



Family Caregiver Education Series 

Understanding Advanced Illness: A Palliative Care Perspective

Thursday, April 8, 2021

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Session Agenda

- Introduction/Definitions
- Medication Issues and Management
- Vaccinations
- Common Conditions in the Elderly
 - Congestive Heart Failure
 - Edema
 - Stroke
- Cancer
- Pneumonia
- Dehydration
- Skin Care
- Urinary Tract Infections
- Arthritis
- Dementia
- Depression
- Palliative Care



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Terms to Know

- **Mortality:** relating to death.
- **Morbidity:** relating to disease.
- **Acute:** an illness with a sudden onset; lasting a relatively short period of time.
- **Chronic:** an illness that persists for a long time or constantly recurs.
- **Multi-morbidity:** coexistence of chronic diseases.
- **Multi-morbidity in the elderly** is estimated to occur in 55 – 98% of the population.



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Addressing the Whole Person

- Physical symptoms.
- Emotional needs.
- Spiritual issues or concerns.
- Practical or sociological elements.
- Personal wishes or preferences.



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Medication-Related Problems

- 25% of SNF admissions related to medication issues.
- Polypharmacy: multiple medications, including OTC, herbals, cannabis (THC) or CBD (cannabidiol).
- “Natural” does not always mean safe.
- Adverse reactions, drug interactions.
- Dosage too high or too low.
- Challenges to compliance.



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Warning Signs of MRP

- Excessive drowsiness
- Confusion
- Depression
- Insomnia
- Incontinence
- Muscle weakness
- Shakiness; tremors
- Loss of appetite
- Falls and fractures
- Changes in speech or memory

Source: *A Caregiver's Guide to Medication and Aging*
 Family Caregiver Alliance www.caregiver.org



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Meds Management: Key Role of Caregivers

- Administering medications.
- Filling and refilling prescriptions.
- Recognizing symptoms of medication-related problems.
- Supervising OTC meds, herbals (awareness of potential interactions with prescription meds).
- Communicating with health care professionals.
- *Medscape* website.



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<https://reference.medscape.com/>

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Recommended Vaccinations

| | |
|---|--|
| <p>PNEUMOCOCCAL PNEUMONIA</p> <ul style="list-style-type: none"> • PPSV23 (Pnumovax23®) age 65+ • PPSV13 (Prenar13®) ages 19-64 • If get both vaccines, need to be one year apart. • Medicare Part B covers 100%. | <p>INFLUENZA (6 months+)</p> <ul style="list-style-type: none"> • Annual injection (Sept-March). • 65+ high dose – Fluzone. • Protects against 4 strains. • Medicare Part B covers 100%. |
| <p>SARS-CoV-2 (COVID-19) (currently 16+)</p> <ul style="list-style-type: none"> • Pfizer (2 doses); Moderna (2 doses); Johnson & Johnson (1 dose). • Probably annual injection(s); possibly a booster. • All insurances cover 100%. | <p>SHINGLES (50+)</p> <ul style="list-style-type: none"> • Shingrix – two doses six months apart. • 97% effective – 50s and 60s; 91% effective – 70+ • Insurance co-pay varies; can be costly. |

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Congestive Heart Failure (CHF)

- A chronic, progressive condition in which the heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen.
- Symptoms:
 - Fatigue.
 - Edema (swelling in tissues).
 - Shortness of breath.
 - Rapid heart rate, even at rest.
 - Weakness, dizziness, light-headedness.
 - Weight gain >2 lb./day or 4 lb./week.
 - New cough.



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Congestive Heart Failure

- Complications:
 - Irregular heart rhythm.
 - Enlarged heart.
 - Heart attack.
- Treatment: Diet, lifestyle, medications.



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Edema

- Medical term for swelling, excessive fluid retention in tissues.
- Common sites:
 - Limbs (peripheral edema).
 - Abdomen (ascites).
 - Chest
 - Pulmonary edema (in lungs).
 - Pleural effusion (in space surrounding lungs).



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CVA/Stroke

- Interruption or reduction in blood flow to brain.
- Types of Stroke
 - Ischemic: blockage of an artery (85% of CVA).
 - Thrombotic: blood clot forms in an artery in the brain.
 - Embolic: blood clot forms elsewhere in the body.
 - Hemorrhagic: rupture of a blood vessel.
 - Transient Ischemic Attacks (TIAs): short episodes of stroke symptoms; can resolve.
- Symptoms: F A S T
(FACE—ARMS—SPEECH—TIME)



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CVA/Stroke

- Risk Factors:
 - Hypertension.
 - Smoking.
 - High cholesterol.
- Diagnosis: First 24-48 hours is crucial.
- Treatment/Rehab Goals:
 - Minimize permanent damage.
 - Reduce physical, perceptual, and language deficits.



