



palliAGED Practice Tips for Careworkers in Aged Care

1

**Introduction
& Care Provider
Issues**

2

**Decision-Making
& Communication**

3

Care Issues

Introduction

The following collection of palliAGED Practice Tip Sheets have been developed to support people providing palliative care to older people approaching the end of life. Palliative care is an approach to care that emphasises quality of life when providing support for people with a life-limiting illness and their family and carers. A life-limiting illness is one that will cause a person to die sooner than they would have without the illness. Commonly encountered life-limiting illnesses include dementia, cancer, Chronic Obstructive Pulmonary Disease (COPD), and advanced stages of heart, liver, kidney, and lung disease.

Palliative care may also be relevant to the older person approaching their natural end of life without a life-limiting illness but experiencing similar care issues.

The palliAGED Practice Tip Sheets for careworkers have been developed for careworkers and personal attendants providing palliative care support. Each Tip Sheet highlights a different care issue and provides information to support the provision and improvement of care. Through recognition of needs and awareness of what might be done, care providers can actively support the older person's quality of life and sense of dignity.

The palliAGED Practice Tip Sheets also support care provider personal development, encouraging staff to develop capacity and gain confidence in providing palliative care.

Using palliAGED Practice Tip Sheets

The palliAGED Practice Tip Sheets for careworkers in aged care are suitable for independent learning and in-house training of careworkers (personal attendants) who support older people with palliative care needs. This is part of a companion series, with a second collection of related content also available for educators and nurses new to palliative care. The aim is to develop capacity and foster further development of skills by individuals and within teams. The following describes the palliAGED Practice Tip Sheets for careworkers.

To facilitate selection of the most relevant palliAGED Practice Tip Sheets the collection has been divided into:

1. Introduction & care provider issues
2. Decision-making & communication issues
3. Care issues

There is no recommended order for working through the series. Each palliAGED Practice Tip Sheet can be used on its own or as part of a group, with other relevant tip sheets indicated on the second side. For those interested, within the online version the evidence and references used to develop the palliAGED Practice Tip Sheets are also listed.

The first side of each palliAGED Practice Tip Sheet includes a description of:

- What it is
- Why it matters
- What I need to know

For careworkers this is then followed with tips as to what to **Note** and what to **Do**. The second side of each palliAGED Tip Sheet provides an opportunity to reflect on what the information presented means in terms of current and future care. Completion of the reflection questions might be useful to demonstrate professional development and/or staff training.

They might also help to identify gaps at an organisation and/or individual level in the understanding and provision of palliative care, and thus highlight opportunities for care improvement. Reflection points could also be used as a group activity to initiate co-worker discussions.

The palliAGED Practice Tip Sheets complement the palliAGED Practice and Evidence Centres available at www.palliaged.com.au. Health and care professionals looking to gain more detailed information on providing palliative care are strongly encouraged to access the palliAGED website for evidence-based guidance and knowledge resources about palliative care in aged care. palliAGED incorporates and updates the evidence-based information previously contained in the Guidelines for a Palliative Approach in Residential Aged Care (APRAC) and the Guidelines for a Palliative Approach for Aged Care in the Community Setting (COMPAC). The palliAGED website content and the palliAGED Practice Tip Sheets have been reviewed by experts in aged care, palliative care, and evidence. Their knowledge and practical experience have contributed greatly to the rigour and applicability/suitability of these resources to contemporary aged care in Australia.

Contents

Introduction & Care Provider Issues	5
ACAT Assessment	7
Palliative Care	9
Decision-Making & Communication	11
Advance Care Planning	13
After-Death Choices	15
Case Conferences	17
Continuity of Care	19
End-of-Life Care Pathways	21
Talking about Dying	23
Talking within the Aged Care Team	25
Care Issues	27
Advanced Dementia	29
Anxiety	31
Cachexia, Sarcopenia and Anorexia	33
Constipation	35
Distress at End of Life	37
Dysphagia	39
Dyspnoea	41
Faecal Incontinence	43
Frailty	45
Grief and Loss among Older People, Families and Residents	47
Grief and Loss among Staff	49
Myths about Morphine	51
Nutrition and Hydration	53
Opioid Analgesics	55
Oral Care	57
Pain Management	59
People with Specific Needs	61
Recognising Deterioration	63
Skin and Wound Care	65
Spiritual Care	67

Introduction & Care Provider Issues

1



Tips for Careworkers: ACAT Assessment

What it is: An Aged Care Assessment Team (ACAT) assessment is used to make a recommendation for the type and level of care that will best meet the needs of older Australians with complex needs.

An ACAT assessment is also known as ACAT.

Why it matters: People in need of palliative care often have complex needs. Based on an ACAT assessment, an older person can access Government-funded services such as:

- home care
- residential aged care
- transition care
- respite care
- short-term restorative care.

What I need to know: The ACAT assessment team is multidisciplinary. The team often includes a doctor, nurse, social worker and occupational therapist.

The My Aged Care Contact Centre provides information on ACAT assessments and Regional Assessment Services (RAS).

ACATs assess clients with more complex needs so that they can access the most suitable types of care.

A RAS assessment is for clients who need low-level support to continue to live at home.

My Aged Care Contact Centre registers and screens clients over the phone using a standard form before any decision on the need for ACAT or RAS assessment is made.

Note

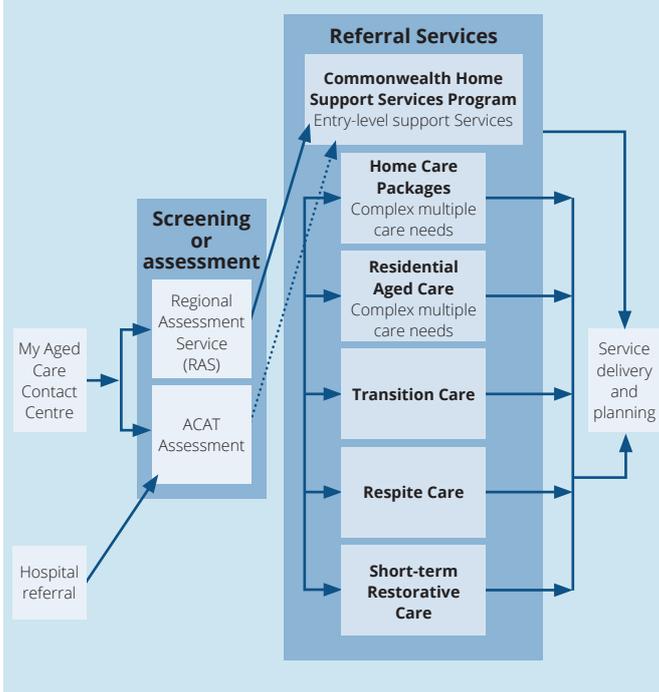
Anyone with consent can register an older person with My Aged Care contact centre for screening. They can also be referred by a health professional.

