect"
- Old habits die hard

6. Physical fitness

- Increased fitness= increased endurance



Helpful Hints for home:

- Use lightweight items
- Have groceries delivered
- Clean as you go
- Keep often used utensils and products near work areas
- Sort clothes on the table
- Use a clotheshorse rather than the clothesline
- Wheel equipment and washing around in trolley
- Ensure good posture, straight back and bend at hips and knees when in the garden
- Avoid working outside in the heat of the day
- Drink lots of water
- Accept offers of help



Carers Information Card - How to manage fatigue and conserve energy.

Purpose: To provide information that reinforces the education and suggestions provided by nursing or support staff to assist carers to be able to manage fatigue and conserve energy for both themselves and their loved one.

Note: If you have any concerns, please let nursing or support staff know.

Please contact: The Community Palliative Care Service if you have any concerns.

Further Information: www.caresearch.com.au

Acknowledgements: Occupational Therapy Department – Swan Hill District Health

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Carers Information Card - How to manage stress.

Stress is the collection of physical and psychological changes that occur in response to a challenge in a person's life and environment.

How can this affect me?

Your brain becomes aware of the trigger and releases adrenalin which can cause:

- Mentally alert senses activated
- Breathing rate increased
- Heart rate to speed up and blood pressure to rise
- Increased sweating
- Lower immune system
- Body functions such as digestion to slow down.



What can be the long term effects of prolonged stress?

Some long – term effects of prolonged stress can include:

- Reduced appetite
- Loss of body weight
- High blood pressure
- Stroke / cardiac event
- Fatigue
- Irritability
- Colds / flus

What should I avoid?

- Alcohol use
- Smoking
- Drug abuse
- Poor nutrition
- Neglected sleep
- Disrupted family relationships

What can I do about it?

1/ Exercise helps you to manage emotional stress and tension.

2/ Relaxation helps control stress and improve your physical and mental well-being. Some methods include yoga, tai-chi, muscle relaxation, imagery and breathing techniques.

3/ Time management through using a calendar, diary or planner, and checking it faithfully before committing to anything, helps reduce stress.

4/ Organizational skills can reduce the stress of misplaced objects & clutter.

5/ Carers with strong support systems experience fewer physical and emotional symptoms of stress. Loved ones, friends, business associates, neighbours, and even pets are all part of strong social networks. Where possible, spend time nurturing your friendships and relationships.

Carers Information Card - How to manage stress.

Purpose: To provide information that reinforces the suggestions provided by nursing or support staff to assist carers to be able to manage stress for both themselves and their loved ones.

Note:

1. If you have any concerns, please let nursing or support staff know.
2. Consider enrolling in a relaxation course / structured exercise
3. Discuss respite and carer support options with your GP, or the nursing and support staff. Consider counselling.

Please contact: The Community Palliative Care Service if you have any concerns.

Further Information: www.caresearch.com.au

Acknowledgements: Occupational Therapy Department – Swan Hill District Health

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Carers Information Card – How to provide mouth care

Mucositis is inflammation of the mouth, tongue or cheek and can be caused by large doses of chemotherapy, poor oral hygiene, poorly fitting dentures or plates, poor nutrition, excessive alcohol and smoking.

Prevention:

1. Avoid strong, hot or spicy foods.
2. Use lip balm – avoiding any that are alcohol based
3. Avoid smoking, alcohol and remain hydrated.
4. Eat a balanced diet with high protein foods
5. Gently brush the teeth and gums after every meal and before bed.
6. After brushing, use a non-alcohol based mouthwash.
7. If possible, gently daily flossing is encouraged.
8. If there are dentures, clean them twice daily and they can be soaked over night. Also clean the container regularly.



Pain Management:

1. Pain can be managed through analgesic mouthwashes. Analgesics may also be required orally or by injection.
2. Oral gels can provide rapid and lasting relief.
3. Frequent rinsing (eg 2 hourly) with ice or tap water with some additive (eg sodium bicarbonate or lemon juice)
4. Frequently moisten the mouth with sips of fluids (if possible) and plain water sprays or atomisers. Mouth swabs by you and your carer can also help.
5. Increase saliva flow by using sugar-free pineapple pieces, frozen lemon slices, frozen tonic water or chewing gum.

Carers Information Card - How to provide mouth care.

Purpose: To provide information that reinforces the education provided by nursing or support staff to assist patients and carers in the prevention and management of Mucositis.

Please note:

1. If you have any difficulty assisting with this or have any concerns, please let nursing or support staff know.
2. If on chemotherapy, don't use ice for rinsing.
3. Ask your nurse or support staff to suggest different non-alcohol mouth washes and oral gels.

Please contact: The Community Palliative Care Service if you have any concerns – particularly during the last stage.

Further information:

The Joanna Briggs Institute Consumer Information Program provides up to date literature reviews to ensure your information is based on the best available evidence. www.joannabriggs.edu.au/

Acknowledgements: Author: Ruth Young 'Mouth Care for Palliative Care'
Joanna Briggs Institute

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Carers Information Card - How to manage pressure areas and prevent ulcers.

A pressure ulcer is a sore, an area of skin that has been damaged due to unrelieved and prolonged pressure. They are often found on bony parts of the body.

When in bed:

1. If possible, it is best to be turned 2-3 hourly, tilted slightly to the side and supported with pillows.
2. Bend the knees a little with a pillow in between the knees and ankles.
3. Wear loose, long sleeved clothing as well as socks.
4. If sitting up in bed, only sit in this position for half an hour.

When sitting in a chair:

1. Sit up straight with the back well supported.
2. Support the feet so that the knees are level with the hips.
3. Lift the bottom (with help if needed) every 15 minutes for 15 seconds.
4. Push up off the chair using the armrests.
5. Avoid leaning to one side for any length of time.
6. Lie down to rest during the day – this will give your bottom a break from the pressure.

Look after the skin:

1. Try and keep your skin clean and dry at all times.
2. Check your skin daily, particularly if you have poor circulation.
3. Use a moisturising lotion to prevent the skin from drying out.
4. Bathe or shower in warm water using a mild cleanser or soap.
5. Avoid massaging your skin over bony parts of the body.
6. Managing incontinence assists in reducing the risk of ulcers.
7. Good foot care is important:
 - * Keep toenails trimmed with no sharp edges.
 - * Only wear comfortable shoes / socks or stockings made of wool or cotton.



Ensure good nutrition:

1. Lean meats, poultry, eggs and dairy help you skin to heal.
2. Oily fish like tuna, sardines or salmon help fight infection.
3. Fruit, vegetables, wholegrain breads and cereals assist in wound healing.

Signs to look and feel for:

- | | |
|---------------------------------------|---------------------------------|
| * Red / purple / blue skin | * Hard areas |
| * Blisters or swelling | * Warm areas |
| * Dryness, dry patches or shiny areas | * Swollen skin over bony points |
| * Cracks, calluses, wrinkles | |

Please report any change in condition to your nurse or GP.



