

# **Unit 58: Supporting Individuals during Last Days of Life**

**Unit reference number: F/616/7374**

**Level: 3**

**Unit type: Optional**

**Credit value: 4**

**Guided learning hours: 32**

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## **Unit summary**

Promoting responsive care in the final stage of life is a significant role for all care workers. The role requires the ability to recognise the final phase of life and to adapt care routines and approaches as death becomes imminent. This can be a highly sensitive and emotional period of time for family, friends and caring staff. For the individual, significant physical changes can lead to fear, confusion, pain and discomfort. All of these symptoms require careful management to enable the individual to continue to communicate their needs and choices, and to meet their death with dignity and peace.

This unit will enable you to gain more of an understanding about changes in the final phase of life and how to support the individual and others. As a senior care worker, you will demonstrate how to prepare for this, leading staff to promote the highest standards of care and sensitivity.

## Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
<p>1 Understand the impact of the last days of life on the individual and others</p>	<p>1.1 Explain the psychological aspects of the dying phase for the individual and others</p> <p>1.2 Discuss the impact of the last days of life on the relationships between individuals and others</p>
<p>2 Understand how to respond to common symptoms in the last days of life</p>	<p>2.1 Explain the common signs of approaching death</p> <p>2.2 Explain how to minimise the distress of symptoms related to the last days of life</p> <p>2.3 Describe agreed comfort measures in the final hours of life</p> <p>2.4 Discuss the circumstances when life-prolonging treatment can be stopped or withheld</p> <p>2.5 Describe the signs that death has occurred</p>
<p>3 Understand how to support individuals and others during the last days of life</p>	<p>3.1 Evaluate different ways to enhance an individual's wellbeing during the last days of life</p> <p>3.2 Explain the importance of working in partnership with others to support the individual's wellbeing</p> <p>3.3 Evaluate how different tools for end of life care can support the individual and others</p> <p>3.4 Explain how to help others to understand the process following death according to agreed ways of working</p>
<p>4 Be able to respond to the changing needs of an individual during the last days of life</p>	<p>4.1 Demonstrate how to follow the individual's advance care plan in the last days of life</p> <p>4.2 Record the changing needs of the individual during the last days of life according to agreed ways of working</p> <p>4.3 Demonstrate how to support the individual when their condition changes according to agreed ways of working</p>

Learning outcomes	Assessment criteria
<p>5 Be able to work according to national guidelines, local policies and procedures, taking into account preferences and wishes after the death of the individual</p>	<p>5.1 Carry out actions immediately following a death that respect the individual's wishes and follow agreed ways of working</p> <p>5.2 Demonstrate how to provide care for the individual after death according to national guidelines, local policies and procedures</p> <p>5.3 Demonstrate how to follow an individual's wishes for their after-death care</p> <p>5.4 Evaluate agreed ways of working relating to the prevention and control of infection when caring for and transferring a deceased person</p> <p>5.5 Demonstrate how to support others immediately following the death of a close relative or friend in line with agreed ways of working</p>
<p>6 Be able to manage own feelings in relation to an individual's dying or death</p>	<p>6.1 Explain ways to manage own feelings in relation to an individual's death</p> <p>6.2 Use support systems to manage own feelings in relation to an individual's death</p>

## Content

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### What needs to be learned

#### Learning outcome 1: Understand the impact of the last days of life on the individual and others

##### Individual

- The individual is the person requiring care or support.

##### Others

- Others, e.g. families or carers, friends, colleagues, other professionals, members of the public, advocates.

##### Psychological aspects

- Palliative care.
- Models of care.
- Educate and inform patient and family while understanding their goals and developing a flexible and responsive care plan.
- Theories of grief and loss.
- Anticipatory grief and mourning.
- Death anxiety.
- Nature of patient/family response will depend on:
  - stage in life cycle
  - illness history
  - loss history, including past experiences of dying/death
  - coping style/personality
  - cultural values
  - spirituality and/or religious affiliation
  - presence/absence of support network
  - additional stressors, e.g. financial, etc.

##### Relationship between individual and others

- Last wishes.
- Need to express feelings.
- Fear of process of death and what happens afterwards.
- Fear of not being able to cope.
- A 'good' death.
- Finding meaning; purpose and hope.
- Future hopes.

## What needs to be learned

### Learning outcome 2: Understand how to respond to common symptoms in the last days of life

#### Signs of approaching death

- Sleep more – difficult to wake.
- May have only few lucid moments.
- Can appear confused when conscious.
- Loss of gag reflex, secretions collect at back of throat.
- Hands and feet cold.
- Cyanosis around mouth, fingertips.
- Changes in breathing – Cheyne-Stokes.
- Incontinence.
- Restless, agitated.

#### Minimise distress and discomfort

- Teamwork.
- Follow agreed wishes and preferences of individual.
- Mouthcare and fluids if tolerated.
- Regular repositioning.
- General personal care and hygiene.
- Soft lighting.
- Never left alone.
- Encourage family and friends to be around.
- Have personal belongings close.
- Appropriate pain control.

#### Life-prolonging treatment

- Equality and human rights, Human Rights Act 1999.
- Presumption in favour of prolonging life.
- Acting on advance requests for, and refusals of, treatment.

