

NORMS *of* PRACTICE

The Process of Providing Care

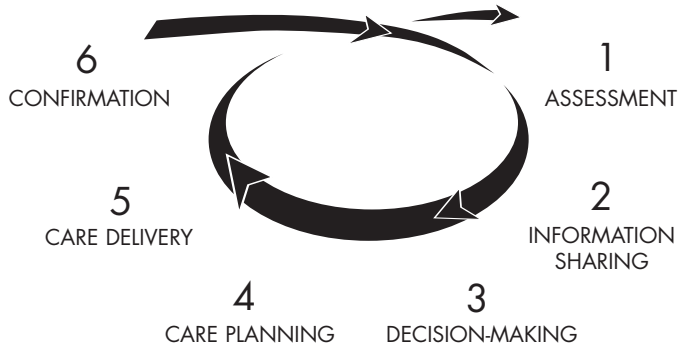
ESSENTIAL AND BASIC STEPS DURING A THERAPEUTIC ENCOUNTER

6. CONFIRMATION

- Understanding
- Satisfaction
- Complexity
- Stress
- Concerns, other issues, questions
- Ability to participate in the plan of health care

5. CARE DELIVERY

- Careteam
 - Composition
 - Leadership, coordination, facilitation
 - Education, training
 - Support
- Consultation
- Setting of care
- Essential services
- Patient, family extended network support
- Therapy delivery
 - Process
 - Storage, handling, disposal
 - Infection control
- Errors



1. ASSESSMENT

- History of active and potential issues, opportunities for growth, associated expectations, needs, hopes, fears
- Examine with assessment scales, physical examination, laboratory, radiology, procedures

2. INFORMATION SHARING

- Confidentiality limits
- Desire and readiness for information
- Process for sharing information
- Translation
- Reactions to information
- Understanding
- Desire for additional information

4. CARE PLANNING

- Setting of Care
- Process to negotiate and develop plan of care that:
 - Addresses issues and opportunities, delivers chosen therapies
- Includes plan for:
 - Dependents
 - Backup coverage
 - Respite care
 - Emergencies
 - Discharge planning
 - Bereavement care

3. DECISION-MAKING

- Capacity
- Goals for care
- Issue prioritization
- Therapeutic options with potential for benefit, risk, burden
- Treatment choices, consent
- Requests for:
 - withholding, withdrawing therapy
 - therapy with no potential for benefit
 - hastened death
- Surrogate decision-making
- Advance directives
- Conflict resolution

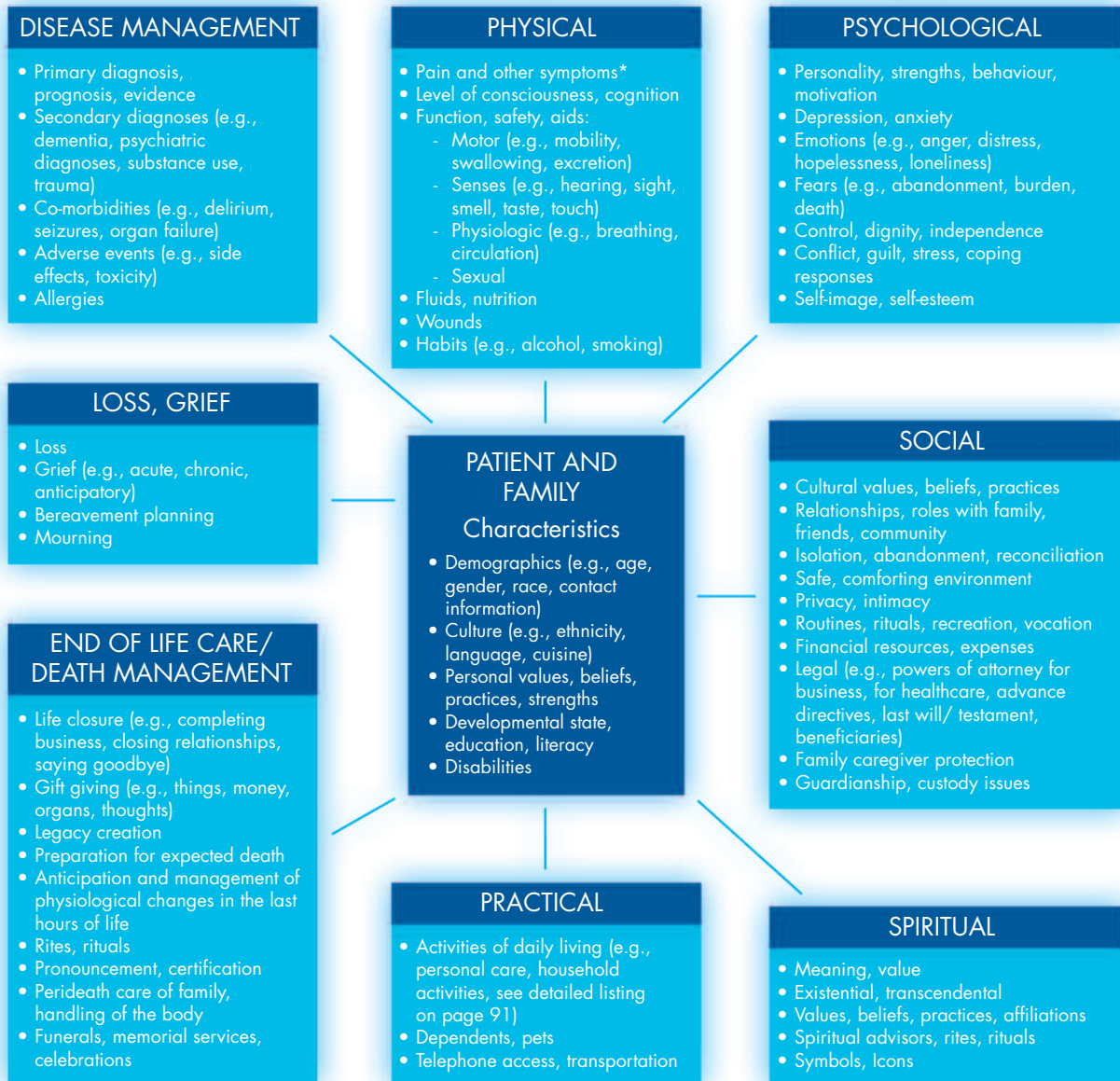
Adapted from Figure #10.

"While hospice palliative care has grown out of "care for the dying," the concepts can now be used to guide care at any point during an acute, chronic, or life-threatening illness, or bereavement." p.53

Source: A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice. Canadian Hospice Palliative Care Association (CHPCA). March 2002. 131C – 43 Bruyère Street, Ottawa, Ontario, Canada K1N 5C8.

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DOMAINS OF ISSUES ASSOCIATED WITH ILLNESS AND BEREAVEMENT



*Other common symptoms include, but are not limited to: **Cardio-respiratory:** breathlessness, cough, edema, hiccups, apnea, agonal breathing patterns. **Gastrointestinal:** nausea, vomiting, constipation, obstipation, bowel obstruction, diarrhea, bloating, dysphagia, dyspepsia. **Oral conditions:** dry mouth, mucositis. **Skin conditions:** dry skin, nodules, pruritus, rashes. **General:** agitation, anorexia, cachexia, fatigue, weakness, bleeding, drowsiness, effusions (pleural, peritoneal), fever/chills, incontinence, insomnia, lymphoedema, myoclonus, odor, prolapse, sweats, syncope, vertigo.

Adapted from Figure #7.

Providing a Shared Vision

"so that patients and families can realize their full potential to live even when they are dying." p.87

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