Do

If you, clients, or families have questions or concerns about ACAT, speak with nursing/ supervisory staff.

Tool

The diagram below provides an overview of needs assessment and referral processes for older Australians.



Name:

My reflections:

What do the letters ACAT stand for?

How can an ACAT assessment help an older person?

My notes:

See related palliAGED Practice
Tip Sheets:
Advance Care Planning
Frailty
Palliative Care

References used to develop this sheet are available at
www.palliaged.com.au

Tips for Careworkers: Palliative Care



What it is: Palliative care is an approach that improves the quality of life of people and their family and carers who are facing concerns associated with a life-limiting illness. This means that the person is expected to die in the foreseeable future and before they would have without the condition. This can be true for people at any age including the elderly.

Why it matters: The number of older people requiring palliative care is increasing in Australia. Careworkers in aged care often spend a lot of time with older people and may learn of their likes, concerns, and experiences. They have an important role in caring for the person and reporting this information to nurses/supervisors.

What I need to know: Dementia, cancer, and advanced heart and lung disease are all examples of life-limiting chronic conditions.

Palliative care provides pain relief and manages symptoms as well as providing spiritual, emotional, and social support. The timing of the start of palliative care depends on the individual and the condition. Care plans may change.

Older people coming to the end of their life without illness can also benefit from a palliative approach to care. Common care issues in people needing palliative care include:

- pain
- dyspnoea (breathing difficulty)
- dysphagia (difficulty with swallowing)
- constipation/incontinence (bowel management)
- anxiety
- dry mouth
- fatigue (tiredness)
- depression.

Note

Some common signs that may indicate things are changing and palliative care needed are:

- less interest in doing things they enjoyed before
- changes in how they act and talk
- less interest in food and eating
- weight loss
- not as physically active as previously
- getting slower and less mobile
- difficulty with toileting
- problems swallowing.

Do

Report what the person enjoys and what gives them satisfaction; recognise what they do well and “what works”.

Do

Let nursing/supervisory staff know if you notice any signs that a person may need palliative care.

Do

Ask nursing/supervisory staff about SPIC4ALL, a tool to identify when a person’s health is declining.

Name:

My reflections:

What are some of the illnesses an older person might have that suggest a need for palliative care?

Why is palliative care important?

What do I do to communicate with older people in my care?

My notes:

See related palliAGED Practice
Tip Sheets:
Advance Care Planning
End-of-Life Care Pathways
Pain Management

References used to develop this sheet are available at
www.palliaged.com.au

Decision-Making & Communication

2



Tips for Careworkers: Advance Care Planning

What it is: Advance care planning (ACP) is where a person plans for their future care by recording their preferences and values. An Advanced Care Directive (ACD) is a written advance care plan. In different states of Australia an ACD may have a different name. An ACD may include care preferences and values, and instructions about future treatment. What can be included and the forms to be used depends on the relevant state or territory law. An older person can name someone to make decisions for them if later they are unable to. This person is called a substitute decision-maker (SDM). Some states and territories include this in an ACD.

Why it matters: Advance care planning helps people receive the care that they would want to receive. Writing down preferences is important because if a person can no longer make or express decisions, the people around them will know what they would want. Careworkers can support older people and their families by referring questions about ACDs to nursing/supervisory staff.

What I need to know: A person does not have to plan or have an ACD. An ACD is only used if the person cannot make or express decisions.

ACDs can be changed whenever the person wants to change them or when their health or circumstances change.

A person may choose to refuse treatment. This is not giving up and does not mean that care will stop. It means the focus of care will be on comfort, dignity and the support of the person and their family and carer(s).

Do Make sure that a current ACD accompanies the older person moving to or from hospital or place of care.

Do Make sure you have the contact details of the:

- substitute decision-maker
- person to contact in case of an emergency.

These may not be the same person.

Do If someone wants to discuss health planning, tell nursing/supervisory staff.

Name:

My reflections:

Can an Advanced Care Directive (ACD) be changed?

What should I do when an older person is moved to a new place for care?

Have I thought about advance care planning for myself or my family?

My notes:

See related palliAGED Practice
Tip Sheets:
After-Death Choices
Palliative Care
Talking about Dying

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: After-Death Choices

What it is: Care of an older person and their family does not end when the person dies. There are arrangements that need to be made in line with their wishes.

Why it matters: The person may have written down their wishes in an Advance Care Directive (ACD) but some decisions may need to be taken by members of the family. Planning can assist the family with their grief and bereavement. Support from careworkers can also help.

What I need to know: The Registered Nurse (RN)/supervisor needs to speak with all relevant people and make sure all special needs at the time of death are attended to.

Families may wish to spend time with the person's body.

An authorised person needs to make sure the person is dead, and a document signed to officially confirm the death. After this, a funeral company can take the body into their care.

There may be requirements for reporting a death to the coroner. Relevant legal requirements are not the same across Australia.

Do Respect and support the family members who may:

- need time to accept the death
- need time to travel to the site of death
- want to sit with the deceased.

Do Report to nursing/supervisory staff any needs including religious and cultural practices that may be important for the family.

Do Know your organisation's policy about when and what to tell others following the death of an older person in your care.

Name:

My reflections:

When a person dies, who should speak with relevant people and take control?

Staff working in aged care look after many people who die. What can I do for my own self-care?

My notes:

See related palliAGED Practice
Tip Sheets:
Advance Care Planning
End-of-Life Care Pathways
Grief and Loss among Older People,
Families and Residents

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: Case Conferences

What it is: Case conference or family meetings are an opportunity to discuss the older person's care needs. They ideally include the older person (if able to attend), their family and/or their substitute decision-maker, and members of the care team including the doctor.

Why it matters: A palliative care conference can:

- help the person and family members to understand the goals of care
- discuss options for future care
- share information
- help families to deal with distress.
- plan responses to emergencies or crises.

What I need to know: Knowing who you can share information with is important. Staff in residential aged care facilities and providers of home care often meet with families. This is to talk about routine care, or when the older person's health status is changing, or death is expected within days.

You may be invited to attend a family conference. As you are likely to know the day-to-day care needs of the person, this can be very helpful.

Do Look out for and report to nursing staff, any changes in a person's:

- mood
- normal daily activity
- ability to swallow, move, or breathe.

Do Report to nursing staff comments that the person may make about their health or future wishes.

