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	RESOURCE INFORMATION
Resource Name	<p>99 COMMON QUESTIONS (AND MORE) ABOUT HOSPICE PALLIATIVE CARE: A NURSES HANDBOOK (3rd Edition)</p> <p>NOTE: This is a Capital Health, Regional Palliative Care Program owned resource consigned to the CHPCA Marketplace and developed in collaboration with the Pallium Project as part of Pallium Project (Phase II).</p>
CHPCA Item Order #	<p>CHPCA Item#0629 (\$14.95/unit + CHPCA Shipping & Handling fee) Check with <i>CHPCA Marketplace</i> designated contact first for institutional pricing on volume orders</p>
Intended Instructional Uses	<ul style="list-style-type: none"> • Bedside decision support for the generalist RN/LPN – see full description extracted from book introduction which appears below; reference to support HPC-related staff development.
Resource Format	<ul style="list-style-type: none"> • Lab coat style handbook (approx 4"x6" and 3/4" thick); full color with color quick reference coding guide on left and right margin (see sample extraction from book below) and <i>Nursing Alert</i> and <i>Clinical Tip</i> icons throughout.
Alternate/Other Formats	No other format at present.
Availability/License Information	Single-title sale from Capital Health through <i>CHPCA Marketplace</i> (i.e., you purchase it, you own it outright)
Resource Development History	<p>Published by Capital Health's, Regional Palliative Care Program, the 3rd edition reflects the finished work of a one-year, blind peer review and pan-Canada dialogue among many of Canada's most experienced HPC practitioners. This lab-coat style pocketbook supports the general practice RN in bed-side decision making for case management and care coordination of patients and families experiencing advanced illness. It contains 104 common questions the general duty RN will encounter in home, hospice, hospital and long-term/continuing care settings and contains the Edmonton Symptom Assessment System (ESAS), the Faces Pain Scale, the CAGE Questionnaire, a table of equianalgesic doses of opioids and suggested strategies for energy conservation during advanced illness.</p>
Peer-review Status	National reviewers for the 3 rd Edition listed in the extracted description appearing below
Product Features	Symptom-based questions and suggested answers for effective nursing management in various community settings.
Special Instructions/Notes	None

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Physical

Pain ●

Anorexia ●

Constipation ●

Dehydration ●

Nausea ●

Delirium ●

Dyspnea ●

Edema ●

Integument ●

Oral ●

Fatigue ●

Circulatory ●

Spinal Cord ●

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Pain ●

Anorexia ●

Constipation ●

Dehydration ●

Nausea ●

Delirium ●

Dyspnea ●

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Who Will Use This Handbook?

This handbook was written to enhance the professional caregiver's capacity and confidence in offering hospice palliative care (HPC). Nurses working in a variety of settings, including home, hospice, hospital and residential or continuing care, are directly involved in caring for people requiring palliative services. These professional caregivers play a key role in addressing physical, psychosocial, and spiritual needs, providing practical support, coordinating services, and accessing palliative care specialists for more complex care situations. Many of these nurses have a limited educational background and current skills in HPC. Further, the opportunity to provide palliative services in a primary-care practice can be sporadic, making it difficult to maintain a high-level of current skill, especially in the absence of reminder tools, bed-side decision supports and resources.

What is Hospice Palliative Care?

Hospice palliative care aims to relieve suffering and improve the quality of living and dying.

Hospice palliative care strives to help individuals and their families:

- address physical, psychological, social, spiritual and practical issues and associated expectations, needs, hopes and fears,
- prepare for, and manage, self-determined life closure and the dying process, and
- cope with loss and grief during the illness and bereavement.

Hospice palliative care aims to:

- **treat** all active issues
- **prevent** new issues from occurring
- **promote** opportunities for meaningful and valuable experiences, personal and spiritual growth, and self-actualization

Hospice palliative care is appropriate for any patient and/or family living with, or at risk of developing, a life-threatening illness due to any diagnosis, with any prognosis, regardless of

Physical

Pain

Anorexia

Constipation

Dehydration

Nausea

Delirium

Dyspnea

Edema

Integument

Oral

Fatigue

Circulatory

Spinal Cord

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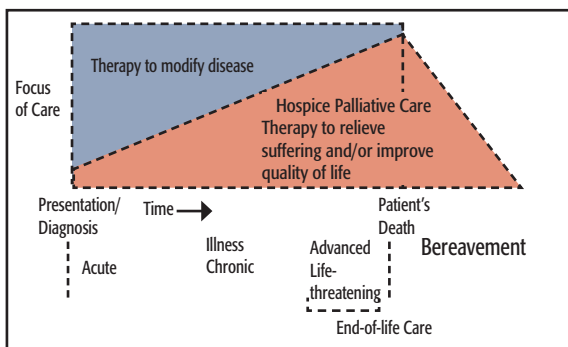
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age, and at any time they have unmet expectations and/or needs, and are prepared to accept care.

Hospice palliative care may complement and enhance disease-modifying therapy or it may become the total focus of care.

Hospice palliative care is most effectively delivered by an interdisciplinary team of healthcare providers who are both knowledgeable and skilled in all aspects of the caring process related to their discipline of practice. These providers are typically trained by schools or organizations that are governed by educational standards. Once licensed, providers are accountable to standards of professional conduct that are set by licensing bodies and/or professional associations.

