

END OF LIFE CARE

Estimated Time: 30 minutes • Debriefing Time: 60 minutes



Scan to Begin



Patient Name: Laura C. Anderson

SCENARIO OVERVIEW

Laura is a 35-year-old female with end stage lung cancer who was transported to the ER via ambulance two days ago when her mother found her at home with decreased level of consciousness and respiratory difficulty. She was admitted to the med-surg unit for pain management and hospice services were initiated after meeting with the palliative care nurse. She had initially requested hospice services one week ago, but her mother fought against the idea of hospice. Her mother continues to have difficulty accepting her daughter's declining status. Morphine oral solution was titrated yesterday to an effective dose. Today at start of shift, Laura is no longer verbally responsive and has increasing respiratory distress.

LEARNING OBJECTIVES

(Based on AACN End-of-Life Nursing Education Consortium: Recommended Competencies and Curricular Guidelines for End-of-Life Nursing Care)

1. Communicate effectively and compassionately with the patient, family, and health care team members about end-of-life issues
2. Recognize one's own attitudes, feelings, values, and expectations about death and the individual, cultural, and spiritual diversity existing in these beliefs and customs
3. Demonstrate respect for the patient's views and wishes during end-of-life care
4. Assess symptoms (e.g., pain, dyspnea, constipation, anxiety, fatigue, nausea/vomiting, skin breakdown and altered cognition) commonly experienced by patients at the end of life and intervene appropriately according to evidence based palliative care practices
5. Apply legal and ethical principles in end-of-life care, recognizing the influence of personal values, professional codes, and patient preferences
6. Address spiritual health during end-of-life care

CURRICULUM MAPPING

WTCS NURSING PROGRAM OUTCOMES

- Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving professional identity as a nurse committed to evidence-based practice, caring, advocacy and quality care
- Demonstrate appropriate written, verbal, and nonverbal communication in a variety of clinical contexts
- Integrate social, mathematical, and physical sciences, pharmacology, and pathophysiology in clinical decision making
- Provide patient centered care by utilizing the nursing process across diverse populations and health care settings
- Minimize risk of harm to patients, members of the healthcare team and self through safe individual performance and participation in system effectiveness
- Lead the multidisciplinary health care team to provide effective patient care throughout the lifespan

- Use information and technology to communicate, manage data, mitigate error, and support decision-making

PHARMACOLOGY

- Examine legal, ethical, social, and cultural issues related to medication administration
- Apply basic pharmacology principles to medication management

NURSING FUNDAMENTALS

- Maintain a safe, effective care environment for adults of all ages
- Use appropriate communication techniques
- Differentiate scopes of practice within the nursing profession
- Use the nursing process
- Provide nursing care for patients and families experiencing grief and loss
- Provide nursing care for patients with alterations in oxygenation
- Adapt nursing practice to meet the needs of diverse patients in a variety of settings
- Provide nursing care for patients with integumentary disorders

COMPLEX HEALTH ALTERATIONS I

- Evaluate nursing care for patients with pain and alterations in comfort

SIMULATION LEARNING ENVIRONMENT & SET-UP

ENVIRONMENT

Inside room: Patient on bed, hospital room setting, simulation shift start time of 0900

Inside or outside room: Hand sanitizer or sink

Outside room: Medications

PATIENT PROFILE

Name: Laura C. Anderson

Spiritual Practice: Catholic

DOB: 04/16/19XX

Ethnicity: Caucasian

Age: 35

Primary Language: English

MR#: 0912

Admitting Diagnosis: Chronic Pain,
neoplasm related (G89.3)

Gender: Female

Chronic Medical Diagnoses: Metastatic
Lung Cancer (C34.0)

Height: 152.4 cm (65 inches)

Weight: 47.62 kg (105 lbs)

Allergies: NKDA

Code Status: DNR, comfort cares only

EQUIPMENT/SUPPLIES/SETTINGS

Patient

- Wearing hospital gown
- Moulage to appear gray, thin and emaciated
- Bandana/turban on head (no hair)
- ID band present with QR code
- Bible and rosary by bed
- Nasal cannula in place and set O2 at 3 L/min

Monitor Settings

- No monitor
- Simulator Vitals: BP= 85/54, P= 5, RR= 6, T= 39.0 C, O2 Sat= 85% on 3 L/min

Family Member

- Mom is present during this scenario. Options:
 - Mom played by actor
 - Mom role-played by a student
 - Mannequin sitting in chair with “Mom” QR code attached
 - Mom “just left the room” after students watch the video of the mother’s concerns.

Supplies

- General
 - Equipment to obtain vitals including oxygen saturation
 - Phone
 - Wound assessment tool(s)
- Medications available (realistic labels are available by scanning the QR code)
 - Morphine solution (100 mg/5ml)
 - Lorazepam sublingual 2 mg/ml

QR CODES

START 	PATIENT 	PATIENT ID 	MOM REPORT 
REPORT 	SACRAL 	FACILITATOR 	
LORAZEPAM SUBLINGUAL 	MORPHINE ORAL SOLUTION 		

TEACHING PLAN

PREBRIEF

The facilitator should lead this portion of the simulation. The following steps will guide you through Prebrief.

- Scan the “Scan to Begin” QR Code while students are in Prebrief
- “Meet Your Patient” and “Meet the Family” (on iPad) and explain how the iPad works in the simulated learning environment including:
 - Explain how to use the iPad scanner and QR codes. Remind students that there are multiple QR codes in the simulation, but they should only scan them if they think it will provide data necessary for their assessment and evaluation of the patient.
 - For some scenarios, it may be helpful to tell students where the QR Code are located. For others, you may want students to “find” the QR Codes during their assessments. This is your choice.
 - As the facilitator, you should be aware that throughout the simulation some QR codes are necessary to the programming of the iPad content. Directions for which QR codes are required (to be scanned) in each state are listed under each state of the documentation below. The QR codes are also in **BOLD** type.
 - MAR Hyperlinks – On the MAR all medications are underlined and hyperlinked to DailyMed, which is a medication reference housed by the National Library of Medicine. Students can click on these links during the simulation for up-to-date medication content, labels, and package insert information.
 - Level Up tab – This tab “tells” the content in the iPad to change to what is needed for the next state of a simulation. It also helps student know where they are at in a scenario and it may give “clues” as to how to progress.
- Discuss the simulation “Learning Objective(s)” (on iPad) as well as any other Prebrief materials
- Play the “Mom” video (on iPad)
 - Possible Facilitator Question
 - What are your concerns after listening to mom’s perspective?

