Unit 68: Managing Symptoms in End of Life Care

Unit reference number: Y/503/8644

Level: 3

Unit type: Optional

Credit value: 3

Guided learning hours: 22

Unit summary

The aim of this unit is to give learners the understanding and skills required to manage symptoms in end of life care.

The unit will provide learners with an understanding of the effects of symptoms in relation to the end of life. This will include identifying a range conditions and their symptoms that may be experienced by individuals at this stage. The potential distress caused to individuals will also be investigated, together with an understanding of how individuals may perceive pain and the importance of this.

This unit introduces learners to the different techniques available for managing symptoms and their role in the therapeutic aspects of symptom relief.

Learners will be required to demonstrate their skills in the management of individuals' symptoms, responding to cultural needs where appropriate. They will also demonstrate skills in pain management and in incorporating changes in care plans as a response to changes in symptoms.

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 each learning outcome.

Learning outcomes	Assessment criteria
1 Understand the effects of symptoms in relation to end of life care	1.1 Identify a range of conditions where you might provide end of life care
	1.2 Identify common symptoms associated with end of life care
	1.3 Explain how symptoms can cause an individual distress and discomfort
	1.4 Evaluate the significance of the individual's own perception of their symptoms
2 Be able to manage symptoms of end of life care	2.1 Demonstrate a range of techniques to provide symptom relief
	2.2 Describe own role in supporting therapeutic options used in symptom relief
	2.3 Respond to an individual's culture and beliefs in managing their symptoms
	2.4 Actively support the comfort and wellbeing in end of life care
	2.5 Recognise symptoms that identify the last few days of life may be approaching
3 Understand how to manage symptoms of pain	3.1 Identify signs that may indicate that an individual is experiencing pain
	3.2 Describe factors that can influence an individual's perception of pain
	3.3 Describe a range of assessment tools for monitoring pain in individuals, including those with cognitive impairment
	3.4 Explain how to maintain regular pain relief

Learning outcomes	Assessment criteria
4 Be able to integrate symptom management in the care management process	4.1 Explain how symptom management is an important part of the care planning process
	4.2 Regularly monitor symptoms associated with end of life care
	4.3 Report changes in symptoms according to policies and procedures in own work setting
	4.4 Support the implementation of changes in the care plan

Unit content

What needs to be learned

Learning outcome 1: Understand the effects of symptoms in relation to end of life care

Conditions requiring end of life care, e.g.
- Cancer.
- Cystic fibrosis.
- Motor neurone disease.
- Congestive cardiac failure (CCF).
- Chronic obstructive pulmonary disease (COPD).
- Renal failure.
- Alzheimer's disease.
- Parkinson's disease.
- Amyotrophic lateral sclerosis.
- Pulmonary fibrosis.
- Stroke.
- Sickle cell anaemia.
- Multiple myeloma.
- HIV/AIDS.

Common symptoms associated with end of life care
- Physical:
  - reduced tissue viability
  - loss of appetite
  - fatigue
  - discomfort
  - pain
  - incontinence
  - delirium/agitation
  - dyspnoea
  - excessive respiratory secretions
  - need for mouth care and skin care
  - need for bladder and bowel care
  - nausea and vomiting.
- Emotional:
  - sadness
  - depression
  - anxiety.
- Psychological:
  - auditory and visual hallucinations
  - fear
  - panic.

Causes of stress and discomfort
- Individuals:
  - reduced quality of life
  - raised stress levels due to concerns, e.g. fear of the unknown

- o   embarrassment, e.g. due to incontinence, increasing helplessness
- o   changing sleep patterns
- o   skin break down
- o   reduced concentration levels
- o   unhappiness due to, e.g. leaving loved ones, wanting to live.
- Others: partners, family friends:
  - o   inability to relieve symptoms
  - o   anxiety due to awareness that the individual is dying
  - o   guilt at feeling well
  - o   sadness.
- Recognition of individuals' evaluation of own symptoms:
  - o   part of a person-centred approach
  - o   involvement of individuals in management of own symptoms
  - o   to gain an accurate view of the effects of symptoms on an individual's wellbeing and comfort
  - o   to enable adjustment of care plans/care delivery to meet the holistic needs of individuals.

Learning outcome 2: Be able to manage symptoms of end of life care

Techniques to provide symptom relief

- Analgesia for pain.
- Laxatives for constipation.
- Sedatives to reduce anxiety.
- Complimentary therapies, e.g. aromatherapy, reflexology.
- Distraction.
- Use of closed questions.
- Physiotherapy.
- Regular mouth care.
- Encourage fluid intake.
- Provide smaller meals, snacks.
- Attention to skin, e.g. assisting changing of position, application of cream/ointment to reduce soreness.
- Counselling, visits from faith representatives.
- Bed baths/sponging down.
- Ensuring clean bed linen.
- Incontinence pads.

