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 and 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 and whānau state they are dying

OBSERVE

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	changes in 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Behaviour	restlessness, aggression, resisting care, withdrawn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 and whānau	tensions, disagreements, aggression, distress

IDENTIFY

ACTION

ACTION PLAN OF CARE

What do we expect the health care assistant to do?

Presentation

- Note any changes from the resident's usual presentation
- Communicate and work with the team to support the resident's changing needs to improve their quality of life

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
- Be aware of, and practise the 10 basic rights of the health care consumer as set out in the Code of Rights

Behaviour

- Recognise cues that may communicate unmet needs or deterioration, for example, restlessness, aggression, distress, anxiety. Follow the behaviour care plan
- Remain calm and reassure the resident
- Allow time to adequately complete care
- Maintain the resident's dignity at all times

ACTION

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 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
- Continue to support the resident to maintain mobility as able. Encourage walking, participation in daily tasks and activities. Every little bit of activity helps to maintain quality of life, independence and mobility by improving strength and balance
  - Support attendance at group exercise sessions
  - Encourage residents to walk short distances rather than being pushed in a wheelchair
  - Invite residents to stand and walk even if they can only take a few steps

ACTION

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 and whānau
- See *Pain Guide* for more information

ACTION

Hydration and nutrition

- Eating and drinking is a social activity and a pleasure
- Ensure resident is in an upright position to support safe swallowing
- Monitor and 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

Mouth care

- Dentures/partial plates should be regularly cleaned: frequency will vary according to secretions, food and mouth health. 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 and whānau

- Involve the family and whānau in the care as much as they want
- Recognise that the family and whānau need your care and attention too
- Show empathy and patience; give them time to talk
- Allow privacy

RECORD

- Document all changes and actions you have taken

Writing progress notes

- Clear handwriting
- Designation
- Time, date and signature
- Keep content concise, relevant and informative
- Consider including:
  - appearance
  - comfort
  - nutrition/hydration status
  - mental health status
  - bowels/bladder
  - skin integrity
- Document conversations with family and whānau

REPORT

Communicate all changes to the registered nurse or whoever is in charge