

August 23, 2022

Inpatient Hospice Care

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Overview

- Hospice and General Inpatient (GIP) Eligibility
- Symptom management
- Management of the Actively Dying Patient
- Assessment while in the GIP Setting



Hospice and GIP Eligibility

- § 418.20 Condition of participation: Eligibility requirements.
 - In order to be eligible to elect hospice care under Medicare, an individual must be entitled to Part A of Medicare and be certified as being terminally ill. An individual is considered to be terminally ill if the individual has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course.
- § 418.108 Condition of participation: Short-term inpatient care.
 - Inpatient care must be available for pain control, symptom management, and respite purposes, and must be provided in a participating Medicare or Medicaid facility.
 - Patients receiving inpatient care for pain or symptom management require frequent nursing interventions and/or assessments to continue to maintain comfort



Potential Indicators of GIP

- Uncontrolled Pain or pain that requires frequent and/or escalating doses of IV opioids
- Respiratory distress
 - Needs frequent suctioning/trach care
 - Needs Bipap/requires weaning or titration
 - Expectation of respiratory distress after withdrawal of respiratory support
 - High Flow oxygen requirements
- Nausea and vomiting requiring IV antiemetics
- Severe Delirium/Agitation requiring frequent assessment and management by staff
- Seizures requiring frequent monitoring and/or IV medications to control
 - Seizure prophylaxis with IV medications for patients unable to medications by orally
- Complicated Wound care requiring frequent or painful wound changes
- Other symptoms not managed effectively in the home or other settings.
- Dying alone does not qualify patients for GIP hospice



Admission

- There are multiple ways a patient may be admitted into hospice general inpatient (GIP) level of care:
 - ED
 - Direct admit from a patient's residence
 - Transfer from another floor in the hospital



Symptom Management



Pain Management

WHO 3-step Ladder

1 Mild

ASA
Acetaminophen
NSAIDS
+/- Adjuvants



2 Moderate

Codeine
Hydrocodone
Tramadol
+/- Adjuvants



3 Severe

Morphine
Hydromorphone
Methadone
Fentanyl
Oxycodone
+/-Adjuvants



Opioid Tool Box

Short-acting

- Oxycodone
- Hydrocodone
- Fentanyl
- Dilaudid
- Morphine

Long-acting

Fentanyl
MS Contin
Oxycontin
Buprenorphine
Methadone



Routine dosing for immediate release

- Codeine, hydrocodone, morphine, hydromorphone, oxycodone
 - dose q 4 h (or more frequently in hospice)
 - adjust dose daily
 - mild / moderate pain □ 25%–50%
 - severe / uncontrolled pain □ 50%–100%
 - adjust more quickly for severe uncontrolled pain



Dyspnea Management

- Long-acting drugs have no benefit when exacerbations occur.
- In the hospice and palliative care setting the following are proven to relieve exacerbations:
 - Morphine IR 10-20mg in divided doses daily
 - Short acting bronchodilator (nebulized)
 - Short acting anticholinergic (nebulized)
- Systemic corticosteroids (prednisone).



Dyspnea Management

Opioids (morphine-short acting)*

Oxygen

Nebulized SA drugs

Corticosteroids

Fan

Coping skills

Anxiety management

- Anxiolytics
- Antidepressants

The management of
dyspnea using
non-conventional methods.



Psych/social and Spiritual Concerns

- As part of hospice care, patients receive psych/social and spiritual counseling.
- End of life transitions not only involve physical concerns, but also involve nearing death awareness of life situations.
- Our social workers and chaplains provide emotional and spiritual support to patients and their primary caregiver.



Actively Dying Patient



Actively Dying Patient

- Provide support to the family if the patient experiences a rally. Family members can be emotionally affected by this phenomenon, especially if the surge lasts days.
- Educate the family that as the muscular system fails, involuntary reflexes are lost such as the blinking of the eyes, and this is normal.
- If the patient is experiencing an elevated temperature and displays signs that he/she is uncomfortable, families may utilize cool cloths or fans. Reinforce that this is a normal part of the process. If the patient appears to be in distress from the temperature, Tylenol suppositories may also be prescribed.



Actively Dying Patient

- Some patients may experience a surge of energy often referred to as the “rally.” This could happen weeks, days, or hours prior to death and can last minutes to hours.
- Eyes may appear glassy and watery; loss of eye contact and eyelash reflex.
- Elevated body temperature.
- Provide support to the family if the patient experiences a rally. Family members can be emotionally affected by this phenomenon, especially if the surge lasts days.
- Educate the family that as the muscular system fails, involuntary reflexes are lost such as the blinking of the eyes, and this is normal.
- If the patient is experiencing an elevated temperature and displays signs that he/she is uncomfortable, families may utilize cool cloths or fans. Reinforce that this is a normal part of the process. If the patient appears to be in distress from the temperature, Tylenol suppositories may also be prescribed.



Actively Dying Patient

- Our practice is to provide the patient and family with the best support, education, and care possible. Patients and families need more support as the last chapter of their loved one is closing.
- Many families experience fear and anxiety as their loved one experiences the fine stages of death. It is normal for families in an inpatient setting to question all symptoms the patient is presenting. Focus on providing education that centers around normal signs/symptoms that are treatable versus expected presentations that ultimately cause more discomfort for the family.