Carers Information Card -

How to manage pressure areas and prevent ulcers.

Purpose: To provide information that reinforces the education provided by nursing or support staff to assist carers in the prevention and management of pressure ulcers.

Note:

1. If you don't feel confident, have any difficulty assisting with this or have any concerns, please let nursing or support staff know.
2. Please report any change in condition to nursing or support staff

As things change during the last hours:

* Only turn your loved one if obviously uncomfortable. This can be seen in facial grimacing, frowning, tensing of muscles and agitation.

* If unsure at any stage, contact your community palliative care service or after hours number.

Further Information: Australian Wound Management Association at www.awma.com.au

Acknowledgements: Victorian Quality Council www.health.vic.gov.au
Occupational Therapy Department- Swan Hill District Health

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Carers Information Card – How to safely assist a person in and out of a chair.



When moving out of the chair:

- Have the walking aid within easy reach.
- Ensure that the brake is on.
- Have both hands on armrests.
- Move to the edge of the chair with feet tucked in as close to chair before standing.
- Avoid holding the frame or walking aid while changing position.



IF assistance is required:

- Place your hand on low back and give gentle forward pressure if needed
- Do not pull on the arm.

When sitting, ensure:

- Maintain the three curves (ears, shoulders and hips in line)
- Sit right back on the chair
- Have support for your lower back
- Can use rolled towel
- Hips slightly higher than knees
- Keep feet flat on floor



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Carers Information Card - How to safely assist a person in and out of a chair.

Purpose: To provide information that reinforces the education provided by nursing or support staff to assist carers to be able to assist a person in and out of a chair safely without injury to either themselves or the person.

Please note:

1. If you don't feel confident, have any difficulty assisting with this or have any concerns, please let nursing or support staff know.
2. If blocks are required to raise the chair, ensure that someone else checks them for safety.

Please contact: The Community Palliative Care Service if you have any concerns.

Further information: Back to Basics
www.caresearch.com.au

Acknowledgements: Physiotherapist - Kyneton District Health Service
Occupational Therapy Department- Swan Hill District Health

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Carers Information Card - How to give a Subcutaneous Injection

1. Wash your hands with soap & water and dry well.



2. Give the injection into the cannula:

- Take the prepared syringe(s) in a clean container, and a sharps container to the person.
- Rub the syringe between your hands if it has been in the fridge. This reduces stinging when injecting.
- Check the injection site.
- Remove the drawing up needle and dispose of it safely into the sharps container.
- Swab the white rimmed cap at the end of the cannula with an alcohol wipe (optional).
- Push the plastic needle into the centre of the white rimmed cap and twist clockwise.
- Slowly push the plunger of the syringe until the barrel is empty.
- Remove the syringe and dispose of it into the sharps or hard walled container.
- Repeat the process as necessary. Flush the cannula with 0.5ml sterile normal saline.



3. Check the injection site for:

- Redness
- Tenderness
- Swelling
- Leakage



4. Record the medication(s) given and check later that they have worked.

5. Safe storage and disposal of medications:

- Store medication(s) securely in a container in a cool place away from children and from the view of others.
- Store prepared labelled syringes in an airtight container in the fridge, in an out of the way position in the fridge or as directed by the nurse.
- Store sharps container out of reach safely and securely
- Dispose safely of unused medications as directed by the nurse.





Carers Information Card - How to give a Subcutaneous Injection

Purpose: To provide information that reinforces the education provided by nursing or support staff to assist carers to be able to give a subcutaneous injection safely and confidently, without injury to either themselves or the person.

Note:

1. If you don't feel confident, have any difficulty assisting with this or have any concerns, please let nursing or support staff know.
2. If this equipment is faulty or damaged in anyway or you need advice about safe storage, please let nursing or support staff know.

During the last stage please note that:

- * If pain is obvious through facial grimacing, frowning, tensing of muscles and agitation more injections (as prescribed) may be required.
- * Refer to the 'Guidelines for Patients and Carers' symptom management plans.
- * **If unsure at any stage, contact your community palliative care service or after hours number.**

Further information: www.caresearch.com.au

Acknowledgements: Echuca Community Palliative Care Service

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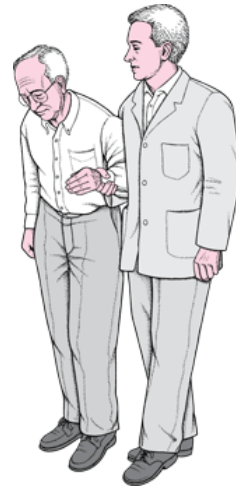




Carers Information Card - How to safely assist a person to walk

When assisting without an aid:

1. Provide light assistance only.
2. Do not pull, push or hold the person.
3. Always stand on the persons' stronger side.
4. Prompt the person to push their hand and elbow into your hands for support.



When assisting with an aid:

1. A walking stick is NOT always appropriate – check with nursing or support staff.
2. The aid should be held in the hand of the person's strongest side.
3. You should stand by the person's other side.

Safety Tips:

- Ensure walkways are free of any tripping hazards
- Rest in between walk areas
- Be aware of any long or loose clothing that the person may trip on.
- Never try to stop a fall as you may injure yourself rather than helping the person

Remember – If you notice that the person is unstable or has difficulty walking, let the doctor or nurse know at the next visit.





Carers Information Card - How to safely assist a person to walk.

Purpose: To provide information that reinforces the education provided by nursing or support staff to assist carers to assist a person to walk safely without injury to either themselves or the patient.

Note:

1. If you don't feel confident, have any difficulty assisting with this or have any concerns, please let nursing or support staff know.
2. If you notice that the person is unstable or has difficulty walking, let the doctor or nurse know at the next visit.

Please contact: The Community Palliative Care Service if you have any concerns.

Further information: www.caresearch.com.au

Acknowledgements: Occupational Therapy Department - Swan Hill District Health

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Carers Information Card – How to safely push a person in a wheelchair.

1. When parking, the carer should always look for appropriate kerb ramps and flat ground surface to park next to.
2. Ensure that the wheelchair has good tyre pressure.
3. When pushing the wheelchair on and off the vehicle ramp or lifter, the carer should maintain good back posture.
4. The carer should apply and release the brakes once the person is safely on the ramp or lifter.



To push safely -

1. Stand close
2. Arms near your body, elbows bent.
3. Maintain good posture
4. Use your body weight



Pushing UP a kerb -

1. Tip the chair back using the tilt bar, and place front wheels on step.
2. Push steadily and firmly until the back wheels ride up



Going DOWN a kerb -

1. Reverse to edge of kerb, gently lower wheels down
2. Move backwards until front wheels come down.

NOTE: If you don't feel confident, have any difficulty assisting with this in any way, please let nursing or support know.

Going DOWN a slope -

1. Clear any obstacles.
2. Go down backwards slowly
3. Keep a straight back.





Carers Information Card - How to safely push a person in a wheelchair.