Do Support the person and family before and after a case conference and refer any concerns or questions to nursing/supervisory staff.

Name:

My reflections:

What is another name for a case conference?

What are some of the changes in a person I should report to nursing/supervisory staff?

My notes:

See related palliAGED Practice
Tip Sheets:
Advance Care Planning
Continuity of Care
Palliative Care

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: Continuity of Care

What it is: Continuity of care has three main parts

1. The care provider knows and follows the care of a person, client or resident.
2. There is good exchange of relevant information between different care providers.
3. Different care providers cooperate so that care is connected care.

Why it matters: Continuity of care helps care providers to be aware of a person's preferences and care needs. It also helps with the smooth coordination of a person's care. It is particularly important for the care of a person who may be at the end of life. It also helps care providers to have the information they need so that the person's choices are respected.

What I need to know: Continuity of care can:

- avoid unnecessary hospitalisations
- ensure the older person receives uninterrupted care for their needs
- make sure that important treatments continue when a person is moved to or from a care setting (home, hospital, residential aged care)
- make sure that a person's preferences and needs are considered.

Do Know the signs of dying.

Do Talk clearly with the family, carers, nurses and management to ensure you and others are aware of any new goals of care.

Do Report to nursing/supervisory staff any changes that you notice in the person or requests made by the older person or their family.

Name:

My reflections:

How do I report to nursing/supervisory staff any changes that I notice or any questions that family members may have?

My notes:

See related palliAGED Practice
Tip Sheets:
Advance Care Planning
End-of-Life Care Pathways
Talking within the Aged Care Team

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: End-of-Life Care Pathways

What it is: A care pathway is a tool to plan best care for a person with a disease or condition where we know what to expect. End-of-life care pathways guide the care you will provide to the person who is dying.

Why it matters: Care pathways aim to:

- guide clinical decisions
- start care as soon as possible
- make sure everyone works to the same plan
- prevent unnecessary emergency treatments
- make care more efficient
- give you confidence that you are providing the right care.

What I need to know: A care pathway is different from a care plan. A care pathway represents the ideal way to manage most people with a specific problem or long-term condition. A care plan is made for an individual person and might not be the same as a care pathway.

The Residential Aged Care End of Life Care Pathway (RAC EoLCP) guides the provision of good quality terminal care in residential aged care.

Care pathways use documents, sometimes flowcharts, to outline the steps of care to be followed by members of multidisciplinary teams.

Note

Look out for changes in a person's physical condition and mental and emotional state.

Do

Report to nursing staff any changes in the person's

- skin, eyes, ear, nose, throat
- mobility
- eating, sleeping, or toilet habits
- odours, discharge, itching, swelling, burning
- numb or cold hands or feet
- mood or behaviour (agitation, restlessness).

Do

Discuss regularly with nursing/supervisory staff what you should do to support the person on their care pathway.

Name:

My reflections:

Name two aims of care pathways.

What changes in a person should I report to nursing staff?

My notes:

See related palliAGED Practice
Tip Sheets:
Advance Care Planning
Case Conferences
Continuity of Care

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: Talking about Dying

What it is: Talking about death and dying is not easy for everyone.

Why it matters: It can be hard to tell someone that care will be about comfort, not cure. But these conversations can help the person and their family to make decisions about future care and to improve the care that the person receives.

Acknowledging the role of family and talking with them can improve the care of the person, their family and carers. Careworkers can support the person and their family and let nursing/supervisory staff know when they have questions.

What I need to know: Effective communication or talking:

- allows staff to identify a person's needs and to provide care for that person
- may reduce agitated behaviour in older people with impaired cognition (poor understanding).

When a resident or older person dies, other residents or older people may be sad, fear that they will be next, become angry or withdrawn. Listening to their concerns can help them feel comfortable again.

Developing effective communication skills requires training, reflective learning, practice and a supportive working environment.

Note

When talking with people, remember to:

- be aware of sensory impairment and make sure the person is wearing their glasses and/or hearing aid if needed
- make appropriate eye contact
- keep your face in view
- speak slowly or as loudly as needed.

Do

Take the time to listen to people. This helps people feel that they are valued and treated as an individual.

Do

Report to nursing/supervisory staff a person's likes, dislikes, behaviours and responses to care. Their preferences can then be respected when they can no longer communicate.

Do

Consider a person's culture before talking about dying. Not all cultures talk about dying and death in the same way.

Name:

My reflections:

Before talking about dying with a person what should I consider?

What can I do to help people feel more comfortable when talking about death?

Who can I call on to help me with difficult discussions about death and dying or if people in my care have questions that I cannot answer?

My notes:

See related palliAGED Practice
Tip Sheets:
Advance Care Planning
Palliative Care
Spiritual Care

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: Talking within the Aged Care Team

What it is: Talking with members of the care team taking care of an older person. The team caring for a person with palliative care needs may include people with different skills including nurses, carers, GPs, allied health, and spiritual care practitioners.

Why it matters: Good communication (talking) between careworkers and other staff helps the quality of palliative care provided to clients or residents. It means everyone involved in the care of a person knows what to do and why. It also helps people to feel confident that staff know and understand what to do, and that they are providing appropriate care.

What I need to know: Written records are a common way for teams to communicate. Case conferences are another way to communicate. Often the Registered Nurse (RN)/supervisor will pass information between team members, management, the older person and their family.

Effective communication is:

- open, honest, accurate
- respectful and sensitive
- may be formal (team meetings) or informal (casual meetings in the work area or staff room).

Effective communication:

- supports understanding between the sender and receiver of information
- is part of good teamwork.

Technology including electronic care records, email communication, telehealth meetings, and social media are changing the way people communicate. These new technologies need to be used carefully and in line with policies at your organisation.

Note Know with whom you can share information.

Do Check what needs to be reported or recorded.

Do Ask questions if you are not sure of something.

Name:

My reflections:

What are two ways that information about a person I'm caring for could be communicated?

What should I do if I'm not sure of something relating to the care of someone in my care?

My notes:

See related palliAGED Practice
Tip Sheets:
Case Conferences
Continuity of Care
Talking about Dying

References used to develop this sheet are available at
www.palliaged.com.au

Care Issues

3

Tips for Careworkers: Advanced Dementia



What it is: Dementia is a group of diseases affecting the brain. Over time the person loses everyday skills.

Why it matters: There is no cure for dementia. It is a life-limiting illness. Palliative care is needed with advanced dementia. The focus is on quality of life. When a person enters a care facility, they often have advanced dementia.