The Role of Hospice Palliative Care during Illness



(Ferris *et al.*, 2002, p. 17-18)

How Was the Handbook Developed?

This third, national edition was published in 2006 by Capital Health's Regional Palliative Care Program (RPCP), in collaboration with The Pallium Project and the Canadian Hospice Palliative Care Association (CHPCA), following a review by acknowledged HPC professionals from across Canada. It is part of a joint commitment to ensure HPC is current and well-integrated, within Canada's primary health care renewal efforts.

A national review was undertaken in 2005 to ensure the handbook reflected the diversity of safe, ethical, and effective HPC practices across Canada. Experienced HPC practitioners from various primary, secondary and tertiary practice settings across Canada reviewed the 2nd edition, through a structured and blind peer-review process to validate the appropriateness and evidence of existing questions, identify additional questions, and identify additional or new evidence-based interventions or practices. Revisions were made to the handbook based on suggestions from the national review process. Subsequently, an editorial committee reviewed and integrated the revisions into a draft manuscript. Reviewers were given a second opportunity to comment on a consolidated draft manuscript, with the goal of moving towards a broad, national consensus which addressed the diversity of practice in Canada, while respecting the national commitment to align practices with the principles and norms outlined in the CHPCA Model to Guide Hospice Palliative Care and the Canadian Nursing Association HPC Nursing Standards.

The *Hospice Palliative Care Nursing Standards of Practice* include: defining the standard of nursing care expected by all those who are living with, and dying from an advanced illness; establishing requisite knowledge for the nursing care of persons and families with advanced illness; and supporting on-going development of hospice palliative care nursing. Within the process of developing and integrating the hospice palliative care standards, the Supportive Care Model (Davies & Oberle, 1990) was selected and adapted to clearly reflect hospice palliative care nursing practices. The six dimensions of the model – valuing, connecting, empowering, doing for, finding meaning, and preserving integrity – are believed to be reflective of hospice palliative care nursing in various care settings and geographical locations throughout Canada.

What is the Scope of the Handbook?

The handbook is intended as a “field guide” for the general practice RN and not as a textbook on palliative care nursing. It can be read from cover to cover or used as a resource to answer a particular question. The handbook has limited the explanations for each question to keep it compact and “user friendly.” Key

Physical

- Pain
- Anorexia
- Constipation
- Dehydration
- Nausea
- Delirium
- Dyspnea
- Edema
- Integument
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Psychosocial

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- Caregiver

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references are included following each topic for readers who are seeking more complete knowledge of a specific subject. A list of books and articles that have a general focus as well as pertinent web sites can be found at the end of the handbook. Some information has been organized under the headings of *Nursing Alert* or *Clinical Tip*.

Nursing Alert



Information found under the heading Nursing Alert is extremely important and needs to be considered prior to providing care.

Clinical Tip



Information found under the heading Clinical Tip assists with the implementation of care.

The handbook contains guidelines and general suggestions for treatment and care that must be individualized for the specific person and family. Suggested drugs and drug doses have been reviewed by expert hospice palliative care physicians. Information is provided about the maximum daily dose for the drugs that have a definite maximum dose. However, drugs such as opioids do not have a specific maximum dose and should be titrated to best analgesia with the fewest side effects. The drugs and drug doses were included in this handbook to assist nurses when consulting with the primary-care or attending physician about symptom management.

When possible the interventions in this handbook are evidence-based but at times the interventions are based on best practice standards or protocols. Since some nursing practices vary between provinces and even sites, some of the interventions are only suggestions and it is recommended that a nurse follows the standard or protocol provided by the place of practice.

The suggestions for care in this handbook can often be applied to people who are facing life-threatening illnesses other than cancer. The intention of this handbook is to serve as a resource for all nurses who provide palliative care regardless of diagnosis or practice setting. Content, particularly discussion of possible pharmacological interventions, are specific to an adult population and if caring for child it is important to consult a pediatric specialist.

Disclaimer

Care has been taken in the preparation of the information provided. Nonetheless, any person seeking to apply or consult these guidelines is expected to use independent clinical judgment in the context of individual clinical circumstances, or seek out the supervision of a qualified clinician. Capital Health, and the parties for whom it is legally responsible, makes no representations or warranties about the accuracy, reliability, completeness, currency, or timeliness of this document and specifically disclaims any such representations and warranties.

This handbook is not a substitute for, and does not provide medical advice. The material contained herein is for educational and informational purposes only and is not to be used for the direction of care of individual patients. It is general in nature and is not intended in any way to be a substitute for medical examination or professional medical or nursing advice, diagnosis or treatment. Always seek the advice of appropriately qualified and regulated health care providers with any questions you may have with regard to a specific medical condition that transcends your specific scope of regulated practice or professional competence. Never disregard or delay seeking consultative advice because of something you have read or viewed in the course of using this handbook.

Medication Conventions

For ease of reference, the convention which has been used throughout is to list the generic name of medications and give, as examples, common brand names used in Canada. You are advised to always verify the items discussed in this book against your approved local formulary.

Funding Acknowledgement

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