Purpose: To provide information that reinforces the education provided by nursing or support staff to assist carers to be able to push a wheelchair safely without injury to either themselves or the patient.

Note:

1. If you don't feel confident, have any difficulty assisting with this or have any concerns, please let nursing or support staff know.
2. If this equipment is faulty or damaged in anyway, please let nursing or support staff know.

Please contact: The Community Palliative Care Service if you have any concerns.

Further Information: www.caresearch.com.au

Acknowledgements: Physiotherapist – Kyneton District Health Service
Occupational Therapy Department- Swan Hill District Health

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Carers Information Card - How to safely use a slide sheet.

A slide sheet assists carers to safely move the person in bed without injury.

1. Fold the slide sheet in half and place under the person in bed. Have the open ends at the side of the bed that the person is going to be moved towards.



2. To insert the slide sheet:

- push the sheet underneath one side of the person
- roll them to pull the sheet through.
- ensure that the sheet is underneath the shoulders and hips of the person.

3. If moving a person **up** the bed, the open ends of the slide sheet should be under the person's head and the fold under their thighs.

4. To assist the person to roll in order to insert the slide sheet:

- two carers stand on opposite sides of bed
- place arms across their chest and bend the far knee or place far leg across near leg.
- the far carer pushes hip and shoulder over, while near carer guides knee and elbow.



5. Once the slide sheet is in position to move the person:

- carers stand on opposite sides of the bed, with one foot in front of the other foot, and use their body weight for the task.
- move the person's legs before moving the rest of the body
- one carer pulls the top layer of slide sheet while the other carer pushes the person's shoulder and hip, moving them across the bed.



6. Remove slide sheet by pushing fold under the person, and pulling bottom layer of open sides in an upwards direction.



Carers Information Card - How to safely use a slide sheet

Purpose: To provide information that reinforces the education provided by nursing or support staff to assist carers to be able to use slide sheets safely without injury to either themselves or the person.

Note:

1. When using the slide sheet remember to use your body weight to move the person, rather than your shoulders.
2. If you don't feel confident, have any difficulty assisting with this or have any concerns, please let nursing or support staff know.
3. Never leave slide sheets under a person unsupervised as this could create the risk of a fall.
4. The slide sheet can be washed on a gentle machine cycle regularly and hang out on the clothes horse or line.
Do NOT put in the dryer. Replace if looking thin or worn.

As things change during the last hours:

* Only move your loved one if obviously uncomfortable. This can be seen in facial grimacing, frowning, tensing of muscles and agitation.

* If unsure at any stage, contact your community palliative care service or after hours number.

Further Information: www.caresearch.com

Acknowledgements: Macedon Ranges Palliative Care Service

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Tips for Self Care

Remove “should”
from your
vocabulary.

If someone comes for
afternoon tea, let
them do the dishes.

Practice relaxation.

Consider
nominating a
family member to
communicate to
others if visits or
phone calls are
becoming too
tiring to manage,



Try to
have an
outing
with
people
who
energise
YOU.

Have something to
look forward to each
week.

Place a sign on the
front door when YOU
need some peace and
quiet:

REST TIME

CALL AGAIN SOON

Create a roster for
friends to help or sit
with your loved one –
to enable some time

Thinking Tips

- It is OK to take the phone off the hook.
- Say NO if it is in your best interests
- Spread the load – it is OK to ask and let others help
- Focus on what you can do and set achievable goals.
- Family and friends WANT to help.
- It is OK to talk about your feelings, anxieties and uncertainties.
- Write down any questions as you think of them – keep them in a safe place to take to any appointments or have for home visits.

Doing Tips.

- Play music on that you enjoy.
- Practice relaxation techniques
- If you can- eat for energy. Have energy snacks handy.
- Tell your care team about your symptoms so they can be better managed
- Create a roster listing which services are coming into the house and when – place this on the fridge so that others can refer to it.
- Place a sign on the front door as needed – It is OK to nominate visiting times.
- Breathe. Walk. Yell. Laugh. Cry. Talk. Smile. Hug.

Equipment Safety Cards

The Bath Board

The Bedside Commode

The Shower Stool

The Over Toilet Frame

The Wheel Chair

Home Oxygen

Portable Oxygen

The Bath Chair

The Nebuliser

Carers Equipment Safety Card – The Bath Board

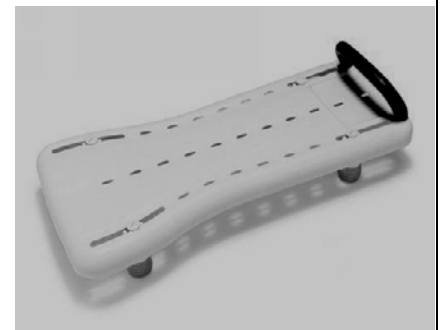
A bath board safely assists individuals with a bath and / or whose shower is over a bath. It helps the person to safely get into the bath and can be used as a seat while attending to personal care.

1. Safe use:

- The bath board can be easily fitted across the top of most baths which have a wide flat edge.
- Move the sliding pieces under the board to touch the bath and tighten to secure.
- If your bath board has a handle, it should be positioned at the far end of bath.
- Check that the bath board is secure before each use.
- Sit down on the bath board and then swing each leg over the edge of the bath. This avoids standing on one leg and losing balance.
- Remain sitting on the board while attending to personal care. A hand held shower-hose may be helpful. There are hoses available that plug on to the bath spout.

2. Features:

- Width adjustment system or sliding piece to enable it to fit snugly in most baths
- Anti-slip rubber pad that improves safety
- Drain holes to keep water off sitting area
- Portable, easy to use and light weight.



3. Safety precautions:

- A bath board is the only type of seating that should be used in a bath.
- A bath board should only be used for a bath or a shower over the bath.
- A bath board **cannot** be used if your bath has multi-level, shaped or narrow edges, or if you **ONLY** have a shower recess

4. Who should use a bath board?

Bath boards should be used for individuals having difficulty getting into and out of the bath, or difficulty in the shower, due to any of the following conditions:

- | | |
|-------------------------------|-----------------------|
| * reduced balance | * shortness of breath |
| * muscle weakness | * joint stiffness |
| * hip replacement precautions | * fatigue |

Carers Equipment Safety Card- The Bath Board

Purpose: To provide information that supports and reinforces the education and suggestions provided by nursing or support staff.

Note:

1. If you don't feel confident, have any difficulty assisting with this or have any concerns, please let nursing or support staff know.
2. If this equipment is faulty or damaged in anyway, please let nursing or support staff know.
3. To clean - regularly wipe over and clean with bathroom cleaning products.

Please contact: The Community Palliative Care Service if you have any concerns.

Further Information: www.caresearch.com.au

Acknowledgements: Occupational Therapy Department- Swan Hill District Health

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Carers Equipment Safety Card – The Bath Chair – swivel bather.