#### Signs that death has occurred

- No breathing.
- No heartbeat.
- Loss of control of bowel or bladder.
- No response to attempts to awaken, shaking or shouting.
- Eyelids slightly open.
- Eyes fixed on certain spot.
- Jaw relaxed and mouth slightly open.

## What needs to be learned

### Learning outcome 3: Understand how to support individuals and others during the last days of life

#### Enhance wellbeing

- Calm and relaxing environment.
- Competency in skills.
- Awareness of individuals' needs and preferences.
- Effective communication.
- Good relationships with family and friends.

#### Working in partnership

- Shared decision making.
- Shared expertise.
- Personalised planning.
- Efficiency of service delivery.
- Effective communication.

#### Tools for end of life care

- Assessment tools, monitoring pain intensity:
  - Abbey Scale
  - PAINAD.
- Holistic Common Assessment Framework.
- Gold Standards Framework.
- Preferred Priorities for Care.
- Clinical protocols.
- Agreed ways of working.
- Care planning and pathways.

#### Understand process following death

- Formal identification.
- Certified death by GP.
- Possible discussion regarding organ donation.
- Laying out of body.
- Contact with funeral directors.
- Registering death.
- Bereavement counselling and support.
- Arranging funeral.

## What needs to be learned

### Learning outcome 4: Be able to respond to the changing needs of an individual during the last days of life

#### Advance care plan

- Supports individuals' wishes.
- Promotes respect and dignity.
- Values decisions made.
- Allows carers and family to be sure they are acting in individual's best interest.

#### Changing needs of individual

- Holistic approaches.
- Care planning:
  - review of medication
  - discussion with individual
  - cessation of nutrition
  - maintenance of fluids
  - continence measures
  - risk management.

#### Meeting the needs of the individual

- Effective pain control.
- Change of position.
- Oral and skin care.
- Reassurance.
- Calm environment.
- Contact with family and friends.
- Not left alone.
- Soft lighting.
- Relaxing environment.
- Avoid excessive noise.
- Sensitive care.

## What needs to be learned

### **Learning outcome 5: Be able to work according to national guidelines, local policies and procedures, taking into account preferences and wishes after the death of the individual**

#### **National guidelines, local policies and procedures**

- Common core principles and competences for social care and health workers working with adults at the end of life (Skills for Care and Skills for Health, 2014).
- NICE Standards for Quality End of Life Care (2014).
- National Council for Palliative Care – *The end of life care strategy: New ambitions* (2013).
- Gold Framework Standards (2017).
- Policies in setting.
- Health and safety policy.
- Infection control policy.
- Use of personal protective equipment (PPE).
- Clinical disposal of waste.
- Awareness of infection risks.

#### **Supporting others**

- Need to express feelings.
- Fear of process of death and what happens afterwards.
- Fear of not being able to cope.
- A 'good' death.
- Finding meaning, purpose and hope, future hopes.
- Counselling.
- Bereavement support.
- Support from mentor and team.

### **Learning outcome 6: Be able to manage own feelings in relation to an individual's dying or death**

#### **Managing own feelings**

- Grief.
- Loss.
- Grieving process.

#### **Support systems**

- Counselling.
- Bereavement support.
- Support from mentor and team.



## Information for tutors

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### Suggested resources

#### Books

Kübler-Ross E - *On death and dying: What the dying have to teach doctors, nurses, clergy and their own families* (Simon and Schuster, 2014) ISBN 9781476775548

Kübler-Ross E and Kesler D - *On Grief and Grieving: Finding the Meaning of Grief Through the Five Stages of Loss* (Simon and Schuster, 2014) ISBN 9780743263443

#### Websites

<a href="http://www.gov.uk/dh">www.gov.uk/dh</a>	Department of Health – includes an overview of progress on commitments made in 'One Chance to Get it Right: the system-wide response to the Independent Review of the Liverpool Care Pathway'.
<a href="http://www.ncpc.org.uk/">www.ncpc.org.uk/</a>	The National Council for Palliative Care – information for all those involved in palliative, end of life and hospice care in England, Wales and Northern Ireland.
<a href="http://www.nhs.co.uk">www.nhs.co.uk</a>	NHS England – NHS England's Actions for End of Life Care 2014.
<a href="http://scie-socialcareonline.org.uk">scie-socialcareonline.org.uk</a>	The UK's largest database of information and research on all aspects of social care and social work.
<a href="http://www.skillsforcare.org.uk">www.skillsforcare.org.uk</a>	Standards and legislation relating to death and dying.

## **Assessment**

This guidance should be read in conjunction with the associated qualification specification for this unit.

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meets the assessment criteria, centres should follow the guidance given in *Section 8 Assessment* of the associated qualification specification and meet the requirements from the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

### **Unit assessment requirements**

This unit must be assessed in accordance with the assessment strategy (principles) in *Annexe A* of the associated qualification specification.

Assessment decisions for learning outcomes 4, 5 and 6 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation cannot be used as an assessment method for learning outcomes 4, 5 and 6.

Assessment of learning outcomes 1, 2 and 3 (knowledge) may take place in or outside of a real work environment.