Review **Calculations related to medications, Basic Safety and Infection Control, Core Measures, National Patient Safety Goals, and Pain Management.**

Review **assessment, interventions, monitoring, and care** for conditions commonly encountered including:

- Agitation in patient who has dementia, first investigate cause
- Ascites, positioning to facilitate comfort
- Cancer, relief of bone pain due to metastasis using NSAIDS
- Constipation, bowel program with opioids; fiber laxatives may worsen constipation at EOL
- Delirium in patient who has dementia, benzodiazepines may worsen delirium
- Dementia, FAST rating of 7 = loss of locomotion, speech, and consciousness
- Distress may relate to emotional causes at EOL
- Dyspnea: assessment by asking patient about trouble catching his breath; use of fan to relieve; high Fowler’s position to relieve
- Fatigue, schedule activities at times of most energy
- Myoclonus, an adverse effect of high dose morphine: recognizing symptoms
- Nausea, opioid-induced: relieve with haloperidol
- Pain management, importance of thorough assessment
- Pulmonary fibrosis, hypoxemia: increase O2 before and for a short time after activity
- Pressure ulcer, identify description of nonblanchable area
- Spiritual distress, assessment by asking about source of strength in facing illness
- Upper airway congestion, explaining significance to family and recommending repositioning
- Profound, progressive weakness in last weeks of life

Review action, preparation, monitoring, and precautions related to **medications and treatments** commonly used, such as

- Artificial nutrition and hydration (ANH), possible problems of fluid overload, nausea, diarrhea with enteral feedings at EOL
- Benzodiazepines, fall risk in elderly, contraindication in delirium
- Gabapentin (Neurontin®) for neuropathic pain
- Haloperidol (Haldol®), to relieve nausea caused by MS-IR
- Massage therapy, to relieve anxiety and depression
- Morphine, calculation of oral liquid, calculation IV to sustained release PO
  - If IV:PO ratio is 1:3, the equivalent 24-hour PO dose is the 24-hour IV dose X 3
A single dose of Q12H PO dose is ½ the 24 hour dose

- Morphine, immediate release and long-acting
- NSAID in addition to morphine, relief of bone pain
- Opioids, adverse effects include constipation, institute a bowel regimen
- Oxygen, use in pulmonary fibrosis

Review concepts and principles related to the **Hospice/Palliative Model of Care** including:

- Spiritual counseling, nurse’s role in arranging for culturally-related spiritual rituals
- Cultural differences in EOL care, such as African American often prefer life-sustaining treatment; Native American may request shaman
- Withdrawing or withholding life-sustaining therapies, consistent with patient’s wishes
- Role of HP team: coordinate care from time of referral through the bereavement period
- Holistic approach characteristic of HP care, considering the patient as a whole person
- Importance of patient’s choices and goals to guide care
- HP goal: symptom relief and ease of burden at EOL
- Nurse may facilitate decision-making consistent with stated wishes of the patient or surrogate
- Grief, highly individualized

Review concepts and principles related to **communication with family and caregivers**, including:

- Patient satisfaction, importance of communication with patients and families
- Expectations during last weeks – profound, progressive weakness
- Family communication re: upper airway congestion at EOL
- Artificial nutrition and hydration (ANH), response to family about potential problems
- Spiritual care counselor assists with finding meaning in illness and life

Review principles and practices related to **safety and infection prevention**, including:

- Risk for falling and preventive measures such as commode for weak, ambulatory patient
- Handwashing, when patient has C. diff rather than alcohol-based sanitizer
- Prevention of CAUTI by evaluating need for catheter
- Prevention of aspiration pneumonia by discontinuing feeding in weak, anorexic patient
Review measures to prevent **CMS Hospital Acquired Conditions**, including:

- CAUTI prevention
- Skin assessment, pressure ulcer staging
- Risk for falling

Review **calculations**, including:

- mL to obtain mg dose of oral liquid
- Dose of oral opioid based on previous IV dosage
  - If IV:PO ratio is 1:3, the equivalent 24-hour PO dose is the 24-hour IV dose X 3
  - A single dose of Q12H PO dose is ½ the 24 hour dose