- Play the “Patient” video (on iPad)
 - Possible Facilitator Questions
 - What are your concerns after observing patient?
 - How would you describe her breathing pattern?
 - Is there any medication to address her breathing status?
- Advance to the “Patient Profile” screen (on iPad). This will act as a simulated patient chart.
- Students can view the tabbed content on the iPad (see below) prior to entering the patient’s room and throughout the simulation as needed.
 - You should give student some time to review this content, but pay special attention to the progress notes, nurse’s notes, and MAR on iPad.
 - Possible Facilitator Questions
 - What are your thoughts about Laura’s pain management?
 - Why was Hydromorphone IV initiated on admission, along with Fentanyl patch and oxycodone ER?
 - Why was Morphine liquid initiated by the hospice nurse?
 - Why was Compazine changed to Ondansetron?
 - How will Dexamethasone help Laura?
 - Evaluate the previous nurses’ administration of Morphine over the past 24 hours.
 - Facilitator Note: The patient received several doses of pain medication during the day and evening but only one dose throughout the night shift. Also, there is no documentation by night shift nurse regarding pain management.

H&P**Name:** Laura C. Anderson**MR#:** 0912**DOB:** 04/16/19XX**Date:** On admission

CHIEF COMPLAINT/HISTORY OF PRESENT ILLNESS: This is a 35-year-old female brought to the ER with decrease in level of consciousness and respiratory difficulty. She has end stage lung cancer. Biopsy of right lower lobe 9 months ago revealed carcinoma that has now metastasized to the bone and brain. The patient has received eight monthly cycles of chemotherapy but requested hospice services one week ago according to her oncologist, Dr. Benton. She is accompanied by her mother who states she wants “everything possible done for her daughter.” No advance directives are in place.

PAST MEDICAL HISTORY: Lung Cancer with metastasis to brain and bone

MEDICATIONS:

- Fentanyl patch 25 mcg every 72 hours for pain
- Oxycodone ER 80 mg PO every 12 hours PRN for pain
- Docusate sodium 100 mg PO BID for constipation
- Compazine 10mg PO every 4-6 hours for nausea PRN

ALLERGIES: NNDA

SOCIAL HISTORY: Single; No children; Lives alone. No advanced directives.

REVIEW OF SYSTEMS: Abbreviated due to end of life condition.

HEENT: Mother reports change in level of consciousness. Denies headaches or change in vision.

Respiratory: Complains of productive cough of white, blood streaked sputum and worsening shortness of breath. Complains of chest pain worse on inspiration.

Cardiovascular: Denies palpitations.

Peripheral Vascular: Denies claudication, leg cramps, paresthesias or edema.

Gastrointestinal: Mother reports “no appetite” and “has been losing a lot of weight.” Patient complains of nausea and vomiting relieved with Compazine. Patient complains of constipation that she treats with docusate sodium.

Genitourinal: Patient reports dark, concentrated urine but no dysuria or hematuria.

PHYSICAL EXAM:

General Appearance: 35-year-old female who appears emaciated and withdrawn. Alert but drowsy. Avoided eye contact and stated, “just let me die.”

Vital signs from paramedics: BP= 154/74 T= 38.1 C HR= 130 RR= 25 O2= 85% on RA
Height= 162.5 cm (65 inches) Weight= 47.62 kg (105 lbs)

HEENT: unremarkable, PERRLA

Neurological: Eyes open to speech, oriented x3. Visibly fatigued. Flat affect. GCS 14.

Cardiovascular: Normal heart sounds. No murmurs.

Respiratory: Course crackles throughout with occasional wheeze.

Abdomen: Hypoactive, non-distended.

Vascular/Extremities: Strength 2/5. Sensation and reflexes intact. Skin dry.

Rectal: Deferred.

LABORATORY AND DIAGNOSTIC STUDIES: ABGs STAT, CBC, Chem 7

ASSESSMENT/PLAN: End stage cancer; end of life.

- Admit to medical floor for pain management.
- Initiate home medications.
- Hydromorphone IV 0.5mg STAT and every 2 hours PRN for severe pain.
- Dexamethasone 20 mg PO.
- Bedrest.
- Diet as tolerated.
- Oxygen therapy to maintain O2 sat >90%.
- Consult for respiratory therapy.
- Palliative care consult.

I discussed with patient and mother her current end-stage lung cancer status and recommended hospice care, initiation of advance directives and DNR status. No decision was made so will order follow-up with palliative care consult.

Electronically signed – Dr. Bennett, M.D.

ORDERS



Orders

Patient Name: Laura C. Anderson**DOB:04/16/19XX Weight(kg):47.62****MR#: 0912****Provider: Dr. Bennett****Allergies: NKDA**

Date	Time	Order
Two days ago	2100	Admit to medical floor
		Bedrest
		Diet as tolerated
		Respiratory therapy consult
		Maintain O2 sat > 90%, start O2 via NC at 2 L and titrate prn
		ABGs STAT
		Palliative Care Consult
		Hydromorphone 0.5mg IV every 2 hours PRN for severe pain
		Fentanyl patch 25 mcg every 72 hours for pain
		Oxycodone ER 80 mg PO every 12 hours PRN for pain
		Docusate sodium 100 mg PO BID for constipation
		Compazine 10mg PO every 4-6 hours for nausea PRN
		Dexamethasone 4 mg PO daily
		Obtain advanced directives
		CBC, Chem 7
		-----Dr. Bennett, M.D.
Yesterday	0900	Morphine 100mg/5ml oral solution 20 mg (1 ml) STAT and q 1 hour PRN for severe pain
		Ondansetron 8 mg dissolving tab every eight hours PRN for nausea
		Discontinue Oxycodone ER 80 mg after first dose of Morphine

