



A CLIENT CARE MODULE: UNDERSTANDING HOSPICE



...Developing top-notch caregivers, one inservice at a time.

www.knowingmore.com



A Communication Skills Module:
TALKING ABOUT DEATH

We hope you enjoy this inservice, prepared by registered nurses especially for caregivers like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

THANK YOU!

After finishing this inservice, you will be able to:

Discuss the basic principles of hospice care and why it can be beneficial as a client nears the end of life.

*

Discuss the difficult factors that go into making a decision to choose hospice.

*

Describe how to care for the whole family in hospice.

*

Describe palliative care and how it relates to hospice.

*

Demonstrate your knowledge of the terminally ill in your daily work with hospice clients.



Inside This Inservice:

<i>The History of Hospice</i>	2
<i>Who Receives Hospice?</i>	3
<i>Choosing Hospice</i>	4
<i>What is Palliative Care?</i>	5
<i>Tips on Caring for Hospice Clients</i>	6-7
<i>Caring for the Family</i>	8
<i>End of Life Care</i>	9
<i>Communication Tips</i>	10
<i>Caring for Yourself</i>	11

© 2020 In the Know
www.knowingmore.com
 Expires 12/31/2022

IMPORTANT:

This topic may be copied for use within each physical location that purchases this inservice from In the Know. All other copying or distribution is strictly prohibited, including sharing between multiple locations and/or uploading the file or any portion thereof to the internet or to an LMS (unless a license to do so is obtained from In the Know).

In accordance with industry standards, this inservice material expires on December 31, 2022. After that date, you may purchase a current copy of the materials by calling 877-809-5515.

A Client Care Module: Understanding Hospice

WHO NEEDS HOSPICE?

Meet Brenda



At 92, Brenda was suffering from advanced pancreatic cancer. She'd fought it for a year. But after several health setbacks, she now spent most of her days asleep.

Brenda's daughter recalls her mom holding her hand and whispering, "I'm ready to go." She was satisfied with a life well-spent. She'd raised four children and experienced the joy of grandchildren and great-grandchildren. She retired years ago from a satisfying career as an elementary school teacher.

The family decided it was time to reach out to hospice for help.

This Is Roger



At 56, Roger seemed too young to die. But he'd already suffered two strokes and was left unable to walk or talk. His health was deteriorating and he was completely dependent upon others for his care. However, Roger had never married or had children. He lived alone.

The hospital reached out to Roger's family to discuss his ongoing care needs. His sister Rhonda agreed to oversee his care.

The social worker at the hospital strongly urged Roger's sister to consider hospice care. But Rhonda refused to believe Roger was dying. She thought that choosing hospice meant there was no hope for recovery. So, she declined.

What Is Hospice?

Hospice is a healthcare philosophy and practice that focuses on caring, not curing. People who receive hospice are generally facing a terminal illness or other life-limiting condition. Hospice provides medical care, pain management, and emotional and spiritual support to the client and the client's family.

THE HISTORY OF HOSPICE

"Hospice" belongs to the same family of words as hospitality, host, hostess, hotel, and hospital. And what do all these words have in common? They focus on being kind and caring to strangers. This has been the idea behind hospice for centuries.

In Medieval times, hospices were usually run by monks. These religious men took in sick, tired, or hungry people who had nowhere else to go. People who were dying were treated as honored guests who were on a journey to meet God. If hospice workers were unkind to any guest, they were whipped and made to eat only bread and water for a week!

For most of history, families took care of their own loved ones at home—from the time they were born until they died. But, in modern times, the healthcare industry has taken more and more responsibility. Instead of being born at home, most babies are born in a hospital. And, instead of dying at home, most people end their lives in a healthcare facility.

"You matter because you are you. You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but also to live until you die."

~ Dame Cicely Saunders,
founder of Hospice



Dr. Cicely Saunders developed what we know as modern hospices in England in the 1940s. The first hospice in the U.S. opened in 1974 in Connecticut.

Today, hospice combines the comforting power of modern medicine with the "old fashioned" support of caring hospice workers and loving families.

WHERE DOES HOSPICE CARE HAPPEN?

There are more than 4000 hospice programs in the U.S. Hospice services are available to people wherever they choose to spend their final days. This includes:

PRIVATE HOMES

- A hospice client may live at home or in the home of a friend or family member.
- More than 55% of all hospice care is delivered in private homes.

NURSING & ASSISTED LIVING HOMES

- Just over 40% of all hospice care is delivered in skilled nursing and assisted living facilities.
- If the nursing home provides hospice care on a regular basis, it may have its own hospice team. If not, an outside team of hospice workers may visit the client in the nursing home.

FREESTANDING HOSPICE FACILITIES

- Many large hospices have their own facilities where clients come for care. These facilities tend to be located in cities.
- Remember that not all hospice clients want to die at home. For them, receiving hospice care in a facility might be a better option.

HOSPITALS

- Some hospitals provide hospice care. They may devote a special floor or wing to hospice clients—and have a specially trained hospice team.
- Less than 1% of all hospice care is delivered in a hospital.



WHAT'S NEW?

Grab your favorite highlighter!

As you read this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your co-workers!

WHO RECEIVES HOSPICE CARE?

Before a client receives hospice care, the hospice team reviews the client's disease history, current symptoms, and life expectancy. Then, they meet with the client and the family to discuss hospice philosophy and services, pain management, and equipment needs.