A bath chair – swivel bather safely assists individuals with a bath and / or whose shower is over a bath. It helps the person to safely to turn into the bath as it is used as a seat while attending to personal care.

1. Safe use:

- A carer/ person is most likely required to assist the person on to the bather to safely swivel.
- It can be easily fitted across the top of most baths which have a wide flat edge.
- Check that the seat is secure to the frame and securely fixed to the bath before each use.
- Sit down on the bath chair and then swivel it slowly into position.
- Ensure that it locks into position.
- Remain sitting in the chair while attending or being assisted with personal care. A hand held shower-hose may be helpful. There are hoses available that plug on to the bath spout.

2. Features:

- Locking feature to secure it in position, once it has swivelled around.
- Side arms for support
- Drain holes to keep water off sitting area
- Portable, easy to use and light weight.



3. Safety precautions:

- A bath chair should only be used for a bath or a shower over the bath.
- A bath chair **cannot** be used if your bath has multi -level, shaped or narrow edges, or if you **ONLY** have a shower recess

4. Who should use a bath chair – swivel bather?

A bath chair or swivel bather should be used for individuals who need assistance to turn into the bath or have significant difficulty getting into and out of the bath due to any of the following conditions:

- | | |
|-------------------------------|-----------------------|
| * reduced balance | * shortness of breath |
| * muscle weakness | * joint stiffness |
| * hip replacement precautions | * fatigue |

Carers Equipment Safety Card- The Bath Chair

Purpose: To provide information that supports and reinforces the education and suggestions provided by nursing or support staff.

Note:

1. If you don't feel confident, have any difficulty assisting with this or have any concerns, please let nursing or support staff know.
2. If this equipment is faulty or damaged in anyway, please let nursing or support staff know.
3. To clean - regularly wipe over and clean with bathroom cleaning products.

Please contact: The Community Palliative Care Service if you have any concerns.

Further Information: www.caresearch.com.au

Acknowledgements: Occupational Therapy Department- Swan Hill District Health

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Carers Equipment Safety Card – The Bedside Commode

A bedside commode provides an alternative option when it becomes difficult for a person to access their toilet. Generally, a toilet seat and pan / bowl is concealed underneath the seat of the chair.



1. Preparation:

- Ensure adequate lighting where it is to be used.
- Ensure toilet paper within easy reach.
- Raise the seat of the chair to reveal the toilet seat and pan.
- Ensure the lid is not on the pan.

2. Safe use:

- Stand at the front of the seat, move into a position where you can feel the toilet seat behind your knees.
- Place both hands on the armrests, (with even pressure on both sides) to prevent tipping, bending slightly forward at the waist, slowly lower yourself onto the seat. Your feet should always be able to touch the floor.
- Once seated, use the commode as a toilet.

3. Emptying the pan:

The pan / bowl usually has a handle and a cover; this allows the pan / bowl to be carried to the toilet to dispose the contents.

4. Features:

- height adjustable frame
- hand rails used to assist with transferring onto and off the chair
- anti-slip rubber stoppers
- legs arranged to provide a wide base of support to increase stability
- easy to use

5. Who should use a bedside commode?

Bedside commodes are suitable for individuals who have difficulty getting to toilet in time. This can be due to many reasons, including:

- | | | |
|-----------------------|-------------------|-------------------|
| ▪ reduced balance | * joint stiffness | * unwell |
| ▪ shortness of breath | * post surgery | * leg injuries |
| ▪ fatigue | * incontinence | * muscle weakness |

Carers Equipment Safety Card - The Bedside Commode

Purpose: To assist carers and individuals to be able to safely use a bedside commode

Note:

1. If you don't feel confident, have any difficulty assisting with this or have any concerns, please let nursing or support staff know.
2. If this equipment is faulty or damaged in anyway please let nursing or support staff know.
3. To clean – regularly wipe over using general cleaning products.

Please contact: The Community Palliative Care Service if you have any concerns.

Acknowledgements: Occupational Therapy Department- Swan Hill District Health

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Carers Equipment Safety Card – The Home Oxygen Concentrator

A home oxygen concentrator is an electrically operated machine, about half the size of a standard chair and allows for the safe supply of oxygen in the home.

1. Features:

- Can be plugged in to standard power supply
- Can be left on safely for many hours at a time.
- Generally placed away from bedrooms because it does make a noise when operating; and in a position that will allow the oxygen tubing to reach common living areas.



2. Use:

- Lubricate cannula with water based lubricant, then insert into nostrils.
- Loop tubes from cannula over the client's ears and bring down under the chin, where the clasp is adjusted to maintain the position of the cannula.
- Change nasal prongs as required.
- The machine signals a long beep when first turned on. It takes up to five minutes to get oxygen up to 95 %, but it can be used immediately.

3. Safety:

- The concentrator must sit about 20 cm away from the wall and be free of any curtaining.
- Place as far away from heaters as possible.
- ANYTHING likely to cause sparks or flames must be removed from the immediate area such as:
 - * matches
 - * cigarettes
 - * Electrical equipment e.g. electric razor
 - * clockwork toys
- Do not use oil or grease on connections to wall outlet or cylinder
- Display “**No Smoking**” sign on the cylinder, or on the head of the bed
- Turn off oxygen cylinders near heaters.

4. Cleaning:

- The filter at the back of the machine is to be cleaned with warm water and squeezed dry.
- Tubing must be checked for blockages regularly and changed as necessary.

Carers Equipment Safety Card - The Portable Oxygen Concentrator

Purpose: To provide information that reinforces the **education and training** provided by nursing or support staff to assist carers to be able to safely use oxygen in the home.

Frequently asked Questions:

1/ Who moves my concentrator if I move from one place to another?

Your family or friends

2/ What do I do for sore ears because of the tubing?

There are products available to pad the tubing – talk to your nurse or GP.

3/ Can I attach a mask to my concentrator?

No – unless advised by your health professional

4/ What is the best treatment for a dry nose?

Water based gels – ask your pharmacist for advice. Don't use anything unless you have checked that they are safe.

5/ What do I do if my nose is blocked?

- * Use a water based gel as described above.
 - * Adhesive strips will often keep nostrils open without need for medication.
 - * Contact your GP or nurse if there are continual problems.
-

1. If you don't feel confident, have any difficulty assisting with this or have any concerns, please let nursing or support staff know.
 2. If this equipment is faulty or damaged in anyway please let nursing or support staff know.
 3. Please contact the Community Palliative Care Service if you have any concerns.
-

Reference: Dept of Respiratory Medicine, Royal Melbourne Hospital, Nov 2007.

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Carers Equipment Safety Card – The Nebuliser

A nebuliser converts liquid medication into a fine mist that can then be inhaled.

1. Features:

- A nebuliser pushes compressed air through liquid medication, which makes it a mist.
- This is then inhaled through either a face mask or a mouthpiece.
- In some cases, oxygen is used in the nebuliser, but only if the person's oxygen levels are low.