		Discontinue Compazine 10 mg
		Discontinue Fentanyl patch after first dose of Morphine
		Start hospice services
		Code Status: DNR with advance directives in place
		Discontinue lab work orders
		Polyethylene glycol 17 grams daily PRN for constipation
		Senna 8.6 mg PO 2 tabs daily
		Dulcolax 10 mg suppository prn for constipation
		Lorazepam sublingual 2mg/ml every 4 hours prn for terminal agitation
		----- Nancy Hospes, RN, APN-BC, Palliative Care Specialist/Dr. Hospita
Yesterday	1300	Morphine 100mg/5ml oral solution 30 mg (1.5 ml) q 1 hour PRN for severe pain or air hunger
		----- Nancy Hospes, RN, APN-BC, Palliative Care Specialist/Dr. Hospita
Yesterday	1800	Morphine 100mg/5ml oral solution 40 mg (2 ml) q 1 hour PRN for severe pain or air hunger
		----- Nancy Hospes, RN, APN-BC, Palliative Care Specialist/Dr. Hospita
Continue >		

MAR



MAR

Patient Name: Laura C. Anderson
DOB:04/16/19XX Weight(kg):47.62
MR#: 0912
Provider: Dr. Bennett
Allergies: NKDA

Order	Prev. Dose
<u>Fentanyl patch</u> 25 mcg every 72 hours for pain(Discontinued)	Two days ago 2100 Patch removed yesterday 0900
<u>Oxycodone ER</u> 80 mg PO every 12 hours PRN for pain (Discontinued after first does of Morphine)	Yesterday 0300
<u>Docusate sodium</u> 100 mg PO BID for constipation	Two days ago 2100
<u>Compazine</u> 10mg PO every 4-6 hours for nausea PRN(Discontinued)	
<u>Hydromorphone</u> 0.5mg IV every 2 hours prn for severe pain	Two days ago 2100, 2300 Yesterday 0300
<u>Dexamethasone</u> 4 mg PO daily	Two days ago 2100 Yesterday 2100
<u>Morphine</u> 100mg/5ml oral solution 20 mg (1 ml) STAT and q 1 hour PRN for severe pain (Discontinued yesterday at 1300 - see new order)	Yesterday 0900 Yesterday 1000 Yesterday 1100 Yesterday 1200

Ondansetron 8 mg dissolving tab every eight hours PRN for nausea	Yesterday 1100
Polyethylene glycol 17 grams PO daily PRN for constipation	Yesterday 1100
Senna 8.6 mg 2 tabs daily PO	Yesterday 1100
Dulcolax 10 mg suppository PRN daily for constipation	
Morphine 100mg/5ml oral solution 30 mg (1.5 ml) STAT and q 1 hour PRN for severe pain (Discontinued yesterday at 1800 - see new order)	Yesterday 1300
	Yesterday 1500
	Yesterday 1700
Morphine 100mg/5ml oral solution 40 mg (2 ml) STAT and q 1 hour PRN for severe pain	Yesterday 1800
	Yesterday 2100
	Today 0300
Lorazepam sublingual 2mg/ml every 4 hours PRN for terminal agitation	

Continue >

DAILY RECORD

Vitals – Yesterday 0900:

BP: 124/68

P: 118

RR: 10

O2: sat 89% on room air

T: 38.2°C

VITALS

The iPad shows the enterable vitals screen.

- Simulator vitals are set to HR 55, RR 6, T 39, BP 85/54, O2 sat 85% on 3 L/min NC

PAIN ASSESSMENT



Pain Assessment

Critical Care Pain Observation Tool

Indicator	Description	Score
Facial expression	No muscular tension observed	Relaxed, neutral 0
	Presence of frowning, brow lowering, orbit tightening, and levator contraction	Tense 1
	All of the above facial movements plus eyelid tightly closed	Grimacing 2
Body movements	Does not move at all (does not necessarily mean absence of pain)	Absence of movements 0
	Slow, cautious movements, touching or rubbing the pain site, seeking attention through movements	Protection 1
	Pulling tube, attempting to sit up, moving limbs/ thrashing, not following commands, striking at staff, trying to climb out of bed	Restlessness 2
Muscle tension Evaluation by passive flexion and extension of upper extremities	No resistance to passive movements	Relaxed 0
	Resistance to passive movements	Tense, rigid 1
	Strong resistance to passive movements, inability to complete them	Very tense or rigid 2
Compliance with the ventilator (intubated patients)	Alarms not activated, easy ventilation	Tolerating ventilator or movement 0
	Alarms stop spontaneously	Coughing but tolerating 1
	Asynchrony: blocking ventilation, alarms frequently activated	Fighting ventilator 2
OR		
Vocalization (extubated patients)	Talking in normal tone or no sound	Talking in normal tone or no sound 0
	Sighing, moaning	Sighing, moaning 1
	Crying out, sobbing	Crying out, sobbing 2
Total, range		0-8

Original source: G  linas C, Fillion L, KA, Viens C, Fortier M. Validation of the Critical-Care Pain Observation Tool in adult patients. *Am J Crit Care*. 2006;15(4):420-427. Table 1. Available at: <http://ajcc.aacnjournals.org/content/15/4/420.short>.   2006 American Association of Critical-Care Nurses. Used with permission.

PROGRESS NOTES



Progress Notes

Patient Name: Laura C. Anderson
DOB:04/16/19XX MR#: 0912

Progress Notes


Date & Time	Note
Yesterday - 0630 Respiratory Therapy Consult	<p>Patient was admitted with end stage lung cancer. Maintaining oxygen saturation at 89-90% on O2 at 2L/min via nasal cannula. ABGs were drawn this morning indicating respiratory acidosis. Patient refuses BiPAP despite extensive education about its benefits. States, "just let me die." Notified Dr. Bennett and requested DNR order per patient request. Palliative care nurse arrived during our visit. Continue oxygen via nasal cannula to maintain O2 sats >90%. -----</p> <p>----- Randy Therp, RT</p>
Yesterday - 0730 Palliative Care Consult	<p>Patient presented to ER last night after mother called 911 due to worsening level of consciousness and respiratory status. Patient has metastatic lung cancer to brain and bone. Patient agreed to hospice services a week ago but mother has stated "wants everything possible done for her daughter." Patient complained of severe pain on arrival while taking Oxycodone 80 mg ER every 12 hours, Fentanyl patch 25 mg every 72 hours at home. Dilaudid 0.5 mg IV every 2 hours PRN was started on admission. Patient states pain improved after "a few doses, but woke up in severe pain" this morning. Patient states she has not tried Morphine in the past because of her "fear of addiction." Reviewed the "Honoring Choices" video and documentation with patient and her mother and thoroughly explained palliative care with focus on patient comfort. After discussion, patient agreed to DNR status and completed her advanced directive document. She elected to state her personal wishes as outlined in the document and not select a POA. The DNR document was signed by Dr. Hospita, and advanced directive signed by two witnesses. Both are on file in the electronic record. Patient desires no IVs, no bloodwork and no feeding tube. Is willing to try Morphine oral solution at this time with her goal to go home on Morphine solution. Discontinue Oxycodone ER, Fentanyl and Compazine and start Morphine oral solution 100mg/5ml 20mg (1 ml) every one hour PRN for pain. I will monitor her status closely and titrate</p>

