Tips for Nurses:
Palliative care

palliAGED
PALLIATIVE CARE AGED CARE EVIDENCE

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 older adults.

Why it matters: The prevalence of chronic life-limiting conditions and the number of older people requiring palliative care is increasing. Nurses in aged care have a key role in assessing individual needs and supporting the person, their carers, and families in line with their care goals.

What I need to know: The aim is to support people with life-limiting illness to live the best life they can to the end.

Dementia, cancer, and advanced heart, lung, kidney and liver disease, are all examples of life-limiting chronic conditions. People with these conditions can benefit from palliative care in addition to usual acute and primary care as needed. The time course from diagnosis to death varies.

Palliative care is a person-centred approach that can be provided by all health professionals as part of everyday care. A palliative approach includes managing common symptoms and medicines, minimising pain and discomfort, and providing emotional, spiritual, social, and cultural support. The timing of palliative care varies for each person and condition and may be introduced early, alongside active treatment or ongoing daily support.

Common care issues include:

- pain
- dyspnoea
- dysphagia
- constipation
- anxiety
- dry mouth
- fatigue
- depression.

Some people experience complex or escalating needs that are difficult to manage with a generalist palliative approach. Persistent or poorly managed symptoms, increasing distress, or complex needs may indicate need for referral to a specialist palliative care team.

Actions

As a person's needs change, palliative care helps with care planning, declining health, dying, and bereavement.

A complete biopsychosocial history should be documented and include the presence of any life-limiting or chronic illness.

Refer to the person's advance care directive when planning palliative care. Consider psychosocial needs, review symptoms and emotional and psychological needs. Allied health professionals may assist in providing care.

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

- less interest in doing things previously enjoyed
- changes in how they act and talk
- less interest in food and eating
- weight loss
- being less physically active e.g., getting slower and less mobile
- incontinence
- difficulties swallowing.

Notify the prescriber or other health professional if you notice any adverse reaction to medications for pain or other issues. A review by a pharmacist may identify concerns with medications.

Tools

In line with the policies of your organisation the following tools may be useful:

SPICT tool helps to identify people who are declining in health who might benefit from better supportive and palliative care.

Needs Assessment Tool: Progressive Disease (NAT:PD) is a one page assessment tool.

Name:

My reflections:

How many of the people I care for would benefit from palliative care? What changes would prompt me to make a referral to a GP or palliative care specialist?

Careworkers spend a lot of time with the older people I care for. In my organisation how do they relay information to nursing/supervisory staff?

How do I support the team that I work with to provide palliative care?

My notes:

See related palliAGED Practice Tip Sheets:
Advance care planning
End-of-life care pathways
Pain management

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