2. Use:

- Draw up required dose of medication as directed by the GP or nurse.
- Remove top from pre-mixed nebula and squirt directly into nebuliser well.
- Hold nebula lightly – do not squeeze when twisting top for removal, to avoid spilling contents.
- Place dose in lower chamber of nebuliser and secure lid.
- Take the person's face mask, nebuliser and secure lid.
- Connect pump to power and switch "on"/connect to air outlet

3. Cleaning:

- Parts need to be cleaned after each use.
- Tubing and the mask or mouthpiece must be replaced frequently
- Filters must be checked, cleaned (where possible) and replaced regularly.
- The pump must be serviced every 6 to 12 months to make sure it is producing the right pressures

5. Who should use a nebuliser?

Someone who:

- Is really struggling to breathe
- Can't use inhalers because they get confused, or have difficulties
- Has a severe respiratory disease
- Has lots of mucus and need the extra moisture in the nebulised treatment to help them clear it out.

Carers Equipment Safety Card - The Nebuliser

Purpose: To provide information that reinforces the education provided by nursing or support staff to assist carers to be able to safely use the nebuliser.

Note:

1. If you don't feel confident, have any difficulty assisting with this or have any concerns, please let nursing or support staff know.
2. If this equipment is faulty or damaged in anyway please let nursing or support staff know.

Please contact: The Community Palliative Care Service if you have any concerns.

Acknowledgements: Palliative Care Team – Echuca Health Service

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Carers Equipment Safety Card – The Over Toilet Frame

An over toilet frame is used to assist individuals who are having difficulty using a standard toilet. It raises the height of the toilet seat and offers armrests to make it easier to get off the toilet.



1. Placement of the over toilet frame:

First, adjust the height to suit the person who is using the frame. Your feet should be flat on the ground, with knees just above hip height. (Unless extra height is required following hip surgery).

Lift up the toilet seat and place the over toilet frame over your existing toilet. You may need to remove the existing toilet seat to allow the over toilet frame to be positioned as close to the toilet bowl as possible.

2. Safe use:

- Once the over toilet frame is in place, simply use it like a regular toilet.
- The arm rails can be used for added support when lowering onto and rising from the toilet.
- Take care to put even weight through the armrests so the frame doesn't tip.
- Some frames have an optional splash guard which prevents splash.

3. Features:

- Height adjustable frame to ensure it is suitable for people of all heights
- Hand rails used to assist with transferring on and off the toilet
- Anti-slip rubber stoppers
- Legs arranged to provide a wide base of support to increase stability
- Adjustable legs to ensure stability on uneven surfaces

4. Who should use an over toilet frame?

Over toilet frames are great for individuals having difficulty getting on and off the toilet, due to any of the following conditions:

- * reduced balance
- * sore joints
- * bending difficulties

Carers Equipment Safety Card - Over Toilet Frame

Purpose: To assist carers and individuals to be able to safely use an over toilet frame.

Note:

1. If you don't feel confident, have any difficulty assisting with this or have any concerns, please let nursing or support staff know.
2. If this equipment is faulty or damaged in anyway please let nursing or support staff know.
3. To clean – regularly wipe over the frame, especially at the hinges under the seat, with general bathroom cleaning products. Replace if rust is found.

Please contact: The Community Palliative Care Service if you have any concerns.

Further Information: www.caresearch.com.au

Acknowledgements: Occupational Therapy Department- Swan Hill District Health

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Carers Equipment Safety Card – The Portable Oxygen Concentrator

Portable oxygen concentrators (POCs) allow for the safe supply of oxygen in the home.

1. Features:

- Can be plugged into standard power supply.
- Are supplied with an adaptor so that they can be powered while driving.
- Include rechargeable batteries.
- Lightweight and portable.



2. Use:

- Lubricate cannula with water based lubricant, then insert into nostrils.
- Loop tubes from cannula over the ears and bring down under the chin.
- Adjust the clasp to maintain the position of the cannula.
- Change nasal prongs as required.

3. Safety:

- Place as far away from heaters as possible.
- ANYTHING likely to cause sparks or flames must be removed from the immediate area such as:
 - * matches
 - * cigarettes
 - * Electrical equipment e.g. electric razor
 - * clockwork toys
- Display “**No Smoking**” sign on the cylinder
- Be careful not to trip or get cord caught on furniture.

4. Cleaning:

- Follow instructions provided with the unit.
- Tubing must be checked for blockages regularly and changed as necessary.

5. Who should use a portable oxygen concentrator?

This can be due to many reasons, including:

- * shortness of breath
- * post surgery

Carers Equipment Safety Card - The Portable Oxygen Concentrator

Purpose: To provide information that reinforces the **education and training** provided by nursing or support staff to assist carers to be able to safely use the portable oxygen concentrator.

Frequently asked Questions:

1/ What do I do for sore ears because of the tubing?

There are products available to pad the tubing – talk to your nurse or GP.

2/ Can I attach a mask to my concentrator?

No – unless advised by your health professional

3/ What is the best treatment for a dry nose?

Water based gels – ask your pharmacist for advice. Don't use anything unless you have checked that they are safe.

4/ What do I do if my nose is blocked?

- * Use a water based gel as described above.
- * Adhesive strips will often keep nostrils open without need for medication.
- * Contact your GP or nurse if there are continual problems.

-
1. If you don't feel confident, have any difficulty assisting with this or have any concerns, please let nursing or support staff know.
 2. If this equipment is faulty or damaged in anyway please let nursing or support staff know.
 3. Please contact the Community Palliative Care Service if you have any concerns.

Reference: Dept of Respiratory Medicine, Royal Melbourne Hospital, Nov 2007.

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Carers Equipment Safety Card – The Shower Stool

A shower stool -

- Allows the person to safely sit while showering.
- Can also be used as a seat for drying and dressing.
- Can make the task of showering the person easier for the carer.



1. Safe use:

- Ensure the height is appropriate for the person using the stool, and adjust if necessary.
- The person's feet should be flat on the ground, with knees just below hip height.
- Place the shower stool inside your shower recess, ready for use.

2. Features:

- Anti-slip rubber stoppers allows it to be used safely in the shower
- Adjustable frame to enable use for people of all heights
- The seat and leg angle vary on some shower stools which provides options depending on personal preference or shower type.
- Hand rails used to assist with transferring onto and off the chair
- Durable plastic seat
- A wide leg base of support to increase stability
- Multi-adjustable legs to ensure stability on uneven surfaces
- Shower chairs are also available which provide a backrest which may be required for some people.

3. Safety Precautions:

- It should only be used for a shower recess.
- If you have a shower over a bath, please ask your nurse or occupational therapist about the recommended equipment.

4. Who should use a shower stool?

Individuals having difficulty in the shower, due to any of the following conditions:

- * reduced balance
- * shortness of breath
- * fatigue
- * muscle weakness
- * joint stiffness
- * hip precautions following hip surgery

Carers Equipment Information Card - Shower Stool

Purpose: To assist carers and individuals to be able to safely use a shower stool.