	dosage based on her response. Ondansetron 8mg dissolving tablets one tab every 8 hours added for nausea and Senna, polyethylene glycol powder and bisacodyl suppositories added for treatment of constipation as patient "cannot recall" when her last BM occurred. Mother states, "I think it was 3 days ago - before I left town." Mother encouraged to attend our hospice support group for caregivers and grief materials provided. -----Nancy Hospes, RN, APN-BC, Palliative Care Specialist/Dr. Hospita
Yesterday - 1300	Patient continues to complain of pain "greater than 10 out of 10" after several doses of Morphine 20 mg. Increase dose of Morphine to 30 mg (1.5 ml) every one hour PRN. -----Nancy Hospes, RN, APN-BC, Palliative Care Specialist/Dr. Hospita
Yesterday - 1800	Patient pain has improved on Morphine 30 mg but still requesting pain medication every two hours for pain "greater than 10 out of 10." Increase dose of Morphine to 40 mg (2 ml) every one hour PRN. Notify me if patient awakens in severe pain through the night. -----Nancy Hospes, RN, APN-BC, Palliative Care Specialist/Dr. Hospita
Nursing Notes	
Yesterday 0900	Patient rates pain "20 out of 10". New orders received from hospice NP. Fentanyl patch removed. Morphine 20 mg oral solution administered. ----- Susan Smith, RN
Yesterday 1000	Patient rates pain "15 out of 10" and "whole body hurts." Morphine 20 mg administered and repositioned. -Susan Smith, RN
Yesterday 1100	Patient reports pain as 12/10 after two doses of Morphine 20 mg oral solution. Morphine 20 mg administered as well as Senna and Polyethylene. Patient "cannot recall" date of last BM. Repositioned. -- ----- Susan Smith, RN
Yesterday 1200	Patient reports pain has improved but still 10/10. Will notify hospice services. Morphine 20 mg solution administered. ----- Susan Smith, RN
Yesterday 1300	New orders received from hospice NP. Morphine 30 mg oral solution administered. Patient repositioned and offered toileting with no result. -- Susan Smith, RN
Yesterday 1500	Patient reports pain improved but still 9/10. Morphine 30 mg oral solution administered. -- Susan Smith, RN
Yesterday 1700	Patient reports pain improved but still 8/10. Morphine 30 mg oral solution administered. Refuses dinner tray or oral fluids. Denies nausea, states "I'm just not hungry." ----- Susan Smith, RN

Yesterday 1800	Updated hospice services on patient condition before end of my shift and asked for additional dose of pain medication to get patient through the night. Orders received for Morphine 40 mg solution and administered. Patient resting comfortably. ----- ----- Susan Smith, RN
Yesterday 2100	Patient awoke moaning and complained of pain 10/10. Morphine 40 mg oral solution administered. ----- ----- Norma Notham, RN
Yesterday 2330	Patient sleeping. RR 6. ----- Norma Notham, RN
Today 0300	Patient moaning. Mom at bedside and requests pain medication. RR 10. Morphine 40 mg oral solution administered. ----- Norma Notham, RN

Continue >

LABS-DIAGNOSTICS



Labs-Diagnostics

Patient Name: Laura C. Anderson **DOB:** 04/16/19xx **MR#:** 0912

Arterial Blood Gases (ABG)				
Date	On admission		Units	Reference Range
pH	7.34		units	7.35-7.45
PaCO ₂	58		mmHg	35-45
PaO ₂	78		mmHg	80-100
HCO ₃	32		mmol/L	22-26

Continue >

IMAGING

Not available

HEALTH CARE DIRECTIVES

The iPad shows a copy of Laura's completed Advance Directive(s). See Appendix A.

SCANNER

Use this to scan scenario QR Codes.

EXIT

When this tab is tapped, the iPad reads, “Are you sure you want to exit? All data will be lost.”

- If “No” is selected, the iPad will return to the tabbed content.
- If “Yes” is selected, the iPad will let the student(s) exit and prompt them to complete an embedded 3-5 minute survey.

STATE 1

PATIENT ASSESSMENT & THERAPEUTIC COMMUNICATION

- Patient Overview
 - Patient is no longer verbally responsive. She is demonstrating labored breathing and “air hunger.”
- Expected Student Behaviors
 - Introduce themselves to the mother and patient
 - Communicate therapeutically with mother about her end of life concerns
 - Use therapeutic communication with the patient to provide comfort
 - Assess patient’s pain using CPOT scale
 - Assess respiratory status
 - Assess for incontinence and for skin breakdown (scan **QR Code: Sacral**)
 - Call for chaplain
 - Make decision if Morphine or Lorazepam should be administered
 - Titrate oxygen therapy
- Technician Prompts
 - Patient is not verbally responsive. She is breathing heavily like can’t get enough air, yet slow rate.
 - Mom is crying, yet still hoping that Laura will improve.
 - Continue to ask for medications, suctioning and the chaplain until the student addresses your questions
 - “Can’t you DO something for Laura?”
 - “One of the nurses suctioned her. Can you do that?”
 - “Where is the chaplain? I need to talk to him.”
 - “Can’t you give Laura some medications to help her breathing?”
- Possible Facilitator Questions
 - Evaluate Laura’s respiratory status.