Careworkers can take an active role in supporting the person with dementia to express their wishes and report any changes in the person's condition. Getting to know the person well will assist in providing care.

People with dementia often have other diseases like heart disease, high blood pressure, and chest disease. Frailty and pain are common. They may need palliative care before they reach an advanced stage of dementia.

What I need to know: Dementia is most common in people over 65 years of age, but not all old people have dementia. Dementia can affect younger people.

A person with dementia may experience loss of:

- memory
- good sense and judgement
- ability to talk
- social skills
- physical functioning.

As dementia advances people have difficulty with:

- going to the toilet, washing, eating and drinking, walking
- making decisions
- being able to remember recent events
- thinking things through.

At all stages, the person with dementia still has their own likes and dislikes. Remember that even if a person with dementia is unable to speak, they may still sense the presence of loved ones and experience fear and loss.

It can be difficult to know when a person with dementia is approaching the end of their life.

Do

Check for signs of deterioration such as changes in:

- level of pain
- alertness
- care needs
- behaviour e.g., agitation and distress
- oral intake
- sense of comfort or discomfort.

Report changes to nursing/supervisory staff.

Name:

My reflections:

What other diseases might a person with dementia have?

What tasks might a person with dementia have difficulty with? How can I help?

My notes:

See related palliAGED Practice
Tip Sheets:
Case Conferences
Palliative Care
Recognising Deterioration

References used to develop this sheet are available at
www.palliaged.com.au

Tips for Careworkers: Anxiety



What it is: Feeling anxious means a person feels scared or worried about something. This is normal, and usually goes away.

Anxiety is when these feelings don't go away.

Why it matters: Many older people experience anxiety. Anxiety can be more common when people have a serious illness or at the end of life.

In an older person anxiety can be difficult to see because it is often associated with loneliness, depression and/or dementia.

When a person experiences anxiety and depression together, their symptoms and outcomes are more severe.

What I need to know: Anxiety can create physical feelings, behaviours and thoughts. These responses affect a person's health and quality of life.

Do

Look out for and report to nursing/ supervisory staff, if a person:

- becomes unable to relax
- becomes bad tempered
- has trouble sleeping or concentrating
- feels very tired or very awake
- is short of breath.

Do

Gently ask the person "Is there anything else troubling you?" or "Is there anything you would like to talk about?" It can help a person to talk about things that worry them.

Name:

My reflections:

What is anxiety?

What signs of anxiety should I report to the nurse or supervisor?

My notes:

See related palliAGED Practice
Tip Sheets:
Distress at the End of Life
Pain Management
People with Specific Needs

References used to develop this sheet are available at
www.palliaged.com.au

Tips for Careworkers: Cachexia, Sarcopenia and Anorexia



What it is: Weight loss is common with advanced disease. The processes behind this are cachexia, sarcopenia and anorexia.

Cachexia is common in people with chronic conditions such as cancer heart, or kidney failure. The person loses weight and muscle and sometimes but not always fat.

Anorexia is when a person no longer wants to eat.

Sarcopenia is the loss of muscle mass and function as people get older.

Why it matters: Weight loss is a part of the natural processes at the end of life. Your observations are important.

Fatigue and frailty may accompany the weight loss and so additional comfort measures may be needed. You may need to adjust approaches to care including:

- the time it takes
- careful repositioning
- use of cushions, a pressure-relieving mattress
- 2-person assists
- the use of a hoist or wheelchair.

With changes in weight and in their condition, clients or residents may be concerned about their appearance. If you can respond respectfully and helpfully, you can help the person keep their self-esteem and dignity.

What I need to know: Anorexia and cachexia are common in people receiving palliative care, and sarcopenia is common in older people.

Some staff can find it distressing to care for people with cachexia and sarcopenia. Seek help if you feel uncomfortable or need support.

Do

Report to nursing staff if a person:

- changes their eating or drinking habit
- stops eating or drinking
- is less active or unable to do things
- finds it hard to swallow
- has diarrhoea or constipation
- feels sick or vomits
- has clothing that becomes ill-fitting and oversized, needing to be replaced.

Do

Ask if the person would like snacks or small amounts of food throughout the day, respecting their choice to refuse.

Do

Look out for skin care, pressure injuries and heightened sensitivity to cold.

Do

Ask the person how you can assist them in a way that supports their remaining strength and respects their loss of ability.

Name:

My reflections:

What changes related to eating and activity should I report to nursing/supervisory staff?

In the daily care of an older person with significant weight loss, what should I pay attention to?

My notes:

See related palliAGED Practice
Tip Sheets:
Frailty
Nutrition and Hydration
Recognising Deterioration

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: Constipation

What it is: Constipation occurs when there is limited or difficult passing of hard, dry stools (faeces).

Why it matters: Constipation is common in older adults. However, it is more common in older people with palliative care needs and as a person comes to the end of their life.

Constipation can lead to a person not eating, feeling sick, having pain, or becoming weaker and more unwell. Pain may be severe. Careworkers are likely to notice these changes and can also actively support the older person to manage concerns with constipation.

What I need to know: The Bristol Stool Chart can be used to decide if a person's stool is normal or not.

Food with increased fluid and fibre may be useful.

Consider the person's dignity when helping with toileting.

Do To know what is usual, ask the person or their family how often they usually pass a stool.

Do Make sure that it is easy and safe for a person to use the toilet – this can mean good lighting, safe bed height, toilet height, and clothing that is easy to wear and remove.

Do Observe toileting patterns of a person and support them to go to the toilet. Report to nursing/supervisory staff any change in toileting pattern, discomfort, straining, or leakages. Document this accurately in care notes.

Name:

My reflections:

When attending to a person's concerns with constipation what should I consider?

What can I do to make it easier for the older person to use the toilet?

My notes:

See related palliAGED Practice
Tip Sheets:
Faecal incontinence
Opioid analgesics
Nutrition and Hydration

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: Distress at the End of Life

What it is: Distress at the end of life is when a person finds it hard to come to terms with dying.

It includes thoughts about:

- death
- the meaning of life
- loneliness
- loss of dignity
- achieving life's goals.

Distress at the end of life may also be called existential distress, death distress, or death anxiety.

Why it matters: People with life-limiting illnesses often suffer from distress at the end of life.

Older people with limited ability to connect with others can also have existential loneliness with strong feelings of emptiness, sadness, and longing. This can lead to anxiety and depression.

What I need to know: In people needing palliative care, distress at the end of life may lead to a wish for hastened death. Therapies such as life review or dignity therapy may help with quality of life and wellbeing in the short-term.

Do Take note and report to nursing/ supervisory staff if the person shows signs of distress such as trouble breathing or appearing upset or annoyed.

