

Unit 8

Terminal illness

Terminal illness cont--

- Nurses spend more time with patients who are facing the end of life (EOL) than any other member of the health care team.
- This highly technologic world calls for application of high-touch intervention with the dying.

stages of death and dying

- In her classic works, Elizabeth Kübler-Ross (1969, 1974) identified five possible stages of dying experienced by clients and their families.
- Every person does not move sequentially through each stage.
- These stages are experienced in varying degrees and for varying lengths of time.

stages of death and dying cont--

1) DENIAL:

- In the first stage of dying, the initial shock can be overwhelming.
- Denial, which is an immediate response to loss experienced by most people, is a useful tool for coping.
- It is an essential and protective mechanism that may last for only a few minutes or may manifest itself for months

stages of death and dying cont--

- 2) ANGER: The initial stage of denial is followed by anger.
- The client's security is being threatened by the unknown. All the normal daily routines have become disrupted.
 - The client has no control over the situation and thus becomes angry in response to this powerlessness.
 - The anger may be directed at self, God, and others.
 - Often the nurse is the recipient of the anger when the client lashes out.

stages of death and dying cont--

3 BARGAINING:

- The anticipation of the loss through death brings about bargaining through which the client attempts to postpone or reverse the inevitable.
- The client promises to do something (such as be a better person, change lifestyle) in exchange for a longer life.

stages of death and dying cont--

4) DEPRESSION:

- When the realization comes that the loss can no longer be delayed, the client moves to the stage of depression.
- This depression is different from dysfunctional depression in that it helps the client detach from life to be able to accept death.

stages of death and dying cont--

5)ACCEPTANCE:

- The final stage of acceptance may not be reached by every dying client.
- However, “most dying persons eventually accept the inevitability of death.
(impeding)
- Many want to talk about their feelings with family members.

Cont--

- Verbalization of emotions facilitates acceptance. With acceptance comes growing awareness of peace and contentment.
- The feeling that all that could be done has been done is often expressed during this stage.
- Reinforcement of the client's feelings and sense of personal worth are important during this stage.

care of unconsciousness

- □ Unconsciousness is incapable of responding to sensory stimuli or insensible
- Position the patient must be placed in the recovery position
- Warmth a blanket should be used to prevent the patient becoming cold
- Space:- keep crowds away & window & doors opened to supply adequate fresh air if the room is too hot

post-mortem care

- Care after death: caring for the deceased body and meeting the needs of the grieving family are nursing responsibilities.
- Care of the Body: The body of the deceased needs to be treated in a way that respects the holiness of the human body.
- Nursing care includes maintaining privacy and preventing damage to the body.

post-mortem care

☐ PURPOSE

- To show respect for the dead
 - To prepare the body for burial
 - To prevent spread of infection
 - To show kinds of the family
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- **See procedure!!**

Physiologic changes occur after death

a)Algor mortis- decreased temperature by lack of skin elasticity.

-skin can easily break and nurse should give care

b)Liver mortis-bluish purple discoloration that is the by product of RBC destruction.

-occurs on the dependent areas of the body

-elevate head to prevent discoloration from pooling of blood.

Cont--

c)Rigor mortis- after death stiffening of the body caused by contraction of skeletal and smooth muscles.

- to prevent disfiguring effect of rigor mortis after death the nurse should close eye lids, close mouth and position body in natural straight position.
- tags should be applied on toe and wrist of the died person.

- ***Thank you for
your great
attention!!***