- How will you assess pain in a verbally nonresponsive patient?
- How can you therapeutically provide comfort to Laura?
- How can you therapeutically provide comfort to Laura's mom?
- Should suctioning be performed? Why or why not?
- Should Morphine be administered? Why or why not?
- Should Lorazepam be administered? Why or why not? What is terminal agitation?
- Tabbed iPad Prompts & Content Changes
 - The scenario automatically advances to Level 2 after the student(s) scans **QR Code: Facilitator**
 - This should be done after having successfully completed the Expected Student Behaviors.
 - The iPad will read, "You have been approved to proceed."
 - After the student(s) presses "Continue" on the iPad, the student(s) sees a video entitled "Patient Reassessment."
 - This is a video of Laura actively dying with agonal breathing.
 - After watching the "Patient Reassessment" video, the student(s) presses "Continue" and another videos appears entitled "Family Member Status."
 - This is a video of the mother crying at Laura's bedside.

STATE 2

PATIENT ACTIVELY DYING

- Patient Overview
 - After the “Patient Reassessment” and “Family Member Status” videos are viewed, the student(s) will need to address Laura who is actively dying with agonal breathing and the mother who is crying at her bedside.
- Expected Student Behaviors
 - Communicate therapeutically with mom and encourage her to touch the patient and comfort her; it is often helpful for family to verbally share happy memories together at this point or incorporate their spiritual beliefs
 - Evaluate respiratory status
 - Call for chaplain if not done already
- Technician Prompts
 - Patient is not responsive, just demonstrating irregular agonal breathing
 - Mom is crying at the bedside as she is aware the end is near:
 - “I know she’s dying.....” (crying and distraught)
 - “I’m not ready to lose her....”
 - “What will I do without her?”
- Possible Facilitator Questions
 - Evaluate Laura’s breathing status: what is occurring?
 - How can you provide comfort to Laura and Jane at this difficult time?
 - How can spirituality be incorporated for Laura and Jane at the end of life?
 - How can you cope with your own feelings of discomfort at this difficult time?
- Tabbed iPad Prompts and Content Changes:

EXIT

When the Exit tab is tapped (students are not prompted to this), the iPad reads, “Scenario objectives have been met. Are you sure you want to exit the game?”

- If “No” is selected, the iPad automatically returns to the tabbed content area.
- If “Yes” is selected, the iPad will let the student(s) exit and prompt them to complete and embedded 3-5 minute survey.

DEBRIEF

Nothing needed from the iPad.

QUESTIONS

1. How did you feel this scenario went?
2. Review understanding of learning objective: Communicate effectively and compassionately with the patient, family, and health care team members about end-of-life issues.
 - a. What therapeutic techniques did you utilize with Laura and her mother to provide comfort at this difficult time? Were they effective?
 - b. If you could “do over,” would you do anything differently?
3. Review understanding of learning objective: Recognize one's own attitudes, feelings, values, and expectations about death and the individual, cultural, and spiritual diversity existing in these beliefs and customs.
 - a. What did you learn about your own attitudes, feelings, values and expectation about death while caring for a patient who is actively dying?
4. Review understanding of learning objective: Demonstrate respect for the patient's views and wishes during end-of-life care.
 - a. How did you advocate for Laura's wishes about her end of life care?
5. Review understanding of learning objective: Assess symptoms (e.g., pain, dyspnea, constipation, anxiety, fatigue, nausea/vomiting, skin breakdown and altered cognition) commonly experienced by patients at the end of life and intervene appropriately according to evidence based palliative care practices.
 - a. Pain
 - i. Explain how you performed a focused pain assessment on Laura
 - ii. Do you believe her pain is well managed? Why or why not?
 - b. Respiratory status
 - i. What was Laura's respiratory status? How did you address it?
 - c. Anxiety/Fear/Depression/ Cognitive status
 - ii. Agitation is a common end of life symptom. Do you think Laura demonstrated any signs of agitation?

- iii. Hallucinations are common at end of life. How will you manage hallucinations for a patient who is actively dying?
 - d. Skin integrity
 - i. What are Laura's risk factors for skin breakdown?
 - ii. Did you find any areas of skin breakdown?
- 6. Review understanding of learning objective: Apply legal and ethical principles in end-of-life care, recognizing the influence of personal values, professional codes, and patient preferences.
 - a. How did you use Laura's advance directives in decision making about her care when she could no longer speak for herself?
 - b. What are the goals for end of life care? Are these goals currently being met for Laura?
 - c. Whose wishes are followed when a patient can no longer speak for themselves?
- 7. Review understanding of learning objective: Address spiritual health during end-of-life care
 - a. How did you address spiritual wellness during your care of Laura and her mom?
 - b. What other resources could be incorporated to enhance spiritual wellness?
- 8. Tie the scenario back to the nursing process in a large group discussion. Concept mapping can be used to facilitate discussion.
 - a. Identify priority nursing problems you identified for Laura.
 - b. Create a patient centered goal for each nursing problem you identified.
 - c. Discuss potential focused assessments for each nursing problem.
 - d. Discuss priority nursing interventions for each nursing diagnosis.
 - e. Re-evaluate the simulation in terms of the nursing process; what was actually accomplished? What could be improved in the future?
- 9. Summary/Take Away Points
 - a. "Today you cared for a patient who was actively dying and provided therapeutic communication to the patient and family member. What is one thing you learned from participating in this scenario that you will take with you into your nursing practice?" (Each student must share something different from what the others' share.)

NOTE: Debriefing technique is based on INASCL Standards for Debriefing and NLN Theory-Based Debriefing by Dreifuerst.

SURVEY

Print this page and provide to students.

Students, please complete a brief (2-3 minute) survey regarding your experience with this ARISE simulation. There are two options:

1. Use QR Code: Survey
 - a. Note: You will need to download a QR Code reader/scanner onto your own device (smartphone or tablet). There are multiple free scanner apps available for both Android and Apple devices from the app store.
 - b. This QR Code will not work in the ARIS app.



2. Copy and paste the following survey link into your browser.
 - a. https://ircvtc.co1.qualtrics.com/SE/?SID=SV_6Mwfv98ShBfRnBX

APPENDIX A



Advance Directive including Power of Attorney for Health Care

Overview

This is a legal document, developed to meet the legal requirements for Wisconsin. This document provides a way for a person to create a Power of Attorney for Health Care and other documentation that will meet the basic requirements for this state.

This advance directive allows you to appoint another person and alternate people to make your health care decisions if you become unable to make these decisions for yourself. The person you appoint is called your **health care agent**. This document gives your health care agent authority to make your decisions *only when you have been determined incapable by your physicians to make them*. It does not give your health care agent any authority to make your financial or other business decisions. In addition, it does not give your health care agent authority to make certain decisions about your mental health treatment.

