

MANAGING CONSTIPATION

What is Constipation?

- Bowel movements occurring less often than what is the normal pattern
- Hard stool
- Increased difficulty moving bowels

What to report to the Hospice/Palliative care team?

- No bowel movement in 2 days or a change in the frequency of bowel movements
- Pain, cramping or tenderness
- A feeling of fullness or bloating
- Nausea and/or vomiting
- Blood in stools
- Diarrhea or oozing of stools

What can be done?

The good news is that there is much you, your caregiver and the hospice/palliative care team can do for constipation. The team will always try to discover the underlying cause and discuss treatments with your healthcare provider.

- Record when bowel movements have occurred
- Drink as much fluid (liquids) as is comfortable. Drinking warm liquids has benefited many patients
- Eat more fruits and fruit juices
- Increase physical activity if possible. Walking short distances can be beneficial
- Sit upright on toilet, commode or bedpan
- Establish routine times for toileting
- Take laxatives/stool softeners as ordered by healthcare provider. Avoid bulk laxatives if not taking in enough fluids
- Notify hospice/palliative care team if constipation continues

MANAGING NAUSEA AND VOMITING

What is Nausea and Vomiting?

- Nausea is an unpleasant feeling that may occur in the back of the throat or stomach prior to vomiting
- Vomiting is the emptying of stomach contents

What to Report to the Hospice/Palliative Care Team?

- Amount and frequency of nausea and vomiting
- Description of vomited fluid

What can be done?

The good news is that there is much you, your caregiver and the hospice/palliative care team can do for nausea and vomiting. The team will always try to discover the underlying cause and discuss treatments with your healthcare provider.

- Record what causes you to feel nauseated or to vomit and what decreases the nausea and/or vomiting
- Sip carbonated drinks that have gone flat
- Avoid acid juices (such as cranberry, grape, apple)
- Drink sports drinks (such as Gatorade[®]) – with children use Pedialyte[®]
- Provide small amounts of salty foods (such as crackers, chicken broth)
- Avoid fried foods, milk products or those with strong smells
- Provide frequent mouth care
- Provide foods as requested by patient in small frequent amounts as large meals may be overwhelming
- Avoid strong odors such as perfume and deodorizers
- Avoid eating immediately after vomiting
- Try sips of water or ice chips before eating again
- Maintain a comfortable room temperature
- Avoid constipation
- Use medications as ordered by healthcare provider
- Contact hospice/palliative care team if nausea/vomiting continues



PATIENT / FAMILY TEACHING SHEETS

MANAGING SHORTNESS OF BREATH

What is shortness of breath or dyspnea?

- A personal experience for each individual
- An uncomfortable feeling of having difficulty breathing
- Can be described as not getting enough air (a feeling that you cannot get your breath), may feel like the room is closing in, or there is not enough air in the room

When should I be worried about my shortness of breath?

- When it stops you from doing what you want to do
- When it causes you or your family fear or anxiety, nervousness or restlessness
- Bluish discoloration of face, nose, fingers, toes

What can be done?

The good news is that there is much you, your caregiver and the hospice/palliative care team can do for shortness of breath. The team will always try to discover the underlying cause and discuss treatments with your healthcare provider.

- Record what makes you feel short of breath and what decreases it
- Increase air movement by using an open window or fan
- Keep room cool – cool cloths to face, air conditioner, a bowl of ice in front of a fan
- Keep your environment quiet to decrease feelings of anxiety
- Elevate your head or sit in chair or recliner
- Relax with spiritual support, yoga, calming music, massage
- Focus on your breathing – take slow, deep breaths or use breathing exercises that the hospice/palliative team has taught you
- Use oxygen as directed by your healthcare team
- Take medication as directed by your physician
- Notify the team if your shortness of breath is not relieved



PATIENT / FAMILY TEACHING SHEETS

HOSPICE AND PALLIATIVE CARE

What is Hospice and Palliative Care?

- Hospice and palliative care addresses the needs of patients and their families who face illnesses that cannot be cured.
- Hospice and palliative care respect the patient's goals, preferences and choices.
- The whole person is cared for including physical, emotional, social and spiritual needs.
- The family is supported as well.
- Family is considered to be whoever the patient says they are.

What is the Hospice/Palliative care team?

- Hospice and palliative care is given by a team of people knowledgeable in end-of-life care.
- The team is made up of many members including but not limited to: nurses, nursing assistants, clergy and spiritual counselor, social workers, physicians, pharmacists and volunteers.
- Additional team members will be asked to assist with any special needs that the patient and family may have.
- The team communicates with the patient and family as well as each other to assure that the patient and families' needs are being met.

What can be done?

- The good news is that there is much you, your caregiver and the hospice/palliative care team can do for the problems that are encountered at the end of life.
- The team will always try to discover the underlying cause and discuss treatments with your healthcare team.