Do Take time with the person, giving them your full attention and allowing them to talk to you, with you.

Do Ask questions like "How are you feeling?" or "Is there anything else troubling you?" or "Is there anything you would like to talk about?"

Name:

My reflections:

How do I cope with a client expressing distress at the end of life?

My notes:

See related palliAGED Practice
Tip Sheets:
Anxiety
Spiritual Care

References used to develop this sheet are available at
www.palliaged.com.au

Tips for Careworkers: Dysphagia



What it is: Dysphagia is difficulty swallowing. The person finds it difficult to swallow food or liquid, including medications in liquid or tablet form.

Why it matters: Dysphagia is common in older people and people in palliative care. Careworkers have an important role in supporting oral care and positioning of the person. Dysphagia can lead to:

- poor nutrition
- dehydration
- aspiration (breathing a foreign object or liquid into an airway)
- asphyxiation (lack of oxygen)
- pneumonia.

What I need to know: Any changes to the normal function of the mouth, pharynx or larynx or oesophagus can cause dysphagia.

Dysphagia may be due to:

- changes associated with ageing
- the side effect of medication
- treatment including radiation and chemotherapy for cancer.

Dysphagia is common in advanced or terminal illness. Dysphagia is also associated with neurological conditions particularly:

- dementia
- Parkinson's Disease (PD)
- Motor Neurone Disease (MND)
- stroke.

Note

People providing meal time assistance should have received training in assisting people with swallowing problems and managing choking episodes.

Do

Look out for and report to nursing/ supervisory staff if a person:

- chokes when eating, drinking or taking medication
- has the feeling of food sticking in the throat
- dribbles or has food escaping from the mouth
- coughs during or after eating, drinking or taking medication
- eats or drinks very slowly
- refuses food and fluids
- doesn't swallow food, fluids or medication but keeps it in the mouth.

Do

When someone is dying, their family can be upset that they are not eating or drinking. You can:

- reassure the family
- let them offer the person sips of water or if appropriate moisten the mouth with a wet swab.

Name:

My reflections:

Dysphagia is difficulty with what?

What are some of the signs I should look out for and report to nursing/supervisory staff?

My notes:

See related palliAGED Practice
Tip Sheets:
Advance Dementia
Nutrition and Hydration
Oral Care

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: Dyspnoea

What it is: Dyspnoea is when a person has trouble breathing or has shortness of breath.

Why it matters: Breathing difficulties are a common and distressing symptom in many advanced life-limiting diseases, and can cause significant disability, anxiety, and social isolation. Careworkers can help the older person by reporting signs of dyspnoea and keeping them calm and comfortable.

What I need to know: Breathing concerns:

- reduce quality of life
- affect emotional, spiritual and physical wellbeing
- are made worse by fear and panic.

Treatment often requires a combination of measures. This includes medication and other forms of care.

People with dyspnoea get tired quickly and people who tire easily often complain of dyspnoea.

Dyspnoea in palliative care and at the end of life needs to be assessed by nursing staff.

Do

General care of dyspnoea:

- leave time between care and activities
- calm and reassure the person by being with them
- alert nursing/supervisory staff if breathing remains difficult.

Do

Non-pharmacological ways to relieve dyspnoea at end-of-life:

- optimise air flow around the person
e.g., table or handheld fan, open window if appropriate
- breathing-control techniques
e.g., pretend to blow out a candle
- relaxation exercises
- position the person in:
 - supported upright sitting
 - leaning on a supportive table
 - lying in a reclining chair or electric bed with a backrest and a knee break.

Do

Get all equipment and staff ready prior to commencing care procedures. This will shorten the time taken for care and reduce the impact on the person.

Name:

My reflections:

What is the clinical term for difficulty with breathing?

What can I do to help a person having difficulty with breathing at the end of life?

My notes:

See related palliAGED Practice
Tip Sheets:
Anxiety
Opioid Analgesics

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: Faecal Incontinence

What it is: Faecal incontinence is the inability to control bowel movements which leads to unexpected leakage of liquid and/or solid stool.

Why it matters: Faecal incontinence is common in older adults. However, it is more common in people with palliative care needs and as a person comes to the end of their life.

Faecal incontinence can affect a person's health, dignity, and independence. It is also a hygiene concern.

Faecal incontinence is a risk factor for pressure injury in frail older adults. The leaking fluids affect the health of skin.

Careworkers are likely to notice if a person experiences faecal incontinence. Together with nursing/supervisory staff they can help manage any concerns and look for signs of new or ongoing needs.

What I need to know: The Bristol Stool Chart can be used to decide if a person's stool is healthy or not.

Food with increased fluid and fibre may be useful.

Consider the person's dignity when helping with toileting and assisting with their continence needs.

Do The person may be unhappy and ashamed about faecal incontinence – be calm and patient with them.

Do Make sure that it is easy and safe for a person to use the toilet – this can mean good lighting, safe bed height, safe toilet height, and clothing that is easy to wear and remove.

Do Observe toileting patterns of a person and support them to go to the toilet. Report to nursing/supervisory staff any change in toileting pattern, discomfort, straining or leakages, and document this in care notes.

Name:

My reflections:

When attending to a person's concerns with toileting and faecal incontinence, what should I consider?

What can I do to make it easier for the older person to use the toilet?

My notes:

See related palliAGED Practice
Tip Sheets:
Constipation
Opioid Analgesics
Nutrition and Hydration

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: Frailty

What it is: Signs of frailty include unplanned weight loss, slow walking speed, weakness and low physical activity with the person feeling exhausted or tired.

Why it matters: Older people are not always frail or dependent. After the age of 80 years it is more common. Frailty affects a person's health, and ability to recover from poor health. Frailty and dementia together predict a more rapid decline and shorter life expectancy.

Knowing when older people with life-limiting illness are frail, helps us to know they are approaching death. Careworkers spend a lot of time with the older person and by reporting signs of frailty they can make certain that the right care is received.

What I need to know: Older people who are frail often have poor health, many conditions, falls and disability, as well as longer stays in hospital, and are more likely to die.

When a person is frail or at risk of becoming frail, illnesses such as infections are harder to recover from.

Older people and people with a life-limiting illness should be monitored for frailty so that care plans can be made to support their needs.

- Do** Look out for non-specific signs of frailty:
- extreme fatigue
 - slow walking speed
 - unexplained weight loss
 - many infections.

- Do** Look out for specific signs of frailty:
- frequent falls
 - fear of falling
 - restricted activity
 - delirium (acute change to their mental state)
 - fluctuating disability (having good days and bad days) with, for example,
 - loss of interest in food
 - difficulty getting dressed.

