

Have you ever showed up to do an admission and someone from the family meets you at the door and says, “We aren’t going to use the word ‘hospice’ with grandma.”

What? We can’t admit people to end of life care and not tell them they are dying!

This happened to me last week. Let’s talk about it.

**This is James Dibben, and welcome to the hospice nursing podcast!**

**Hello fellow hospice nurses and welcome to your show.**

**This is the only show that provides Practical Help for Hospice Nursing Success**

**I am James Dibben - Confessions of a hospice nurse . Net**

1. She met me at the front door.
  1. “Grandma knows you are coming, but we haven’t told her about hospice.”
  2. This patient has capacity
    1. When they don’t have capacity, and won’t be signing for themselves, it’s okay.
    2. When they do have capacity, we have to find a way to let them know it’s hospice
      1. Don’t get on your “Patients Rights” horse and go crazy
      2. Let’s get there, but we don’t have to make everyone mad in the process
2. For today’s show, we will move forward with a patient who has capacity, and the family just doesn’t want the shock of, “Hospice is here so we think you’re gonna die.”
  1. They don’t want grandma being lied to.
3. Don’t get in a rush
  1. Your goal is to get the patient to tell you they want end of life care
  2. It could be 30 minutes at least before you actually say the word hospice
4. Get the patient to tell you their story
  1. Get out the “Clinical data Sheet” and make some notes.
    1. I have updated the clinical data sheet. I’ll fix it on my website. Try to make a new YouTube video explaining how to use it for admissions.
  2. This isn’t wasted time. It’s strategy. You’re doing an assessment while your patient is talking
    1. Physical appearance
      1. Frail?
      2. Color?
    2. Signs of pain
      1. Do a PAINAD/FLACC assessment while they are talking
        1. Grunting
        2. Squirming
        3. Grimacing
    3. Dyspnea?
      1. Accessory muscles
      2. Shortened sentence
    4. Edema
    5. PPS
    6. Sleep

5. Once you get some of the story from your patient, start asking more questions
  1. Get the patient to tell you what they were like 6-12 months ago.
  2. Use the clinical data sheet - Read some of the categories on CDS
6. Now start talking about the hospice team
  1. A week in the life of a hospice patient
  2. Tell your audience
7. What are your goals of medical care?
  1. By this point “Hopefully” your patient has a really firm grasp of how much they have declined in the last year.
  2. Helpfully they will say something like, “I’m sick of going to the hospital.”
    1. Or you find something in their medical records and ask why they didn’t get treatment.
    2. Maybe they will say, “My body won’t handle the treatment for that.”
8. This is where you can land the plane.
  1. “There is a word for what you are telling me you want.”
  2. “There is?”
    1. Yes, you just described hospice.
    2. Do you know what hospice is?
9. There are generally 3 types of experiences people have with hospice
  1. No experience
  2. Short stay
  3. Long stay
10. Ask if they have any experience with hospice
  1. Then try to help them understand what it was they experienced

Join at [TheHospiceNursingCommunity.com](http://TheHospiceNursingCommunity.com)

It’s \$4.99/month - Case management series

1. Foundations
2. Medications
3. Visit Frequencies
4. IDG/IDT Meetings
5. Bedside Charting
6. Time Management
7. Care Plan Meetings
8. Documenting the comprehensive assessment

Please leave a review on your podcast provider (not just stars)

Call me 816-834-9191

Email me at [james@confessionsofahospicenurse.net](mailto:james@confessionsofahospicenurse.net)

Hospice doesn’t get easier. You just get better at it.

Let’s get better together.

This has been Episode 047 of the Hospice Nursing Podcast for January 21st 2024