Bedside Patient Care



The right to decline nursing intervention

- Wound care
- Turning/repositioning



Patient Changes

- Often, hospice patients that are GIP LOC, are unable to communicate. Common practice, at times, is for the primary caregiver and family to request medications due to patient presentation.
- The hospice RN works with the primary caregiver and family providing education on non-verbal cues and transition signs/symptoms.



Documentation



GIP Documentation

- All medication changes and patient response
- Attempts to convert patient to a medication regimen sustainable in a home setting
- Hospice charting focuses on the need to support symptom management
- Phrases that hospice clinicians refrain from using:
 - Stable
 - No needs
 - Improving



Collaboration



Attending Physician

- Hospice patients have the right to choose his/her attending, however, when patients are admitted into a contracted facility, this changes how this decision is made.
- Attending physicians and hospice medical directors are the only physicians that may see the patient and successfully bill. This is important to hospice clinicians when discussing admitting onto our services.



Hospitalists

- The physician that is identified and documented as the hospice attending is the physician that will be responsible for patient orders.
- Attending physicians will change throughout the hospice patient's stay in a hospital while in GIP LOC. As specific hospitalists/groups end their shift, a new hospitalist/group will then be responsible for the patient care/orders.



RN Collaboration

- Arkansas Hospice has a dedicated RN that will be responsible for monitoring and managing the patient care along with the CHI staff member.
- This RN will be at the facility rounding on patients and admitting patients that are referred.
- Hospital staff and the hospice RN will then work together when any changes are needed. Additionally, if any new needs occur (such as condition worsening), the hospice RN will then make the call to the attending for new orders while updating the hospital staff.





**CHI St. Vincent Hot Springs
Inpatient Hospice Care
Arkansas Hospice Agency**

Date: August 23, 2022

Time: 0700- 0800

Location: Catherine's
Room

Sign In

Full Name	Credentials	Title	Department	Present
Jacklyn Patino	BSN, RN	RN	Quality, CLK	✓
Sheila Gibson	PCT	PCT	Oncology Renal	✓
Lanham Herron	RN	RN	Oncology Renal	✓
Cynthia Tuck	PCT	PCT	oncology	✓
Frances Sanders	RN	supervisor	2 west	✓
Alyce Pile	msnch	nm	2w	✓
Kara Kimiec	#5	uc	2w	✓
Stefanie McRae	CNA	CNA	2w	✓
Helenie Brasao	BSN, RN	RN	2w	✓
Lena Lambert	PN, RN, APRN-BC	RN	Education	✓
Laura McRae	BSN, RN, APRN-BC	Nurse Exchgr	Nursing Admin	✓
Dan McRae	CNA	PCT	oncology	✓
Stephanie Sasca	RN, BSN	RN	oncology	✓

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Inpatient Hospice Care
Arkansas Hospice Agency**

Date: August 23, 2022

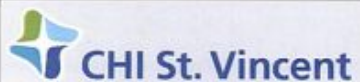
Time: ~~0700-0800~~
1500 - 1600

Location: Catherine's
Room

Sign In

Full Name	Credentials	Title	Department	Present
Jennifer Micham	RN BSN	RN	2 West	✓
Hannah Morrison	RN BSN	RN	2 West	✓
Laura McConne	RN msn cnsn	RN	2w	✓
Jessie Herron	RN BSN	RN	2w	✓
Molly Brennan	RN APRN	RN	2w	✓
Melanie Bastine	RN	RN Supervisor	CM/um	✓
Mary Bell Bryant	CNA	PCT	2west	yes
Tania Barnard	RN	RN	2West	yes
Lauralyn Canaff	BSN, RN, APRN-BC	Nurse Ex. Mgr	Nurs. Admin	✓

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CHI St. Vincent Hot Springs
Inpatient Hospice Care
Arkansas Hospice Agency

Date: August 25, 2022

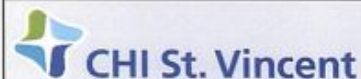
Time: 0700 - 0800

Location: Boardroom

Sign In

Full Name	Credentials	Title	Department	Present
Liz Palathingal	BSN, CNSRN	RN	2 West	✓
Katee Fundley	RN	RN	2 West	✓
Frances Sanders	RN	RN sup.	2 West	✓
Sylvia Phillips	MSN - Ed, RN	Ed	Education	✓
Hristie Lay	RN	RN	2 West	✓
Misty Anglen	MSN, RN		Education	✓
Katleena Peterson	RN	RN	2 West	✓
Kela Davis	RN	RN	2 West	✓
Savannah Ross	PCT	PCT	2 West	✓
Crystal Kenney	RN	RN	2 West	✓
Paiton	PCT			Zoom
Robin	RN			Zoom
Chris	RN			Zoom
Heather	RN			Zoom
Kristen	RN			Zoom
Kelly	RN			Zoom
Anna Beth	RN			Zoom

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CHI St. Vincent Hot Springs
Inpatient Hospice Care
Arkansas Hospice Agency

Date: August 25, 2022

Time: 1500 - 1600

Location: Dublin Room

Sign In

Full Name	Credentials	Title	Department	Present
Nicole Reynolds	MSN, RN	Clinical Educator	Education	
Ashley Young	RN	RN	2 West	
Pat Lambert	RN, BSN	Patient Access Manager	Admin	
Paula Blake	RN	RN	2 West	✓

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