Name:

My reflections:

What are some of the signs of frailty? How do I report these?

How many people in my care could be considered frail?

At what age does frailty become more common?

My notes:

See related palliAGED Practice
Tip Sheets:
Cachexia, Sarcopenia, and Anorexia
Palliative Care
Recognising Deterioration

References used to develop this sheet are available at
www.palliaged.com.au

Tips for Careworkers: Grief and Loss among Older People, Families and Residents



What it is: Grief is a response to loss. It can affect all parts of a person's life.

Bereavement is the time of grief experienced by people following the death of someone close to them.

Why it matters: Grief and loss are common among people who receive care and their families. For people with palliative care needs or approaching the end of life, there may be more than one trigger for grief. Older people may be able to deal with grief, but signs of intense or ongoing grief should be reported.

Feelings of grief and loss can have a great affect on a person's physical health and mental wellbeing. Careworkers are likely to notice signs of grief in the people they care for. Cultural differences in grief should be respected.

What I need to know: Older people and their families may experience grief and loss due to the death of relatives or the death of friends or fellow residents. Family includes people (and pets) identified by the person as family.

Older people can also experience grief because of loss of independence (need for help from others), or not being able to do things that they once enjoyed.

Signs of grief in older people include:

- crying or finding it hard to talk of their sadness
- anger, anxiety or worry
- a change in eating habits
- losing interest in family, friends, or hobbies
- finding it hard to sleep, concentrate, or make decisions.

There is no right or wrong way to grieve. Offer the person and their family a chance to talk. For some people talking with a GP, counsellor, or pastoral care worker may help.

Note The person may not need answers or advice; listening to him or her may give the greatest comfort.

Do Let the older person know that grieving is a natural response to loss.

Do Spend time with the person in a gentle and unhurried way. Use phrases such as "I'm awfully sorry for your loss" and then take time to listen to their response.

Name:

My reflections:

What are some of the reasons for which an older person may grieve?

What is one thing I can do to help an older person with grief?

My notes:

See related palliAGED Practice
Tip Sheets:
Grief and Loss among Staff
Spiritual Care
Talking about Dying

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: Grief and Loss among Staff

What it is: Grief is a response to a loss. Bereavement is the time of grief experienced by people following the death of someone close to them.

Why it matters: Caring for others can be rewarding. But grief over the death of people you care for is not unusual. It may contribute to burnout and overwhelming stress.

Staff working in aged care look after many people who die. As a result, they may experience repeated grief. Sometimes it can lead to complicated or prolonged grief where grief is very intense and/or long lasting. Report to nursing/supervisory staff any feelings of grief that are very strong, last for more than six months or make it difficult for you to do your work appropriately.

What I need to know: Grief is a response to bereavement and loss. How people grieve varies. No-one can tell another how they should grieve.

There are bereavement services to help you deal with grief and loss. Ways of dealing with grief include:

- taking care of your own physical health
- acknowledging your grief
- talking with colleagues
- talking with pastoral care providers
- talking with bereavement counsellors
- talking with a GP.

Note Careworkers in aged care can develop close bonds with older people and families. You may experience grief.

Do Talking to your supervisor and colleagues about what you are experiencing can help. If you need more support, request their help to find it.

Do Instead of 'protecting yourself' from future loss by keeping a distance from clients, learn ways to cope with grief and develop self-care. You can grieve and still care well.

Name:

My reflections:

Who can I talk with if I experience grief?

How could I start a conversation with other staff experiencing grief?

My notes:

See related palliAGED Practice
Tip Sheets:
Grief and Loss among Older People,
Families and Residents
Spiritual Care
Talking about Dying

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: Myths about Morphine

What it is: Opioids are analgesics. They are medications often used to treat pain from terminal illnesses.

Morphine is an opioid. It is often used in palliative care to manage moderate to severe pain. There are other opioids. Myths are widely believed but untrue beliefs.

Why it matters: Morphine provides effective pain relief. The dose can be adjusted to reduce pain. Older people and their family may have heard myths about morphine and be concerned. Careworkers have direct contact with the person and their family and can ask nursing/supervisory staff to answer any questions they may have.

What I need to know: Facts and common myths about morphine use.

Myth Once on morphine the end is near.

Fact Morphine properly used does not cause death, the underlying illness does.

Myth Enduring pain will enhance one's character.

Fact Pain decreases quality of life and causes suffering.

Myth Morphine is addictive.

Fact When given at the right dose to relieve pain, morphine is not addictive.

Myth Injections are better than oral.

Fact Oral preparations are as effective as injections; long-acting forms mean better pain control and less frequent administration.

Myth Side effects (nausea, vomiting, constipation, sleepiness etc.) are due to allergies.

Fact Allergies to morphine are rare, side effects can be managed and should be reported to the prescriber.

Myth Tolerance to morphine will develop and higher doses will be needed.

Fact Tolerance develops slowly. Disease progression may cause increasing pain and increased need for analgesia.

Myth Morphine is a treatment for cancer.

Fact No, morphine is not a treatment for cancer, it is an analgesic medication used to relieve the symptoms of pain.

Name:

My reflections:

Why might a person need increasing doses of morphine?

Who should answer any questions that older people and their families might have about morphine or other opioids?

My notes:

See related palliAGED Practice
Tip Sheets:
Opioid Analgesics
Pain Management

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: Nutrition and Hydration

What it is: Nutrition is about the intake of food and how this helps health of the body. Good nutrition helps people stay healthy. Nutrition depends on the quality of food and how often we eat.

Hydration is about the intake of fluids to help with growth and health.

Why it matters: In the early stages of palliative care, nutritional intervention can help people boost tissue repair and general wellbeing and prevent infection. However, as people come to the end of their life, they may have less interest in food, and they may have difficulties with swallowing or tiredness. This can be due to many reasons. Careworkers can help by reporting any difficulties and assisting the person to eat and drink if possible.

Eating and drinking are important parts of a person's life and social interactions. The attitudes and values of the person and their family are important in the decisions about eating and drinking.

What I need to know: Good food and drink can improve a person's quality of life by reducing the effects of weight loss, improving wound healing and tiredness. In the early stages of palliative care the person may need help with eating and drinking.

Towards the end of life, a person may be less interested in food and drink. Changes in their body's function and activity may mean less nutrition is needed. The goal is to enjoy food and reduce food-related discomfort. Family and carers may be distressed if a person does not eat. They can be reassured and provide comfort through mouth care or assisting with drinks. Mouth care remains important.