Note:

1. If you don't feel confident, have any difficulty assisting with this or have any concerns, please let nursing or support staff know.
2. If this equipment is faulty or damaged in any way, please let nursing or support staff know.
3. To clean – regularly wipe over using general cleaning products. Replace if rust is found.

Please contact: The Community Palliative Care Service if you have any concerns.

Further information: www.caresearch.com.au

Acknowledgements: Occupational Therapy Department - Swan Hill District Health
Occupational Therapy Department- Sunraysia Community Health Service

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Carers Equipment Safety Card – The wheel chair

The wheelchair enables mobility for many people. The person should be comfortable with the wheelchair and carer. If using a wheelchair long term the person should be assessed for the most appropriate wheelchair. This considers the clients comfort, fit and suitability for function and environment.

1. Assembly:

- To unfold - pull apart the armrests and push downwards on the centre of the seat.
- Reattach foot plates on the side pins, then swing back & click into place.
- Push down footrests. If lifting the wheel chair, always bend from the knees, keep it close to the body and hold secure sections of the wheelchair.



2. Disassembly:

To fold the wheelchair, sharply pull up the seat of the wheel chair in the centre. On some wheelchairs the wheels can be detached by pushing on the wheel-releasing button in the centre of the wheel. Flip up the footrests and swing away.

3. Transfers – make sure that the brakes are on:

From the front - Flip up the foot plates and swing away or even detach. Use armrests for support.

From the side - Swing foot rests away, and remove one armrest. Place the chair beside the object you are transferring to. A smooth transfer board to slide across may also be used.

4. Carer safety precautions:

- Ensure the breaks are ON at all times when stopped. To fully engage: push them until they 'click' on.
- When pushing, be close to the wheelchair, have a straight back and push with whole body.
- When going down a steep ramp, reverse down and have an assistant to help
- Keep a distance behind others to avoid running the footplates into them.



5. Moving the wheelchair up a small kerb:

- Face the wheelchair to go up the kerb, inform the occupant, place foot on tipping bar and carefully level chair back with handgrips until balanced on rear wheels.
 - Propel forward until front castors are on the higher pavement.
 - Roll chair up kerb.
 - When possible, use a street kerb ramp or driveway instead.
- (Never lift rear wheels off the ground as the front castors may twist)**

6. Moving the wheelchair down a small kerb:

- Reverse the wheelchair to the kerb to go down; inform occupant that the chair will tilt back.
- Allow it to roll slowly down the kerb making sure both rear wheels hit the ground simultaneously.
- Use tipping bars to raise front castors and roll chair back on rear wheels.

7. Safety check:

- Wheelchairs have a weight limit that must not be exceeded.
- Some people may require a cushion
- The home and community environment needs to be taken into account for client and carer safety. Potential obstacles include: door width, 90 degree turns into narrow corridors, ramps/steps, low branches, floor surface / footpaths and location of transfers.

Note:

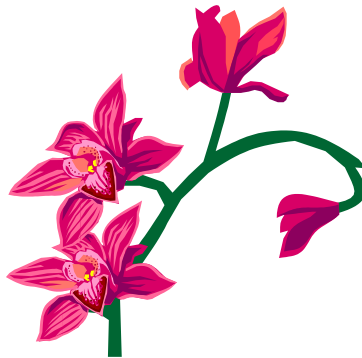
1. If you have any difficulty assisting with this or have any concerns, please let nursing or support staff know.
2. If this equipment is faulty or damaged in anyway, contact the nursing or support staff.

Acknowledgements: Occupational Therapy Department – Swan Hill District Health

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Understanding the Process of Dying – Guidelines for Families



The dying process is as variable as the birthing process. The exact time of death cannot be predicted, nor can the exact manner in which a person will die. However, people in advanced stages of a terminal illness experience similar symptoms as they approach the end of life, regardless of their illness.

Emotional changes as death approaches.

Just as your body physically prepares for death, you must prepare emotionally and mentally as well.

As death approaches, people may become less interested in the outside world and the specific details of daily life, such as the date or time. They may turn more inward and be less socially involved with others. They may want only a few people to be close. This introspection may be a means of letting go and saying goodbye to everything they have known.

In the days before death, they may enter a phase of unique conscious awareness and communication that can be misinterpreted as confusion by caregivers and loved ones. They may talk about needing to go somewhere, about “going home” or “going away”. The meaning of this communication is not known, but some people feel this talk helps them prepare for their impending death.

IF YOU ARE CARING FOR A DYING LOVED ONE, YOU MAY HAVE QUESTIONS AND CONCERNS ABOUT WHAT WILL HAPPEN PHYSICALLY AND EMOTIONALLY AS DEATH APPROACHES

The following information may help answer some of these questions. The Palliative Care Service is available to provide support, help and understanding during this time.

If you have never seen anyone die, you may be afraid of what will happen, but the moment of death is rarely one of struggle. This pamphlet has been prepared to help you understand and anticipate symptoms, which may indicate approaching death.

The Palliative Care Service is your best resource to assist you in clarifying this information. Not all symptoms mentioned here would appear at the same time and some may never appear at all. All the symptoms described indicate that the body is preparing itself for the final stages of life. In the final stage when life sustaining systems begin to shut down, physical, mental, emotional and spiritual changes may occur over weeks, days or hours.

Possible Signs and Symptoms

1. **Increases Weakness.** As the body's systems weaken, less oxygen is available to the muscles and more effort is needed to complete everyday tasks and one may become embarrassed, discourages, ambivalent, depressed or irritable. The Patient will gradually spend more time sleeping during the day, and at times will be difficult to rouse. Increased sleeping is a result of the change in the body's metabolism.
2. **Loss of appetite.** Food is a fuel that helps sustain life. As the digestive system gets weaker, food may become more of a discomfort than an enjoyment, some medications may change the tastes of food and finally the energy required to process the food becomes greater than the energy derived from it. Any of these may produce a loss of appetite. Eating habits change. The person may become overwhelmed by a "normal size" meal. He/She may take a few mouthfuls of their favourite meal and feel full. Small, attractively presented meals may tempt them. There will be a decreased need for food and drink because the body will naturally begin to conserve energy. As the swallowing reflex weakens, swallowing becomes difficult.
3. **Confusion.** The patient may become increasingly confused about time, where they are and the identity of family and friends who are normally familiar to them. The level of awareness and cognition can change frequently and unexpectedly, due to many causes (ie: disease processes, tiredness, medication). They may hear voices or see visions. This is their personal reality, which can be a pleasant, comforting experience for the person and could also be a sign that the person's mind is peaceful.
4. **Temperature.** Mechanisms that control the body's ability to regulate its temperature will start failing. The skin may sweat and still be very cool or may be hot. The person may kick off the bed linen but be cold to touch. As a result of blood circulation slowing down, the arms and legs of the body may become cool to touch, and the underside of the body may become darker in colour.
5. **Elimination.** As the person gets weaker and is no longer able to get out of bed, the muscles that control the bowel and bladder may relax and "incontinence" or involuntary loss of urine or faeces may occur. Often the person will feel embarrassed and/or may awaken if asleep. Loss of control (incontinence) of urine and/or bowel movement may occur when the patient is very close to death. Often when a person needs a bowel movement they will get grumpy, irritable or restless. One can't expect a normal daily bowel motion but too many days between

eliminations can signal a problem. However, with little food intake there is less reason for a bowel motion.

