

PALLIATIVE AND END-OF-LIFE CARE IN THE EMERGENCY SETTING

Description

The scope of emergency nursing involves the care of individuals throughout the lifespan, thus it is common for emergency nurses to care for patients with advanced, serious illness or injuries or who are nearing the end of their lives.¹ Since much of the care in the emergency setting is focused on lifesaving measures and urgent or immediate care, it can be challenging to change direction in the midst of a complex and often chaotic environment to provide palliative and end-of-life (EOL) care. Challenges to providing this specialty care have been described as time constraints, lack of patient information, and societal expectations of emergency care.²⁻⁵

Multiple definitions of palliative and EOL care exist in the literature. The National Consensus Project for Quality Palliative Care defined palliative care as “patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.”⁶ Of note, palliative care is not solely reserved for patients at the end-of-life. Palliative care is given from the moment of diagnosis, concurrently with curative or disease-modifying therapy, as well as when illness is in its most advanced stages. Other sources further explain it as care that includes optimizing the quality of life; giving attention to emotional, cultural, social, and spiritual needs of the patient; involving family; preserving patient autonomy and rights; providing pain management; and supporting patient and family medical decision-making.²⁻⁵ Additional alternative care practices that allow the patient and family members to better manage the end-of-life experience include Allowing Natural Death (A.N.D.) and Physician Orders for Life-Sustaining Treatment (POLST).^{7,8} Integral to the core of these approaches is thoughtful, perceptive, open, and respectful communication.

A family has been defined in many ways. For the purposes of this position statement, the term “family” includes heterosexual or same-sex partners, with or without children, married or not, single-parent households, extended family members, and cohabitating couples, among others.⁹

ENA Position

It is the position of the Emergency Nurses Association that:

1. Emergency nurses perform an important role in providing life-sustaining treatment as well as providing palliative and EOL care.
2. Emergency nurses lead and manage collaborative efforts with physicians and other members of the health care team endorsing philosophies supporting quality palliative and EOL care in the emergency setting.¹⁰

3. Emergency nurses receive training, education, and mentorship on the topics of palliative and EOL care.⁵
4. Emergency nurses collaborate with specialized palliative care providers.
5. Emergency nurses assess and identify patients and families that may potentially benefit from this specialized approach to care.
6. Emergency nurses facilitate family presence during assessment, treatment, and resuscitation based on institutional policies and assist to develop such policies if they are not in place.^{11,12}
7. Emergency nurses use ethical principles including the involvement of their institution's ethics committee to assist in navigating through ethically challenging situations.⁵
8. Emergency nurses lead or participate in performance improvement projects to improve the care of individuals as well as to improve processes of care within and across health care agencies.¹³

Background

In 1997, the International Council of Nurses declared that it was a nurse's responsibility to help provide patients with a peaceful ending to life,⁵ and two years later the EOL Nurse Education Consortium and curriculum was created. In 2004, the National Consensus Project for Quality Palliative Care released care guidelines which were then endorsed by the National Quality Forum in 2006.¹⁴ In 2007, the national curriculum, Education in Palliative and End-of-Life Care-Emergency Medicine (EPEC-EM), was created to educate emergency nurses, physicians, social workers, and others about emergency-specific palliative and end-of-life care. Recently studies have reported on EOL care in the emergency setting, recommending guidelines for nurses,⁵ reporting nurses' identification of obstacles to providing EOL care in the workplace,² and looking at how the design of emergency departments impacts this approach to care.⁴ Obstacles to caring for this special population have been cited by emergency nurses as a lack of palliative and EOL care education, lack of facility policies and procedures, the scarcity of structured multidisciplinary care, and privacy issues.^{4,15}

References

1. Emergency Nurses Association. (2011). *Emergency nursing scope and standards of practice* (2011 ed.). Des Plaines, IL: Author.
2. Beckstrand, R. L., Giles, V. C., Luthy, K. E., Callister, L. C., & Heaston, S. (2012). The last frontier: Rural emergency nurses' perceptions of end-of-life care obstacles. *Journal of Emergency Nursing*, 38(5), e15–e25.

Download English Version:

<https://daneshyari.com/en/article/5863373>

Download Persian Version:

<https://daneshyari.com/article/5863373>

[Daneshyari.com](https://daneshyari.com)