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, recommend low lighting and soft music
- Ascites, temporarily increase diuretic dosage
- Cancer, relief of bone pain due to metastasis using NSAIDS
- Constipation, bowel program with opioids; fiber laxatives not helpful 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 related to non-physical causes at EOL
- Dyspnea: assessment by asking patient about ease of breathing; use of fan to relieve; high Fowler’s position to relieve
- Fatigue, scheduling activities at times of most energy
- Myoclonus, an adverse effect of high dose morphine
- 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

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

- Artificial nutrition and hydration (ANH), possible problems with enteral feedings at EOL
- Atropine, to reduce secretions
- 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
- Morphine, immediate release and long-acting
- NSAIDs, relief of bone pain
• Opioids, adverse effects constipation
• 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 through the bereavement period
• Holistic approach characteristic of HP care
• Importance of patient’s choices and goals to guide care
• HP goal: symptom relief and ease of burden at EOL
• Grief, highly individualized

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

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