Before completing this document, take time to read it carefully. **It also is very important that you discuss your views, your values, and this document with your health care agent.** If you do not closely involve your health care agent, and you do not make a clear plan together, your views and values may not be fully respected because they will not be understood.

If you want to document your views about future health care, but do not want to or cannot use this advance directive, ask your health organization or attorney for advice about alternatives.

This is an advance directive for:

Name Laura C. Anderson Date of Birth 4/16/19xx
 Telephone (Home) _____ (Work) _____ (Cell) 555-0123
 Address 100 main street
 City Any Town State/ZIP WI 55555

January, 2014 For additional copies visit: www.honoringchoiceswi.org.

The name "Honoring Choices Wisconsin" is used under license from the Twin Cities Medical Society Foundation.

NOTICE TO PERSON MAKING THIS DOCUMENT

YOU HAVE THE RIGHT TO MAKE DECISIONS ABOUT YOUR HEALTH CARE. NO HEALTH CARE MAY BE GIVEN TO YOU OVER YOUR OBJECTION, AND NECESSARY HEALTH CARE MAY NOT BE STOPPED OR WITHHELD IF YOU OBJECT.

BECAUSE YOUR HEALTH CARE PROVIDERS IN SOME CASES MAY NOT HAVE HAD THE OPPORTUNITY TO ESTABLISH A LONG-TERM RELATIONSHIP WITH YOU, THEY ARE OFTEN UNFAMILIAR WITH YOUR BELIEFS AND VALUES AND THE DETAILS OF YOUR FAMILY RELATIONSHIPS. THIS POSES A PROBLEM IF YOU BECOME PHYSICALLY OR MENTALLY UNABLE TO MAKE DECISIONS ABOUT YOUR HEALTH CARE.

IN ORDER TO AVOID THIS PROBLEM, YOU MAY SIGN THIS LEGAL DOCUMENT TO SPECIFY THE PERSON WHOM YOU WANT TO MAKE HEALTH CARE DECISIONS FOR YOU IF YOU ARE UNABLE TO MAKE THOSE DECISIONS PERSONALLY. THAT PERSON IS KNOWN AS YOUR HEALTH CARE AGENT. YOU SHOULD TAKE SOME TIME TO DISCUSS YOUR THOUGHTS AND BELIEFS ABOUT MEDICAL TREATMENT WITH THE PERSON OR PERSONS WHOM YOU HAVE SPECIFIED. YOU MAY STATE IN THIS DOCUMENT ANY TYPES OF HEALTH CARE THAT YOU DO OR DO NOT DESIRE, AND YOU MAY LIMIT THE AUTHORITY OF YOUR HEALTH CARE AGENT. IF YOUR HEALTH CARE AGENT IS UNAWARE OF YOUR DESIRES WITH RESPECT TO A PARTICULAR HEALTH CARE DECISION, HE OR SHE IS REQUIRED TO DETERMINE WHAT WOULD BE IN YOUR BEST INTERESTS IN MAKING THE DECISION.

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT GIVES YOUR AGENT BROAD POWERS TO MAKE HEALTH CARE DECISIONS FOR YOU. IT REVOKES ANY PRIOR POWER OF ATTORNEY FOR HEALTH CARE THAT YOU MAY HAVE MADE. IF YOU WISH TO CHANGE YOUR POWER OF ATTORNEY FOR HEALTH CARE, YOU MAY REVOKE THIS DOCUMENT AT ANY TIME BY DESTROYING IT, BY DIRECTING ANOTHER PERSON TO DESTROY IT IN YOUR PRESENCE, BY SIGNING A WRITTEN AND DATED STATEMENT OR BY STATING THAT IT IS REVOKED IN THE PRESENCE OF TWO WITNESSES. IF YOU REVOKE, YOU SHOULD NOTIFY YOUR AGENT, YOUR HEALTH CARE PROVIDERS, AND ANY OTHER PERSON TO WHOM YOU HAVE GIVEN A COPY. IF YOUR AGENT IS YOUR SPOUSE OR DOMESTIC PARTNER AND YOUR MARRIAGE IS ANNULLED OR YOU ARE DIVORCED OR THE DOMESTIC PARTNERSHIP IS TERMINATED AFTER SIGNING THIS DOCUMENT, THE DOCUMENT IS INVALID.

YOU MAY ALSO USE THIS DOCUMENT TO MAKE OR REFUSE TO MAKE AN ANATOMICAL GIFT UPON YOUR DEATH. IF YOU USE THIS DOCUMENT TO MAKE OR REFUSE TO MAKE AN ANATOMICAL GIFT, THIS DOCUMENT REVOKES ANY PRIOR RECORD OF GIFT THAT YOU MAY HAVE MADE. YOU MAY REVOKE OR CHANGE ANY ANATOMICAL GIFT THAT YOU MAKE BY THIS DOCUMENT BY CROSSING OUT THE ANATOMICAL GIFTS PROVISION IN THIS DOCUMENT.

DO NOT SIGN THIS DOCUMENT UNLESS YOU CLEARLY UNDERSTAND IT.

IT IS SUGGESTED THAT YOU KEEP THE ORIGINAL OF THIS DOCUMENT ON FILE WITH YOUR PHYSICIAN.

Part 1: My Health Care Agent

If I am no longer able to make my own health care decisions, this document names the person I choose to make these choices for me. This person will be my health care agent. This person will make my health care decisions when I am determined to be incapable of making health care decisions as provided under Wisconsin law. I understand that it is important for my health care agent and me to have ongoing discussions about my health and health care choices.

When selecting someone to be your health care agent, choose someone who knows you well, who you trust, who is willing to respect your views and values, and who is able to make difficult decisions in stressful circumstances. Often family members are good choices, but not always. Choose someone who will closely follow what you want and will be a good advocate for you. Take time to discuss this document and your views with the person(s) you choose to be your health care agent(s).

Your health care agent must be at least 18 years old and may not be one of your health care providers, or an employee of your health care provider, unless he or she is a close relative. You may also designate an alternate and second alternate health care agent.