- 6. Urine Output.** May decrease as death comes closer.
- 7. Secretions.** Saliva and mucus may increase and collect in the back of the throat, as the patient's cough or swallowing diminishes. This sometimes causes a noise known as 'The Death Rattle'. This is unpleasant for the carers but is usually not distressing for the patient. The pool of secretions is too far down the throat to be suctioned.
- 8. Vision.** Vision may decrease slightly. Hearing may also decrease as death becomes closer.
- 9. Breathing.** A change in breathing pattern is significant during the dying process. Breathing patterns may become irregular, with 10 seconds to several minutes where no breathing occurs. This indicates a decrease in blood circulation and a build up in body wastes products. This pattern (called Cheyne-Stokes breathing) of shallow quick breaths followed by spaces of no breathing can continue for a few days, hours or minutes before the person actually stops breathing.

What to do about these Symptoms

- 1. Increased Weakness.** Caregivers can best help by assisting the person with physical tasks, while being sensitive to their feelings, maintaining their dignity and attending to their comfort as much as possible, especially with regard to symptom control and protection from injury. The best time to communicate with the patient is when they seem most alert.
- 2. Loss of Appetite.** Forcing the person to eat or making them feel guilty if they don't only isolates and distances them further. The person approaching death needs to know that it is OK not to eat. Respect and acceptance brings people closer together which comforts the dying person and caregiver too.

This is a natural process and attempting to feed a patient who is unable to swallow at this time may cause distress. It is best to offer very small amounts (half a teaspoon) and observe the throat to see if swallowing has taken place. Tolerance of food generally progresses from solid to soft to liquids (soups and supplements) to ice chips and spooned or sucked water. Moist swabs or tiny amounts of crushed ice will help relieve feelings of thirst. Do not give food or liquids to a person who is unconscious. It may cause the person to choke or to inhale the foreign matter.

- 3. Confusion.** Talk calmly and confidently with the confused person to reassure them and to prevent startling them or frightening them. Identifying yourself by name may lessen confusion. The use of a night light may also help. Do not negate what they say or argue with them. If their experience upsets or disturbs them gently touch or stroke their arm or hold their hand and speak calmly with a soft reassuring voice. If this episode persists notify your palliative care nurse.
- 4. Temperature.** If the patient feels cold, use one or two blankets only to keep them comfortable. Avoid too many bedclothes or an electric blanket, as this may lead to overheating and increased restlessness. At this time it is best to allow the wishes of the dying person to keep them comfortable even if it's against reason (like trying to keep a person covered when they keep kicking the blankets off).
- 5. Elimination.** Attend to them with dignity and respect and avoid exposing their body to others. Use incontinence pads and sheets to protect the patient and bedding to maintain comfort and cleanliness. It is important to keep the skin clean and dry or the skin could develop a rash or open sores and cause more discomfort. Use plastic gloves and soap and water or a disposable skin wipe. It is a good idea to keep a record of the bowel movements to tell the nurse.
- 6. Urine Output.** This is a normal part of the dying process and no action needs to be taken.
- 7. Secretions.** Elevating the head with pillows and turning the patient from side to side may relieve secretions. If this doesn't help, notify the palliative care service that will recommend the appropriate medications.
- 8. Vision.** When vision decreases, provide a light in the room, particularly at night. Never assume that the patient can't hear you, hearing is said to be the last sensation to be lost and letting them know you are there will give them great support.
- 9. Breathing.** If breathing is difficult with or without oxygen being given, sometimes a fan blown over the body to give the sensation of being in fresh air, combined with the mental suggestion of visualising sitting on a beach in the wind or the top of a hill can give relief. Keeping the head elevated will help breathing, be careful to maintain support of the lower back. A lubricant on the lips will help prevent cracking. Mouth care and mouth swabs can help keep the tongue and mouth moist and clean. Although this may not be necessary or may not be tolerated by someone close to death.

Events in the recent past may become intertwined with memories from the distant past. They may remember events from years long gone in vivid detail but not remember what happened even an hour ago.

They may spend time thinking about people who have already died. They may talk about seeing or hearing others who have died before them. You may hear them conversing with a dead friend or relative.

If you are caring for a loved one, you may become frightened or upset by this unique communication. If this communication is upsetting to you, discuss it with your palliative care nurse.

A dying loved one may become delirious, which can also be a frightening experience for everyone involved. Delirium occurs in many of those who are near the end of life. It may be a single cause, or it may result from a combination of several factors.

Causes may include:

- Medications such as morphine, sedatives. And pain relievers, or taking too many medications that interact adversely
- Metabolic changes from a fever or dehydration
- Metastatic disease
- Severe depression

Symptoms may include

- Agitation
- Hallucinations
- Unconsciousness altering with agitation

YOUR DOCTOR OR PALLIATIVE CARE SERVICE WILL BE ABLE TO DISCUSS THESE SUGGESTIONS WITH YOU, PLEASE DON'T HESITATE TO ASK THEM FOR FURTHER ADVICE.

Delirium can sometimes be prevented with alternative treatments, such as relaxation and breathing techniques, and other methods that reduce the need for sedative. Talk to your palliative care nurse for advice

How will you know death has occurred?

- No breathing (chest does not move)
- No heartbeat (no pulse)
- Loss of control of bowel and bladder sometimes occurs
- No response to shaking or shouting
- Eyelids may be slightly open and pupils bigger than usual
- Eyes fixed on one spot
- Jaw relaxed and mouth slightly open

What should you do when death has occurred?

After the person you have been caring for has died, the first thing you need to do is *take a deep breath*.

You do not need to contact anybody immediately unless you feel you need to.

It is important to spend as much time as you would like with the person who has died.

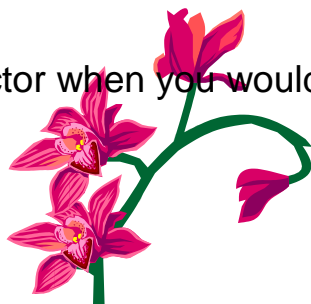
When you are ready, call your doctor, or your palliative care nurse or the after hours number provided.

There is no time limit to how long the person who has died can stay at home, it can be hours, up to days if that is what you want. Try to resist well meaning relatives or friends who may try to speed up this process.

Some people find it frightening to be with a person who has died, however, it is our experience that it is important if you are able to see the person. Once they have died, there is also an opportunity for a viewing at the funeral home.

It may be helpful to you and your family to ask your minister to call before the deceased is transferred.

