

Advice and support



The role of domiciliary, respite and day services that may contribute to end of life care can be resumed such as the respite care service, by; they put their life on " pause" to provide the care that is required. It's a very important responsibility. The role of funeral directors that may contribute to end of life care is varied. A funeral director has many responsibilities that entail preparing the body for burial, making arrangements for viewing and services and coordinating all aspects of the service.

This includes making sure that the individual wishes and key people wishes are carried out including religious customs. 6. 2 The role and value of an advocate in relation to end of life care is to support and enable individuals to express their views and concerns, to access information and services, to defend and promote their rights and responsibilities, and to explore choices and options 6. 3 While using an advocate, individuals at the end of life and their key people can focus more on recuperation or end of life care rather than handling the details surrounding care.

Using the services offered by an advocate can reduce individual and key people stress, lessen the chance of treatment and billing errors and help foster a greater sense of cooperation between the individual, key people, medical professionals and health insurance providers. 6. 4 Support for spiritual needs, such as religious beliefs are especially important for an individual at the end of life because during a particular difficult event of life, such as end of life that is a major event of life, the faith of an individual will help to access, with prayers, to give courage and to accept the situation. 5 A range of sources of support to address spiritual needs can be found by having access to spiritual support from your local community faith leaders.

For example, if you are a member of the Christian religion, you can access spiritual support by going in your own church and determine the spiritual needs that cover your faith best.

To resume, a range of sources of support to address spiritual needs means to have access to related spiritual support in accords of respect of your own beliefs, religion and culture. 7 7. 1 Line manager or Social worker: Support would best be offered by other members of the team such as, line manager or social worker, when an individual need to organise help with housework, shopping and cooking, or a personal care assistant to help with tasks such as washing and dressing.

Religious representatives: Support would best be offered by other members of the team such as, religious representatives, when an individual's religious factors or cultural beliefs may impact on the decision making process of end of life care and so it is important to determine as far as possible whether they practised any particular faith as well as being able to ascertain cultural beliefs.

Specialist nurse: Support would best be offered by other members of the team such as, specialist nurse, because a specialist nurse, district nurse or GP can tell to an individual how to access these healthcare professionals and about the specific types of help and support available in the area of the individual. Occupational or other therapist: Support would best be offered by other members of the team such as, occupational or other therapist, because they can visit the individual at home to assess whether specialist equipment that would help the individual to move around and to be able to do as much

as possible the individual can do. . 2 Specialist palliative care nurses:

Specialist palliative care nurses are experienced in assessing and treating your symptoms and also provide counselling and emotional support for you and your carers. Most specialist palliative care nurses work closely with a wider hospital or community palliative care team, which includes doctors and other healthcare professionals. Specialist palliative care nurses are sometimes referred to as Macmillan nurses. However many Macmillan professionals are nurses who have specialist knowledge in a particular type of cancer.

You may see them when you're at clinic or in hospital. Doctors: Doctors specialising in palliative medicine give expert medical advice on managing people with advanced disease. They work closely with palliative care nurses and may visit people at home if needed. Nurses: Some community palliative care teams have nurses who can visit you at home and provide practical care such as washing, dressing and giving drugs. A specialist palliative care nurse will usually arrange care from these nurses.

Physiotherapists: Physiotherapists can help ill people to move around. They can also help with pain relief and if you have breathing problems.

Counsellors: Counsellors are trained to help people in all types of situations.

Seeing a counsellor can help people to understand and express their feelings, and cope better with their situation. Spiritual care coordinators or

chaplains: Spiritual care coordinators or chaplains offer spiritual care and

support for an individual. 8. 1 To support individual's care through the process of dying in my own role, means I will use the correct techniques; that include; timings; hygiene; use of equipment; safe disposal; and recording

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information, to offer appropriate support to individuals and key people such as family, friends, carers and others with whom the individual has a supportive relationship when they have been told about the time-scales of the individual's death and the process of their dying.

I will treat the individuals with values that adherence to codes of practice or conduct where applicable to my own role and the principles and values that underpin in my work setting, including the rights of children, young people and adults.

That include the rights; to be treated as an individual; to be treated equally and not be discriminated against; to be respected; to have privacy; to be treated in a dignified way; to be protected from danger and harm; to be supported and cared for in a way that meets their needs, takes account of their choices and also protects them; to communicate using their preferred methods of communication and language; and to access information about themselves.

Preferred method of communication and language can include the individual's preferred spoken language; the use of signs; symbols; pictures; writing; objects of reference; communication passports; other non-verbal forms of communication; human and technological aids to communication. Also, I have to take into consideration, factors that may affect the health, well-being and development of individuals.

Such factors may include adverse circumstances or trauma before or during birth; autistic spectrum conditions; dementia; family circumstances; frailty; harm or abuse; injury; learning disability; medical conditions (chronic or

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acute); men health; physical disability; physical ill health; poverty; profound or complex needs; sensory needs; social deprivation; and substance misuse.