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Effects of CVA/Stroke

- Physical.
- Emotional roller coaster/depression.
- Cognitive deficits.
- Communication deficits.
- Maximal recovery is in first 3 months.
- Caregiving Role:
 - Advocate.
 - Provide for physical needs.
 - Facilitate communication.



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Cancer

- Goals of cancer care: Prevention, recognition, treatment.
- Survival: US > 13 million; Worldwide > 30 million.
- Assessment Criteria:
 - Type of cancer.
 - Location.
 - Metastasis.
- Treatment Options:
 - Surgery.
 - Chemotherapy and radiation therapy.
- Considerations for the elderly and/or chronically ill.



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Pneumonia

- Inflammation of lungs.
- Bacterial or viral most common in elderly.
- Elderly more susceptible due to co-morbidities, weakened immune system.
- Complications can be life-threatening.
- Symptoms – may manifest differently in elderly:
 - Tired, weak
 - Cough; green or yellow sputum
 - Chest pain
 - Shortness of breath
 - Fever; chills
 - Confusion



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Pneumonia

- Treatment depends on cause.
- Viral
 - About 50% of cases.
 - Usually treated with rest, fluids, healthy foods.
 - Can be less severe but can lead to secondary bacterial pneumonia.
- Bacterial
 - Treated with antibiotics.
 - Antibiotic-resistant bacteria complicates treatment.
 - Pneumococcal pneumonia (streptococcus) causes about 40K deaths/year (CDC); vaccine recommended.
- Other causes: Fungal; aspiration.



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Dehydration

- Elderly are especially at risk:
 - One of most frequent causes of hospitalization after age 65.
 - Lose sense of thirst with age.
 - Appetites decrease, eat less, get less fluids from solid foods.
 - More susceptible to temperature changes due to reduction of subcutaneous layer of fat (insulation).
 - Some medications make more susceptible to dehydration.
 - May lead to urinary tract infections.
- Symptoms:
 - Can be similar to dementia symptoms; mimics other conditions.
 - Persistent fatigue, lethargy, muscle weakness/cramps.
 - Headaches, dizziness, nausea.
 - Forgetfulness, confusion.
 - Rapid breathing; increased heart rate.



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Preventing Dehydration

- Drink at least 48 oz. of water or non-caffeinated beverage daily.
- Keep water available, especially if person is not mobile.
- Encourage to sip water throughout the day.
- Other options for staying hydrated:
 - Sugar-free powdered drink mixes added to water; Jello.
 - Pedialyte Advanced Care Plus.
 - Low-sodium soups and broth.
 - Most fruits and vegetables: melons, berries, oranges, peaches, apples, applesauce, lettuce, cucumbers, celery.



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Skin Care

- Skin Changes in the Elderly
 - Thinner and drier.
 - Loss of adipose tissue (fat).
 - Reduced circulation.
 - Increased healing time.
 - Capillaries more fragile – easier bruising.
- Protective Measures
 - Sunscreen and protective clothing.
 - Regular skin checks.
 - Application of moisturizer.
 - Foot care/diabetes management.
 - Avoidance of cigarette smoke.



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Urinary Tract Infections (UTIs)

- Very common in elderly.
- Bacterial infection.
- Symptoms (may present differently in elderly):
 - Frequent and/or painful urination; blood in urine.
 - Urge to urinate, but inability to do so.
 - Behavioral and/or cognitive symptoms; confusion; often mistaken as dementia or Alzheimer's.
 - Motor weakness; dizziness.
 - Low-grade fever.
- Causes:
 - Loss of muscle tone.
 - Urinary retention.
 - Incontinence.
 - Poor hygiene practices.



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Arthritis

- Symptoms: Joint pain, swelling, stiffness, tenderness, change in motion, warmth or redness.
- Osteoarthritis (degenerative joint disease affecting joints and cartilage).
- Rheumatoid arthritis (autoimmune inflammatory disease).
- Gout (form of arthritis).
- Management/treatment options.