Contact your funeral director when you would like the deceased to be transferred.



Troubleshooting

When an alarm is activated: -

- ❖ the infusion stops
- ❖ an audible alarm sounds
- ❖ keypad LED turns to red and ..
- ❖ LCD screen displays a text message and instructions to help identify/resolve cause

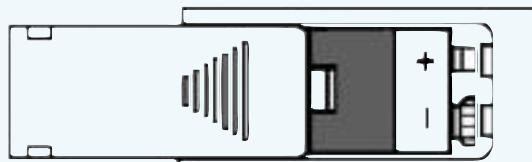
How to resolve the cause of an alarm condition: -

Before troubleshooting or solving any alarm, press **YES** to acknowledge and silence the alarm, then:-

- ❖ **Occlusion** – check the infusion line is not trapped, kinked or clamped at any point and when satisfied press **YES** to restart infusion. If alarm repeats and there is no physical sign of any obstruction, press **STOP**, power the pump off and call your clinical contact.
- ❖ **Syringe Displaced** – syringe not fitted correctly/displaced. On screen message identifies which sensor to check.
- ❖ **Near End** – infusion nearly complete.
- ❖ **End of Infusion** – program has completed. Power **OFF** the pump.
- ❖ **Pump Paused too long** –left in **STOP** or program mode for 2 minutes without a key press. If pump has been accidentally stopped press **YES** to restart.
- ❖ **Syringe Empty** – end of program or KVO. Power **OFF** the pump.
- ❖ **Low Battery** – prepare to change battery
- ❖ **End Battery** – change battery now and restart infusion as instructed overleaf

Changing the battery

The T34 operates using a 9V disposable alkaline battery located behind a slide panel at the back of the pump. McKinley recommends using Duracell batteries with the T34 as the Battery Level meter (see Information Options overleaf) is calibrated to this battery.



When you remove the old battery please note the label in the battery compartment that shows you how to align the positive (+) and negative (-) terminals of the battery.

Don't worry if you have incorrectly inserted the battery as this will not damage the pump. Just remove it and re-align correctly.

GP's Name:

Surgery Telephone:

Nurses Name:

Nurses Telephone:

Hospital contact:

Hospital Telephone:

Doc No: 0605T34PIL

McKinley T34 Syringe Pump

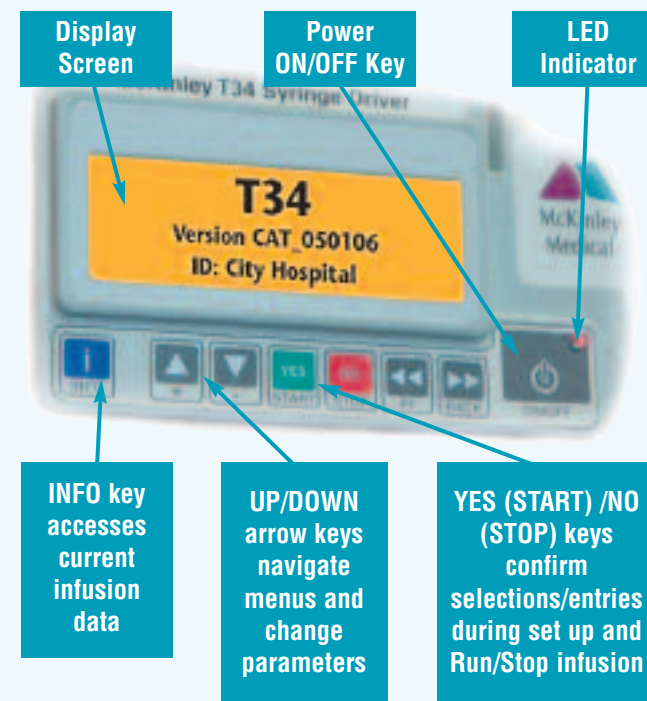


McKinley Medical

Patient Reference Guide

You have been provided with a McKinley T34 syringe pump to assist in the safe and accurate administration of your prescription. The pump operates on 9V alkaline batteries located behind a slide panel on the back of the pump. The compact, lightweight design of the pump should enable you to put it in the lockbox and/or carry pouch supplied and go about your daily routine.

Please find time to read this booklet and familiarise yourself with the device.



To turn pump on press the ON/OFF key. Pump displays start up screens as system checks are performed.

- ❖ **NOTE:-** IF YOUR McKINLEY T34 PUMP IS SECURED IN THE LOCKBOX (OR YOU HAVE BEEN INSTRUCTED DIFFERENTLY) AND THE “SYRINGE DISPLACED” ALARM IS ACTIVATED, POWER OFF THE PUMP AND CALL YOUR CLINICAL CONTACT FOR ASSISTANCE. OTHERWISE FOLLOW THE PROCEDURE BELOW TO RESEAT ...

Load Syringe



Syringe barrel
not secure.
Check clamp
arm position.

Syringe collar
not in contact
with sensor.
Re-position.

Plunger not
seated
correctly.
Re-position.

- ❖ If the syringe displaced alarm screen is displayed (press **YES** to silence alarm, if any portion of the Load Syringe Screen is flashing, the syringe is not fitted correctly or has been displaced)
- ❖ Observe which point of the syringe graphic is flashing and take corrective action as detailed above. Screen messages will identify appropriate action.
- ❖ When the syringe is correctly loaded the syringe graphic stops flashing and this screen will change to



McKinley Medical

10ml BD Plastipak

Select ▲▼, Press YES

- ❖ Check that the screen displays the correct syringe size and brand (as denoted by the syringe manufacturers name displayed on the body of the syringe and the nominal volume mark on the side of the syringe)
- ❖ If incorrect, use **UP▲** / **DOWN▼** arrow keys to scroll between syringes of similar dimensions until you find the correct one
- ❖ Confirm correct selection by pressing **YES**

Press YES to Resume

Press NO for New Program

- ❖ Press **YES** to resume current, interrupted infusion (e.g. battery change, syringe displaced)

Volume 6.35 ml
Duration 12.35 h
Rate 0.50 ml/h
Press YES to confirm

- ❖ Infusion summary screen is displayed
- ❖ Check duration is as expected (infusion time remaining)
- ❖ Press **YES** to confirm

Start Infusion?

- ❖ This screen just gives you time to check that you have resolved any issue/alarms and/or that you are ready for the infusion to re-commence
- ❖ Press **YES** to resume the infusion

Time remaining 23:59
Rate 0.50ml/h
Pump delivering

- ❖ Whilst infusing the display screen (see above) shows key infusion parameters:
 - Time Remaining in hours
 - Infusion Rate in ml/hr
 - Syringe size & Brand
- ❖ Delivery is indicated by an intermittent message on the bottom line of the display and/or flashing green LED on the keypad (may be disabled to conserve battery life)

Information Options

Pressing **INFO** button during infusion shows: -

- Volume infused vs Volume remaining
- Battery Status