Do Ask the person what foods and drinks they like, or if they cannot answer ask their family and look at their dietary plan. Report or record this information.

Do Offer meals or snacks when the person is most alert and receptive.

Do Report to nursing/supervisory staff if you think that the:

- person
 - is in pain
 - has poor oral health
 - is confused
 - has difficulty swallowing
- carer
 - is stressed about weight loss.

Do Help the person to eat or drink if they:

- have trouble being able to eat or drink
- are confused
- do not recognise food.

Name:

My reflections:

Why are nutrition and hydration important?

What can I do to encourage someone to eat? What do I need to be careful of?

My notes:

See related palliAGED Practice
Tip Sheets:
Cachexia, Sarcopenia and Anorexia
Dysphagia
Oral Care

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: Opioid Analgesics

What it is: Analgesics are medications used to relieve the symptom of pain. Opioids are analgesics. They are often used to treat pain from terminal illnesses.

Morphine is an opioid. It is often used in palliative care to manage moderate to severe pain. There are other opioids.

Why it matters: Opioids provide effective pain relief. The dose can be adjusted to reduce pain. Like all medications there can be side effects. Careworkers are likely to notice if there are side effects or pain persists.

What I need to know: Opioids can be given by:

- mouth (orally)
- a transdermal patch (skin patch)
- injection
- subcutaneous infusion (syringe driver).

Morphine, properly used, does not cause death; the person's illness does. Like all medications there can be side effects. Constipation is common.

Tolerance (lack of response) develops slowly, but rapid disease progression may cause increasing pain and increased need for pain medication.

Older people and their families may be concerned about opioid use. Ask nursing/supervisory staff to answer any questions.

Note

Be aware that a person may be given opioids or other analgesics.

Do

Watch whether the person still has pain after being given analgesia. Careful repositioning and gentle massage may also help with pain relief.

Do

When a person is taking morphine, it is important to note certain possible changes. Report to nursing/supervisory staff if the person shows signs of adverse effects such as:

- nausea or vomiting
- constipation
- sedation
- respiratory depression (slower breathing)
- dry mouth
- cognitive impairment
- delirium (confusion)
- hallucinations
- seizures.

Name:

My reflections:

Why are opioids used in palliative care?

What side effects of morphine should I look for and report to nursing/supervisory staff?

My notes:

See related palliAGED Practice
Tip Sheets:
Myths about Morphine
Pain Management

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: Oral Care

What it is: Oral health covers the ability to eat, speak and socialise without discomfort or active disease in the teeth, mouth or gums.

Why it matters: People in need of palliative care or at the end of life often have poor oral health. Treatment for cancer can cause poor oral health. Good oral health is important to quality of life and wellbeing. It affects the person's ability to eat, speak and interact with others. Oral care provided by careworkers helps.

What I need to know: Poor oral and dental health can be associated with:

- dry mouth (xerostomia)
- bad breath
- bleeding gums, tooth decay and tooth loss
- being withdrawn and behaviour changes
- pain and discomfort
- swallowing and nutritional problems, and weight loss
- speech difficulties and problems with social interactions
- increased risk of respiratory infection or other infections.

Whether the older person has natural teeth or dentures, it is important to keep a good routine for cleaning the teeth, mouth and lips. The person may not say if they have pain or discomfort. Look for signs including pulling at face, chewing at lip or tongue or not eating.

Do

Remember when cleaning the mouth to:

- give explanations and allow time for the person to respond
- maintain regular routines in a quiet environment
- use a soft toothbrush which can be bent or a mouth swab
- always rinse the mouth with water
- ask the person to copy your actions of brushing or help the person brush their teeth
- use props to distract the person's hands while you gently brush their teeth
- ask a colleague or a dental hygienist to help.

Do

For denture care (false teeth):

- label dentures and soak in cold water
- use a denture brush for cleaning brush dentures morning and night
- encourage the person to remove dentures overnight if this is what they usually do
- encourage the person to remove dentures after each meal and rinse mouth with water.

Do

Report to the nursing/supervisory staff any changes in a person's mouth, teeth or lips or any pain or discomfort with oral care. Ask about the Oral Health Assessment Tool (OHAT).

Name:

My reflections:

What are three signs of poor oral health?

What can I do to make cleaning of the mouth easier for a person?

My notes:

See related palliAGED Practice
Tip Sheets:
Advanced Dementia
Nutrition and Hydration
Dysphagia

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: Pain Management

What it is: Pain can be physical or emotional. Older people often have pain. This includes physical and spiritual pain.

Why it matters: Pain is a very common symptom in chronic progressive illness. People in need of palliative care often have more than one type of pain. Careworkers spend a lot of time with the older person and may notice signs of pain or changes in the level of pain experienced.

What I need to know: The expression of pain is different for everyone. It will be affected by the person's experience, attitudes, and beliefs. Palliative care helps to manage pain and improve quality of life. The aim is to manage pain in line with the person's wishes.

Pain that is not properly treated can cause:

- a person to eat and move less
- a person to avoid other people
- poor sleep
- depression
- family distress.

Unrelieved pain may affect cognitive function. It may contribute to an increase in challenging behaviours and delirium.

Nursing staff are responsible for assessing a person's pain. Careworkers can play a part by reporting discomfort noted during care.

Do

Careworkers can look out for signs:

- report if a person has had any difficulties with walking, moving, normal activities
- report if a person says they are in pain
- monitor the person's response to prescribed pain treatments
- notify a nurse/supervisor if comfort measures have been tried but are not effective
- report any discomfort.

Do

You can help relieve pain:

- by repositioning the person
- by reassuring the person, by word and by action, that they are safe
- with therapies e.g., gentle massage or application of warmth.

Do

Careful positioning of people who are immobile can minimise muscle pain and cramps.

Name:

My reflections:

What are some of the signs that a person is in pain?

What comfort measures could I try to reduce the pain felt by an older person?

Who would I speak to if an older person is crying out in pain during care?

My notes:

See related palliAGED Practice
Tip Sheets:
Myths about Morphine
Opioid Analgesics
Palliative Care

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: People with Specific Needs

What it is: Some people may have specific care needs related to their cultural or linguistic (language) background, sexuality, religious or faith beliefs, life circumstance or location. People may identify with one or more of these attributes.

Why it matters: Culture is not just about language, ethnicity or nationality. It is also about identity and relationships, and shared (sometimes painful) experiences.

Events early in life may significantly affect health and wellbeing in later life. Understanding the person's circumstances is an important part of person-centred care.

