

STANDARDS OF CARE FOR THE DEPENDENT RESIDENT

Residents at the end of life and resident's dependent for necessities of life.

Alert

Recognising dying

Signs may include:

- the patient becoming weak, sleepy, disinterested in getting out of bed or seeing anyone other than close family/whānau, less interested in surroundings and food, confused or agitated
- changes in ability to swallow (no longer able to take tablets, only taking sips of fluid or unable/unsafe to take fluids)
- symptoms becoming more obvious, and physical changes suggesting the body is closing down (skin colour changes, skin temperature changes, slowing of breathing rate or long pauses between breaths, involuntary twitching or moaning)
- the resident, family/whānau state they are dying



Signs and symptoms

Presentation	changes to alertness, refusing care, hallucinations (seeing or hearing things that are not there)
Communication	speech changes, check if what they say makes sense
Breathing	patterns, cough, wheeze, sputum colour
Hydration and nutrition	difficulty or pain swallowing, reduced intake, coughing and choking, drooling
Mobility	ability to move in bed, transfer, weight bear
Skin	pressure injuries, wounds, bruising, rashes, sweating, dryness
Mood	low mood, anxiety, sadness
Head	Eyes: vision, discharge, redness, yellowness
Nose	discharge, bleeding
Ears	discharge, hearing
Mouth	dryness, odour, state of teeth, tongue and gums
Bowels	loss of continence, changes in amount, type, colour
Urine	loss of continence, changes to colour, smell, amount, frequency, pain
Behaviour	restlessness, aggression, resisting care, withdrawn
Pain	on movement, consistent, intermittent, at rest, non-verbal clues, for example, grimacing
Family/whānau	tensions, disagreements, aggression, distress



ACTION PLAN OF CARE -

What do we expect the health care assistant to do?

Presentation

- Note any changes from the resident's usual presentation

Communication

- Allow time for the resident to communicate
- Recognise their communication whether it's verbal, facial or behavioural
- Use communication aids, if available
- Ensure hearing aids and glasses are in place, if required
- Avoid baby talk
- Show respect in the tone of your voice and content of your speech and actions

Behaviour

- Recognise cues that may communicate unmet needs or deterioration, for example, restlessness, aggression, distress, anxiety. Follow the behaviour care plan
- Remain calm because the resident may react to your emotions

Skin

- Follow care plan for pressure area care, wounds, rashes and trauma
- Ensure correct use of pressure-relieving equipment
- Ensure all skin folds are washed and thoroughly dried and skin is adequately moisturised. If using more than one cream product, allow 20 minutes between applications





Mobility

- Support safe transfers and safe positioning
- Ensure regular changes are made to resident's position if their ability to move alone is limited
- Frequent repositioning prevents skin breakdown and pressure injury as well as further contractures
- Wheelchair positioning should maintain normal sitting position
- Ensure the call bell is within reach
- Undertake regular checks to ensure safety and comfort of position

Breathing

- Position upright to help breathing
- Ensure airflow through room
- If on oxygen, ensure correct use of nasal prongs/mask (see Respiratory Care Guide, for more detail)

Pain

- Pain can take many forms and be expressed in a variety of ways (facial grimacing, guarding, moaning or verbalising)
- Pain is what the resident says it is
- Follow pain management care plan
- Pain management can be supported by gentle massage, appropriate topical creams, positioning, distraction, a cup of tea and a chat, talking to family/whānau
- See Pain Guide, for more information



Hydration and nutrition

- Eating and drinking is a social activity and a pleasure
- Ensure resident is in an upright position to support safe swallowing
- Record the amount of food and fluids taken accurately and regularly throughout each shift
- Allow time for the resident to eat and drink
- Note if resident is refusing to take food or fluids and ask why

Continence

- **Bowel care:** Provide privacy, correct positioning and enough time. Note when, amount and type accurately; ensure to note if no bowel motion. Hygiene care after each bowel motion and moisturise
- **Urine:** Assist resident to toilet regularly if resident maintains some or full continence. If incontinent, ensure regular hygiene and moisturising of skin. Note if not passing urine and report as soon as able

Mouth care

- Dentures should be regularly cleaned: frequency will vary according to secretions, food and so on. The more unwell the resident the more often mouth care should be undertaken, as often as every 2–4 hours
- The mouth should be rinsed regularly, where possible. If not possible, wipe out gently with a mouth swab soaked in warm water
- Lips should be kept moist to avoid cracking





ACTION

Grooming

- Grooming should be in line with the resident's preferences
- Clean eyes following practice guidelines and the care plan; keep eyes clean and moist. Ensure glasses are clean and available, if used
- Clean ears (never clean further than you can see) and apply hearing aids with working batteries, if used
- Clean nose (never clean further than you can see) and moisturise, if required
- Hair, beard, moustache are washed and combed or brushed, to keep in a clean and tidy state
- Nails should be clean and safe. Arrange trimming when required.

Mood

- Dependent residents and those at end of life can experience a wide range of emotions
- Show empathy and patience through tone of voice and body language, allow time
- Follow mood care plan

Family/whānau

- Involve the family/whānau in the care as much as they want
- Show empathy and patience; give them time to talk
- Allow privacy



CARE AND MANAGEMENT OF THE RESIDENT

Use your clinical skills to identify:

- changes to presentation
- changes required in approach and care plan

Always remember to:

- communicate all changes to the registered nurse or whoever is in charge
- document all changes and actions you have taken
- maintain the resident's dignity at all times
- be aware of, and practise the 10 basic rights of the health care consumer as set out in the Code of Rights
- allow time to adequately complete care
- remain calm and reassuring
- look for opportunities to improve the resident's quality of life
- recognise that the family/whānau need your care and attention too