Own role in managing symptoms

- Adherence to legislative and organisational requirements.
- Working within boundaries of own role.
- Recording delivery of procedures.
- Recording effectiveness/individual response.
- Preparing equipment, e.g. aromatherapy oils.
- Preparation of environments.
- Ensuring privacy, dignity for individuals.
- Safe removal of equipment/materials following procedures.

What needs to be learned

Respond to an individual's culture and beliefs in managing their symptoms

- Recognition of specific cultural needs in respect of:
    - attitudes to care setting
    - pain management
    - gender of carer when delivering personal, intimate care
    - end of life rituals
    - involvement of family
    - importance of food and refreshment
    - involvement of faith representative
    - avoidance of cultural taboos, including some medical practices.

Last stage of life symptoms

- Physical:
    - loss of appetite
    - apnoea
    - changes in skin colour
    - reduced body temperature
    - lowered blood pressure
    - slow healing of wounds
    - swelling of hands and feet
    - gurgling sound in throat
    - excessive fatigue
    - sleepiness
    - dark coloured urine
    - incontinence.
- Social and emotional:
    - withdrawal
    - confusion
    - sadness
    - happiness
    - expectations of an afterlife.

What needs to be learned

Learning outcome 3: Understand how to manage symptoms of pain

Signs of experienced pain

- Restlessness.
- Agitation or increased temper.
- Facial expressions, e.g. grimacing, frowning, distorted expression, rapid blinking.
- Verbalisation of pain, e.g. groaning, crying.
- Changes in breathing.
- Changes in mood.
- Lack of concentration.
- Withdrawal or refusal to make eye contact.
- Refusing care.
- Refusing food.
- Being reluctant to move.
- Bending over or favouring one side when walking.
- Massaging the painful area.

Factors that can influence an individual's perception of pain

- Individual pain threshold.
- Fear.
- Discomfort due to, e.g. co-morbidities.
- Cultural factors, ethnicity.
- Cognitive ability.
- Gender roles.
- Personality.

Assessment tools for monitoring pain

- Pain expression scales.
- Open and closed questions.
- Overt and covert observations.
- Pain scales, e.g.:
  - o Numeric Rating Scales (NRS)
  - o Visual Analog Scale (VAS)
  - o Categorical Scales.

Theories of pain, e.g.:

- Intensity theory.
- Specificity theory.
- Gate control theory.

Maintenance of regular pain relief

- Adherence to prescribed methods and timescales.
- Referring additional pain symptoms to healthcare professionals.
- Monitoring symptoms to ensure pain management.

Methods

- Administration of analgesia according to prescribed methods and timescales.
- TENS (transcutaneous electrical nerve stimulation).
- Acupuncture.
- Complimentary therapy, e.g. mindfulness, meditation, massage, aromatherapy, reflexology, hypnotherapy, music therapy and reiki.
- Talking therapy, including counselling.
- Distraction.

Learning outcome 4: Be able to integrate symptom management in the care management process

Incorporation of symptom management in care planning

- Importance:
  - person-centred approach
  - involvement of individuals in decisions
  - recognition of changing needs of individuals
  - enhanced wellbeing of individuals
  - proactive approach to prevent additional/unnecessary stress.

Monitoring end of life symptoms

- Regular observations, e.g. blood pressure, temperature, pulse, respiration.
- Noting skin condition, e.g. when changing bed linen, washing individual.
- Use of closed questions.
- Careful listening, including use of reflective listening.
- Noting non-verbal clues, e.g. facial expression.
- Noting changes in sleep patterns, appetite, fluid output.

Reporting changes

- Recording of observations and measurements according to policies and procedures of own setting, national and organisation guidelines, legislative requirements.
- Informing managers, fellow professionals.

Supporting the implementation of changes in the care plan

- Awareness of changes to care plan.
- Incorporating changes to care plan in delivery of care.
- Working according to policies and procedures of own setting.
- Using agreed methods recognising boundaries of own role.

Information for tutors

Suggested resources

Books

Sadler C (editor) – *A Practical Guide to End of Life Care* (Open University Press, 2015) ISBN 9780335263561

Twycross R – *Symptom Management in Advanced Cancer*, 4th revised edition (Radcliffe Publishing Ltd., 2009) ISBN 978-0955254734

Websites

www.caresearch.com.au/caresearch/ClinicalPractice/Physical/EndofLifeCare/SymptomManagementattheEndofLife/tabid/741/Default.aspx	CARESEARCH, a palliative care network Information about symptom management in end of life care
www.healthline.com/health/pain-scale	Healthline Information on pain scales and their uses
www.macmillan.org.uk/Downloads/.../EndOfLife/MAC14313EndoflifeE220150930.pdf	MacMillan Guide to end of life
www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/symptom-control/pain-control	Marie Curie Information about pain control in end of life care

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 Skills for Care Assessment Principles.

Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

The evidence for learning outcome 1 can be based either on the learner's own workplace or case studies. The evidence for learning outcomes 2, 3 and 4 must be demonstrated in the learner's own workplace setting.