Caring out my own role, to support an individual's care through the process of dying, request a perfect hygiene and use of the personal protective equipment; such as apron, gloves and mask. Infection control is very important, washing of hands before and after wearing of personal protective equipment according to my workplace policy. For example; after disposed of my apron, gloves and mask in the clinical waste bin, I will washes and dry my hands thoroughly with the full hand washing technique to not contaminate myself or others.

Where possible, I will promote active support that encourages individuals to do as much for themselves as possible to maintain their independence and physical ability and encourages people with disabilities to maximise their own potential and independence. I will provide individuals with privacy and facilities to meet their immediate needs and give them time to adjust to the knowledge that they are dying. I will communicate with the individuals using their preferred method of communication and language, in an appropriate manner, and at a level and pace with which they are comfortable.

I will support individuals and key people to identify any information they want. I will work with others people within and outside my organisation that are necessary for me to fulfil my Job role, to enable the information requested by individuals and key people to be accessed, within confidentiality agreements and according to legal and organisational

requirements, and I will complete records in ways that can be understood by all who are authorised to access them.

In my own role, to support individual's care through the process of dying, means I will provide appropriate support and time to individuals who wish to express their feelings and communicate their concerns and to express their beliefs and preferences about their death, but in the same time, I will avoid pressurising them to talk about their death. Where an individual finds it difficult or impossible to express their own preferences and make decisions about their life, achievement of this standard may require the involvement of advocates or others who are able to represent the views and best interests of the individual.

Where there are language differences within the work setting, achievement of this standard may require the involvement of interpreters or translation services. Some individuals that have their key people, may want to identify the people they wish to be informed about their death, so I will contact calmly and without delay, the identified people so that they can be with the individuals when they die. I will fulfil any wishes expressed by individuals that are within my own role, responsibility and competence.

Appropriate action have to be take to inform others people within and outside my organisation of changes to individuals' condition and any expressed wishes and preferences, that means I have to record and report on actions, procedures and outcomes within confidentiality agreements and according to legal and organisational requirements within my work place. Last, I have to manage appropriately any of my own feelings that have been

aroused by the individual's death. 8. Addressing any distress experienced by the individual promptly and in agreed ways through the process of dying, do echo to understand the distress due to end of life care through the process of dying for an individual. End of life care encompasses alliative care, which focuses on managing pain and other distressing symptoms, providing psychological, social, and spiritual support to individuals, and supporting their key people such as; family members; friends; individual's carers; and others with whom the individual has a supportive relationship.

Palliative care can be provided at any stage in the progression of an individual's illness, not only in the last days of an individual's life when the focus of treatment has generally moved from trying to actively manage disease and prevent deterioration to managing the individual's symptoms and keeping the individuals comfortable. The most difficult and sensitive decisions through the process of dying are often those around starting, or stopping, potentially life prolonging treatments such as cardio pulmonary resuscitation, renal dialysis, clinically assisted for nutrition and hydration, and mechanical ventilation.

These treatments have many potential benefits including extending the lives of the individuals who otherwise might die from their underlying condition. But in some circumstances they may only prolong the process of dying or cause to the individual unnecessary distress. The benefits, burdens and risks of these treatments are not always well understood and concerns can arise about over or under treatment, particularly where there is uncertainty about the clinical effect of a treatment on the individual, or about how the benefits and burdens for that individual are being assessed.

Doctors and nurses, with other members of the team, such as; line manager, religious representatives, specialist nurse, occupational or other therapist, social worker, GP, district nurses, nurses who specialise in a specific disease, specialist palliative care nurses, physiotherapists, counsellors, spiritual care coordinators or chaplains, and key people involved in the decision making process may also be unclear about what is legally and ethically permissible, especially in relation to decisions to stop a potentially life prolonging treatment. 8. To adapt support to reflect the individual's changing needs or responses, make think why the individual needs or responses are changing. Individual's changing needs or responses can be cause due to many factors. Be aware of possible signs of dementia in the individuals with whom you work. Dementia is a term used to describe various different brain disorders that have in common a serious loss of brain function that is usually progressive and eventually severe, in an individual previously unimpaired, beyond what might be expected from normal ageing.

That means, when individuals seen confused in their needs or responses, it's can be cause of dementia. In the majority of situations, change might be in relation to; changing environments (example ward to ward, hospital to home, home or hospital to residential care); changing physical and/or mental conditions and functioning; and sudden disability. Adapt support to reflect the individual's changing needs or responses are best meet with an Advance Care Planning.

Advance Care Planning is a process of discussion between an individual and the people in their support network. It usually takes place when it is expected that an individual's condition is likely to deteriorate and following

serious deterioration, the individual may not be able to make decisions or communicate their wishes. Make decisions or communicate the wishes of the individuals, pass through by many methods of communication, including; the objects of reference; communication passports; other non verbal forms of