What I need to know: There are many recognised specific groups in aged care which include people who:

- identify as Aboriginal and/or Torres Strait Islander
- are from culturally and linguistically diverse (CALD) backgrounds
- live in rural or remote areas
- are financially or socially disadvantaged
- are veterans of the Australian Defence Force or an allied defence force and their spouse, widow or widower
- are homeless, or at risk of becoming homeless
- are care leavers (people who spent time in care as a child, Forgotten Australians, Former Child Migrants and Stolen Generations)

- as parents, were separated from their children by forced adoption or removal
- identify as lesbian, gay, bisexual, trans/transgender or intersex (LGBTI)
- are refugees or asylum seekers
- are prisoners.

It is important to be aware of people's privacy and know who you may share information with.

Note Everyone is a unique person with their own life and life story. Some issues are complex, you may or may not be able to help them. If you have concerns talk with nursing/supervisory staff.

Do If you are uncertain about a person's culture, beliefs or specific needs, ask questions in a respectful way, for example "Good morning Mrs xxx, could I ask you about something?"

Do Ask "Are there religious or cultural practices that affect the way you wish to be cared for?" or "Is there anything I need to know about you and your preferences in order to care for you?"

Name:

My reflections:

When meeting someone you will be caring for how do I respectfully understand their specific needs?

Sometimes in caring for people we learn things about them which do not affect their care. How can I respect their care yet address things that I have learnt that are of concern?

My notes:

See related palliAGED Practice
Tip Sheets:
Anxiety
Case Conferences
Continuity of Care

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: Recognising Deterioration

What it is: Deterioration is when a person's state of health declines (worsens). They may:

- become bedbound (stay in bed)
- spend more time sleeping or resting
- have reduced intake of food (eat less)
- have difficulty with swallowing, or
- have fluctuating consciousness.

Why it matters: Recognising that a person is deteriorating is important so that:

- this can be discussed with the person and their family
- care is reviewed with the person (if able), the family and GP
- a palliative care plan or pathway can be started or changed
- care is given in line with the person's wishes
- symptoms are managed appropriately
- support to the person, the family and staff can be provided.

Careworkers often care for people on a daily basis and may notice signs of deterioration.

What I need to know: Many people suffer from chronic (long-term) conditions that are not always recognised as life-limiting (e.g., dementia).

The terminal or end phase of care for conditions like dementia and organ failure can extend over months or years. Signs of deterioration should be reported to nursing/supervisory staff.

Do

Look out for and report to the nursing/supervisory staff if:

- a person has changes in level of usual activity or engagement including a reluctance to get out of bed
- a person needs help from others for care due to increasing physical or mental health concerns
- a person loses weight or stays underweight
- a person has poor general health that is getting worse or not improving
- symptoms persist despite appropriate management
- there are emergency transfers to hospital
- the carer increasingly needs help and support.

Do

Ask nursing/supervisory staff about SPICT4ALL, a tool to identify when a person's health is declining.

Do

Ask nursing/supervisory staff to show you the forms used to help determine deterioration.

Name:

My reflections:

What tool can be used to tell if someone's health is deteriorating or that they are possibly nearing death?

What changes should I report to nursing/supervisory staff?

My notes:

See related palliAGED Practice
Tip Sheets:
Case Conferences
End-of-Life Care Pathways
Frailty

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: Skin and Wound Care

What it is: Wounds are damage or breaks of the skin and are common at the end of life. Wounds include:

- pressure ulcers
- ischemic wounds
- skin tears
- skin changes.

Why it matters: The skin is an organ. The skin deteriorates with advanced disease. As the body weakens with age, severe illness, or multiple illnesses, wounds can become more common. Wounds affect a person's quality of life due to:

- pain
- unpleasant smell
- putrid or bad smelling discharge
- disturbed sleep
- the time it takes to look after a wound.

A person with a wound or skin changes may feel embarrassed. They may not want to be around other people.

Wounds can be worsened by:

- poor handling technique
- rushing the person during care
- poor hygiene
- inadequate wound care.

What I need to know: Despite good wound care, wounds may not heal. However, wound care should be continued to prevent more damage.

Note

Remember that the person will be more comfortable if they have regular pain medication and if they are given analgesics before starting wound care.

Do

Report to nursing staff:

- pain during wound care or when moving
- skin changes - redness, dryness, itchiness
- skin tears or ulcers
- smell
- oozing or bleeding
- any worsening of a known wound.

Do

Follow hand hygiene steps so that your hands are always clean.

Do

Protect the person from injury by:

- careful positioning to avoid friction and shearing forces, bumps and scratches
- avoiding vigorous skin rubbing
- appropriate continence care
- cleaning skin with gentle skin cleanser and thoroughly drying
- protecting skin with water based skin moisturiser
- using pressure relieving devices.

Name:

My reflections:

What changes in the skin should I report to nursing/supervisory staff?

Skin deteriorates with advanced diseases. What approaches to care can be taken to avoid skin damage and wounds at the end of life?

My notes:

See related palliAGED Practice
Tip Sheets:
Cachexia, Sarcopenia and Anorexia
Frailty
Pain Management

References used to develop this sheet are available at
www.palliaged.com.au



Tips for Careworkers: Spiritual Care

What it is: Spirituality can be a person's connection to other people, to nature, or to what gives them meaning and purpose.

Spirituality depends on the person. It is not always about religion.

Why it matters: For many people, spirituality is important throughout life and at the end of life. Spiritual pain may lead to a physical response (e.g., increased pain) or an emotional response (e.g., anxiety, depression, or anger).

What I need to know: Spiritual support is an important aspect of palliative care. Showing respect and support for a person's spirituality can reduce the distress of being ill or dying.

People may appreciate opportunity for discussion with chaplaincy staff, spiritual care practitioners, or faith representatives.

Do When you interact with the person use:

- appropriate touch
- eye contact if appropriate
- a welcoming unhurried approach to conversation and listening so that the person feels heard and valued.

Do Be sensitive and respectful of the spiritual, cultural and religious needs of people in your care and their families.

Do Offer opportunities for a connection with spiritual practices outside of those in the place of care.

Name:

My reflections:

What can I do to support someone's spirituality?

How could my own beliefs affect how I care for other people?

My notes:

See related palliAGED Practice
Tip Sheets:
Distress at the End of Life
Grief and Loss among Older People,
Families and Residents
Talking About Dying

References used to develop this sheet are available at
www.palliaged.com.au



palliAGED
PALLIATIVE CARE AGED CARE EVIDENCE

supporting those who care

Learn more at www.palliaged.com.au

@ For enquiries or feedback please email: palliaged@flinders.edu.au

Keep up to date and follow us on twitter [@palliAGED](https://twitter.com/palliAGED)