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Dementia

- "1 in 3 seniors dies with Alzheimer's or another dementia."
www.alz.org
- Caregiver role if exhibiting symptoms of cognitive decline:
 - Always check for new meds and/or interactions.
 - Blood work to determine nutritional deficiency.
 - Look for underlying medical condition such as UTI, dehydration, depression.
 - Be sure that all legal and financial matters have been addressed (esp. Power(s) of Attorney; advanced directive).
 - Schedule a cognitive or neurological evaluation.
- For more info, check out Hope's *Living with Dementia* program and *Family Caregiver* webinars posted on website.

www.HopeHospice.com/family-past



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Depression

- Common in elderly and/or chronically ill.
- Complete physical exam to rule out any disease or medication-related symptoms; depression assessment scales.
- Treatment:
 - Non-pharmacological treatments such as:
 - Relaxation therapy; meditation.
 - Music and/or exercise therapy.
 - Strategies to increase socialization and reduce boredom.
 - Psychotherapy.
 - Medications (anti-depressants; anti-anxiety).
 - May need to try different treatments to find one that works best for the individual.



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Questions to Ask as the End of Life Approaches

- Since the condition is worsening, what will happen next?
- What might we expect in the coming days or weeks?
- Why are you suggesting this diagnostic test? What will we do with this information?
- Why are you suggesting this treatment?
- Will the treatment bring physical comfort? Speed up or slow down the dying process?
- Is it time to consider palliative or hospice care?



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Palliative Care

- Goals of palliative care:
 - Help seriously ill patients feel more comfortable.
 - Prevents or treats symptoms and side effects of disease or treatment.
 - Provides relief from chronic conditions.
 - Treats emotional, social, practical, and spiritual issues.
 - Improves the quality of life.
- Palliative care can be given at the same time as treatments meant to cure or treat disease.
- Palliative care does not have specific time frames for:
 - Diagnosis
 - Treatment or follow-up
 - End of life



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POLST

- **Physician Orders for Life Sustaining Treatment**
- Comprehensive approach to end-of-life planning.
- Gives seriously ill patients and their families more control over their end-of-life care.
- Legal document (actionable medical order) that must be signed by both the physician and patient. May also be signed by nurse practitioners and physician assistants within their scope of practice.
- Prevents unwanted or ineffective treatments.
- Reduces patient and family suffering.
- Ensures a patient's wishes are honored.



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POLST

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY
Physician Orders for Life-Sustaining Treatment (POLST)

First, follow state orders that control Decision/Choice. A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. POLST complements an Advance Directive and is not intended to replace that document.

MRSA #1118 (Rev. 10/2017)

Section A: **CARDIOPULMONARY RESUSCITATION (CPR):** *If patient has no pulse and is not breathing. If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.*

Section B: **MEDICAL INTERVENTIONS:** *If patient is found with a pulse and/or is breathing.*

Section C: **ARTIFICIALLY ADMINISTERED NUTRITION:** *Offer food by mouth if feasible and desired.*

Section D: **INFORMATION AND SIGNATURES:**

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

Form version with effective date of 10/2006, 01/2011, 10/2014 or 10/2019 are also valid.

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Patient Information: Name, DOB, MRSA #

Physician Information: Name, Title, License #, NP/PA License #

Additional Contact: Name, Title, Phone #

Directions for Health Care Provider:

Do Not Attempt Resuscitation (DNAR): Do not attempt resuscitation. Do not attempt to start or restart mechanical ventilation, chest compressions, or other resuscitative measures. Do not attempt to start or restart artificial ventilation, mechanical ventilation, or cardiopulmonary bypass. Do not attempt to start or restart any other life-sustaining treatment.

Do Not Attempt Resuscitation/Comfort-Focused Treatment (DNR-CFT): Do not attempt resuscitation. Do not attempt to start or restart mechanical ventilation, chest compressions, or other resuscitative measures. Do not attempt to start or restart artificial ventilation, mechanical ventilation, or cardiopulmonary bypass. Do not attempt to start or restart any other life-sustaining treatment. Provide comfort-focused treatment.

Full Treatment: Provide full treatment for all medical conditions. Do not attempt to start or restart mechanical ventilation, chest compressions, or other resuscitative measures. Do not attempt to start or restart artificial ventilation, mechanical ventilation, or cardiopulmonary bypass. Do not attempt to start or restart any other life-sustaining treatment.

Selective Treatment: Provide selective treatment for all medical conditions. Do not attempt to start or restart mechanical ventilation, chest compressions, or other resuscitative measures. Do not attempt to start or restart artificial ventilation, mechanical ventilation, or cardiopulmonary bypass. Do not attempt to start or restart any other life-sustaining treatment.

Comfort-Focused Treatment: Provide comfort-focused treatment for all medical conditions. Do not attempt to start or restart mechanical ventilation, chest compressions, or other resuscitative measures. Do not attempt to start or restart artificial ventilation, mechanical ventilation, or cardiopulmonary bypass. Do not attempt to start or restart any other life-sustaining treatment.

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THANK YOU!



Don't forget to complete the online evaluation upon leaving the webinar – or when you get the link in the follow-up email tomorrow.

THANK YOU!



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