The person I choose as my health care agent is:

Name _____ Relationship _____
 Telephone (Home) _____ (Work) _____ (Cell) _____
 Address _____
 City _____ State/ZIP _____

If this health care agent is unable or unwilling to make these choices for me, **then my next choice for a health care agent is:**

Second choice (alternate health care agent):

Name _____ Relationship _____
 Telephone (Home) _____ (Work) _____ (Cell) _____
 Address _____
 City _____ State/ZIP _____

If this alternate health care agent is unable or unwilling to make these choices for me, **then my next choice for a health care agent is:**

Third choice (2nd alternate health care agent):

Name _____ Relationship _____
 Telephone (Home) _____ (Work) _____ (Cell) _____
 Address _____
 City _____ State/ZIP _____

☒ Check here if you do not have an agent, and wish for your physician to follow the instructions below.

Part 2: General Authority of the Health Care Agent

I want my health care agent to be able to do the following:

*Draw a line through (e.g., ~~Arrange for~~) anything listed below that you do **not** want your health care agent to do.*

- Make choices for me about my medical care or services, like tests, medicine, and surgery. If treatment already has been started, my health care agent can keep it going or have it stopped based on my stated instructions or my best interests.
- Interpret any instruction I have given in this form or given in other discussions according to my health care agent's understanding of my wishes and values.
- Review and release my medical records and personal files as needed for my medical care.
- Arrange for my medical care and treatment in Wisconsin or any other state, as my health care agent thinks is appropriate.
- Determine which health care professionals and organizations provide my medical treatment.
- Make decisions about organ and tissue donation (anatomical gifts) after my death according to my known wishes or values.

Limitations on Mental Health Treatment

Pursuant to Wisconsin statutes my health care agent may not admit or commit me on an inpatient basis to an institution for mental diseases, an intermediate care facility for persons with an intellectual disability, a state treatment facility or a treatment facility. My health care agent may not consent to experimental mental health research or psychosurgery, electroconvulsive treatment or drastic mental health treatment procedures for me.

To complete the next 3 sections:

Initial or check the box beside one statement in each section. If you do not mark any box in a section, your choice is "no" according to Wisconsin statute. This means if you do not indicate a choice, a court may make such a decision and not your health care agent.

1. Admission to a Nursing Home or Community-Based Residential Facility

My health care agent may admit me to a nursing home or community-based residential facility for short-term stays for recuperative care or respite care.

Agent authority to admit me to a nursing home or community-based residential facility for the purpose of long-term care:

☐ **Yes**, my health care agent has authority, if necessary, to admit me to a nursing home or community-based residential facility for a long-term stay. This is subject to any limits I set in this document.

☒ **No**, my health care agent does not have authority to admit me to a nursing home or community-based residential facility for a long-term stay.

Unless I choose "yes," I can be admitted to a long-term care facility for a long-term stay only with a court order.

2. Withholding or Withdrawal of Feeding Tube

☐ **Yes**, my health care agent has authority to have a feeding tube withheld or withdrawn from me, unless my physician advises that, in his or her professional judgment, the withholding or withdrawing will cause me pain or discomfort. This is subject to any limits I set in this document.

☒ **No**, my health care agent does not have authority to have a feeding tube withheld or withdrawn from me.

Unless I choose "yes," a feeding tube can be withdrawn or withheld from me only with a court order.

3. Health Care Decisions during Pregnancy

☐ **Yes**, my health care agent has authority to make health care decisions for me if I am pregnant. This is subject to any limits I set in this document.

☐ **No**, my health care agent does not have authority to make health care decisions for me if I am pregnant.

Unless I choose "yes," health care decisions during pregnancy can be made for me only with a court order.

☒ **Does not apply.** I am either a male or no longer capable of becoming pregnant.

Part 3: Statement of Desires, Special Provisions, or Limitations

You are not required to provide any instructions or make any selections in this section.

My health care agent shall make decisions consistent with my stated desires and values. He or she is subject to any special instructions or limitations that I may list here. The following are some specific instructions for my health care agent and/or physician providing my medical care. If there are conflicts among my known values and goals, I want my health care agent to make the decision that would best represent my values and preferences. If I require treatment in a state that does not recognize this advance directive, or my health care agent cannot be contacted, I want the instructions to be followed based on my common law and constitutional right to direct my own health care.

If you choose **not** to provide any instructions, your health care agent will make decisions based on your oral instructions or what is considered your best interest. If you choose **not** to provide any instructions, it is recommended that you draw a line and write "no instructions" across the section.

Instructions Regarding Life-Prolonging Treatments

Initial or check the box beside the statement or statements you agree with.

If I reach a point where there is reasonable medical certainty that I will not recover my ability to know who I am, who my family and friends are, or where I am, I want to be kept comfortable and clean, and I want my health care agent to:

- ☒ Stop or do not start medical treatments that might be used to prolong my life. Treatments I would not want if I were to reach this point include but are not limited to: feeding tubes including intravenous (IV) hydration, respirator/ventilator, and cardiopulmonary resuscitation (CPR). If I suffer this type of condition, in my view, the potential benefits of supportive medical treatments are outweighed by the burdens of those treatments.
- ☐ Continue or start feeding tubes including intravenous (IV) hydration if needed, but stop all other medical treatments including, but not limited to, a respirator/ventilator and cardiopulmonary resuscitation (CPR).
- ☐ I want my agent to be able to make decisions for me about life-sustaining treatment.
- ☒ Follow my instructions as provided below.

Pain and Comfort

Initial or check the box beside this statement if you agree.

- ☒ If I reach a point where efforts to prolong my life are stopped, I still want medical treatments and nursing care that will make me comfortable.

The following are important to me for comfort (If you don't write specific wishes, your physician and nurses will provide the best standard of care possible):

Medications for pain and nausea to keep
me comfortable

Cardiopulmonary Resuscitation (CPR)

My CPR choice listed below may be reconsidered by my health care agent in light of my other instructions or new medical information, if I become incapable of making my own decisions. If I do not want CPR attempted, my physician should be made aware of this choice. **If I indicate below that I do not want CPR attempted, this choice, in itself, will not stop emergency personnel from attempting CPR in an emergency.**

Initial or check the box beside the statement you agree with.

- ☐ I want CPR attempted **unless** my physician determines any one of the following:
- I have an incurable illness or injury and am dying; OR
 - I have no reasonable chance of survival if my heart stops; OR
 - I have little chance of long-term survival if my heart stops and the process of resuscitation would cause significant suffering.
- ☒ I do not want CPR attempted if my heart stops. To the extent possible, I want to allow a natural death.

Other instructions or limitations I want my health care agent to follow:

No feeding tube
No IVs

When I am nearing my death and cannot communicate, I want my friends and family to know I have the following thoughts and feelings:

I love them. It's time to let me go.

If I am nearing my death, I want the following:

List the type of care, ceremonies, etc. that would make dying more meaningful for you.

Last rites by my priest. Saying of rosary at my bedside.
Read Bible verses to me.

Person or people I want my health care agent to include when making health care decisions:

I ask that my health care agent make a reasonable effort to include the following person or people in my health care decisions if there is time: none

Spirituality and/or Religious Affiliation

I am of the Catholic faith and am a member of the St. Patrick's congregation, parish, synagogue, or worship group in (city) Small Town.
 The telephone number of the congregation, parish, synagogue, or worship group is: ?
 Please attempt to notify someone there if I am unable to give authorization to do so.

☐ I am not religious or spiritually affiliated.

Upon My Death

After my death the following are my instructions. If my health care agent does not have authority to make these decisions, I ask that my next of kin and physician follow these requests if possible.

- Donation of my Organs or Tissue (Anatomical Gifts)**

Examples of organs are kidney, liver, heart, and lungs. Examples of tissue are eyes, skin, bones, and heart valves. Initial or check the box beside the one statement you agree with.

☒ After I die, I wish to donate any parts of my body that may be helpful to others.
 To make your wishes legally effective, register at www.donorregistry.wisconsin.gov

☐ After I die, I wish to donate **only** the following organs and tissue: _____

☐ I do not wish to donate any part of my body.

- Autopsy**

Initial or check the box beside one choice, or both A and B.

☐ A. I would accept an autopsy if it can help my blood relatives understand the cause of my death or affect their own health care choices.

☐ B. I would accept an autopsy if it can help advance medicine or medical education.

☒ C. I do not want an autopsy performed on me.

Part 4: Making the Document Legal

This document must be signed and dated **in the presence of two witnesses** who meet the qualifications explained below.

My Signature

I am thinking clearly, I agree with everything that is written in this document, and I have completed this document willingly.

My signature Laura C. Anderson Date Today

If I cannot sign my name, I ask the following person to sign for me _____

Signature of the person who I asked to sign this document for me _____

Statement of Witnesses

By signing this document as a witness, I certify I am:

- At least 18 years old.
- Not related by blood, marriage, domestic partnership, or adoption to the person signing this document.
- Not a health care agent appointed by the person signing this document.
- Not directly financially responsible for this person's health care.
- Not a health care provider directly serving the person at this time.
- Not an employee (other than a social worker or chaplain) of a health care provider directly serving the person at this time.
- Not aware that I am entitled to or have a claim against the person's estate.

I know this to be the person identified in the document. I believe him or her to be of sound mind and at least 18 years old. I personally witnessed him or her sign this document, and I believe that he or she did so voluntarily.

Witness Number One:

Signature Jane Smith Date Today

Print name Jane Smith

Address 100 Hospital Drive

City Any Town State/ZIP WI 55555

Witness Number Two:

Signature John Doe Date Today

Print name John Doe

Address 100 Hospital Drive

City Any Town State/ZIP WI 55555

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Part 5: What to Do Next

Now that you have completed your advance directive, you also should take the following steps:

- Talk to the person you named as your health care agent, if you haven't already done so. Make sure he or she feels able to perform this important job for you in the future.
- Give your health care agent a copy of this document.
- Talk to the rest of your family and close friends who might be involved if you have a serious illness or injury. Make sure they know who your health care agent is, and what your wishes are.
- Give a copy of this advance directive to your physician. Make sure your wishes are understood and will be followed.
- Keep a copy of this advance directive where it can be easily found.
- If you go to a hospital or nursing home, take a copy of this advance directive and ask that it be placed in your medical record.
- Review your health care wishes every time you have a physical exam or whenever any of the "Five D's" occur:

Decade – when you start each new decade of your life.

Death – whenever you experience the death of a loved one.

Divorce – when your agent is your spouse or your domestic partner and your marriage is annulled or you are divorced or your domestic partnership is terminated after signing this document, the document is invalid. A new document must then be completed.

Diagnosis – when you are diagnosed with a serious health condition.

Decline – when you experience a significant decline or deterioration of an existing health condition, especially when you are unable to live on your own.

- If your wishes change, tell your health care agent, your family, your physician, and everyone who has copies of this advance directive. It would be necessary that you complete a new advance directive to reflect your current wishes.
- Cut out the card on the following page, fill it in, fold it and put it in your wallet.

Copies of this document have been given to:

Primary (Main) Health Care Agent

Name _____

Alternate Health Care Agent

Name _____

2nd Alternate Health Care Agent

Name _____

Health Care Professional/Organization

Name Hospital Central Telephone 555-555-0100


Name _____ Telephone _____

Name _____ Telephone _____

Need Assistance?

If you need assistance in completing this document, you may contact:

FOR SIMULATION PURPOSES ONLY

<p>I HAVE AN ADVANCE DIRECTIVE</p> <p>Name <u>Laura C. Anderson</u></p> <p> Honoring Choices WISCONSIN AN INITIATIVE OF THE WISCONSIN MEDICAL SOCIETY</p> <p><small>The name "Honoring Choices Wisconsin" is used under license from the Twin Cities Medical Society Foundation.</small></p>		<p>Card holder information</p> <p>Address <u>100 Main Street</u></p> <p>City/state/ZIP <u>Any town, WI 55555</u></p> <p>Phone <u>555-555-0100</u> Date of birth <u>9/16/1988</u></p> <p>My advance directive is filed at <u>Hospital Central</u></p> <p>Address <u>100 Hospital Drive</u></p> <p>City/state/ZIP <u>Any Town, WI 55555</u></p> <p>Phone <u>555-555-0100</u></p> <p>My health care agent is <u>none</u></p> <p>Address _____</p> <p>City/state/ZIP _____</p> <p>Phone _____</p>
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CREDITS

Developed in collaboration with Carol Ness, APNP-BC, Palliative care specialty

Advance directives document and “Honoring Choices” video available from the Wisconsin Medical Society, “Honoring Choices Wisconsin.” Retrieved from:
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