People who receive hospice care:

- Are usually in the last six months of their lives.
- Can be any age, from a child to a senior citizen.
- Can be of any religion...or of no religion.
- Have terminal illnesses such as cancer, AIDS, lung diseases, heart disease, nerve disorders, or Alzheimer's disease.
- Often have a friend or family member who helps care for them.
- Can be wealthy, poor, or in between!

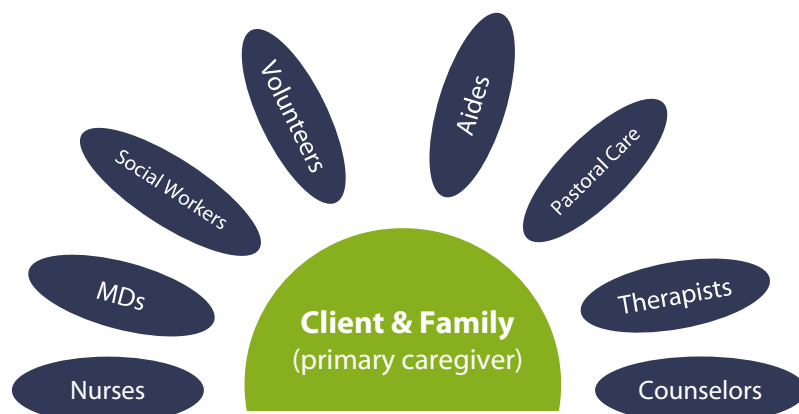
What services are generally provided?

The hospice team prioritizes:

- Managing the client's pain and other symptoms.
- Providing the client and family members with emotional, psychosocial, and spiritual support.
- Providing medications and medical equipment.
- Instructing the family on how to care for the client.
- Providing grief support and counseling to surviving family and friends.

Who is on the hospice team?

A family member typically serves as the primary caregiver while an interdisciplinary team of professionals surrounds them with services.



Caregiver's Role

Remember Roger?

Roger's caseworker recommended hospice services for Roger. But, his sister, Rhonda refused. She didn't think his condition was terminal and she had faith that he could recover.

What would you tell Rhonda if she asked for your advice on the matter? Keep in mind:

- She has every right to refuse hospice care.
- It is possible for healthcare professionals to be wrong about how long a person has to live.
- It's also true that people have the right to change their minds. If they begin hospice care and don't like it or want to try some new "cure" for their disease, they can be discharged from hospice.
- Most insurance plans allow people to start hospice *again* at a later time.

CHOOSING HOSPICE . . . IT'S NOT ABOUT GIVING UP

Of the 2.5 million Americans who die each year, nearly 40 percent are under the care of a hospice team. While the number of Americans choosing hospice is on the rise, there are still some barriers that keep many from making the choice:

- The decision to switch to hospice care can be a difficult one to make—for the sick person, his family, and his doctor. For some, it feels like “giving up,” so they refuse hospice.
- Some physicians don't like to bring up the idea of hospice. (Did you know that in most medical schools, the idea of hospice is never talked about? Remember, doctors are taught to fight disease. So, to them, hospice means they've lost the battle.)
- Studies have shown that many doctors overestimate how much time their patients have left to live. For example, the doctor guesses that Mrs. Jones has one year left to live, so she doesn't qualify for hospice. (Her insurance requires that her life expectancy be six months or less.) But, Mrs. Jones dies in just two months—without hospice.
- Fear of dying, either from the client or from family members, can make it hard to switch to hospice care.
- Many clients choose hospice when they are so sick that they die within a few days. This doesn't give the hospice team much time to provide the necessary support and counseling to the client or the family.
- Not enough people know what hospice is all about. That's why it's important to educate people about the benefits of hospice care. Ask your supervisor how you can help spread the word about hospice in your community.

REMEMBER:

Hospice isn't for everyone. People have the right to decide against hospice care. The important thing is that they understand the services that hospice offers so that they can make the best decision for themselves and/or their loved ones.

LEVELS OF HOSPICE CARE

The majority of people who receive hospice services are eligible for Medicare. Nearly 1.5 million Medicare beneficiaries receive one day or more of hospice services each year.

The Medicare Hospice Benefit offers clients **four levels of care** to meet their clinical needs:

LEVEL 1: ROUTINE HOME CARE is the basic level of care. It includes:

- Nursing, physician, and home health aide services.
- Counseling services (pastoral, bereavement, dietary).
- Medications, equipment, and supplies.
- Lab and diagnostic studies related to the terminal diagnosis.
- Therapy services.

LEVEL 2: CONTINUOUS HOME CARE allows the client to have a nurse and/or a home health aide that remains in the home for 8 to 24 hours per day. This is a short-term level of care that is reevaluated every 24 hours. Clients who have unrelieved pain, severer nausea and/or vomiting, or shortness of breath may require continuous care.

LEVEL 3: GENERAL INPATIENT CARE is for clients who have short-term symptoms so severe they cannot get adequate treatment at home. Inpatient hospice services may be delivered at a hospital, a long term care facility, or a free-standing facility owned and operated by a hospice company.

LEVEL 4: RESPITE CARE services may be needed if the family is having a difficult time meeting the client's needs due to caregiver stress or temporary circumstances. There is a five-day limit on respite care.

WHAT IS PALLIATIVE CARE?

Palliative care is also known as “comfort care.” Palliative care focuses on making a person comfortable by reducing or taking away the symptoms of an illness.

Remember Brenda? She has cancer. Her most bothersome symptoms are bone pain, decreased appetite, and bowel problems. The palliative care that Brenda receives includes pain medications, dietary support, and treatment for her bowel problems. None of this medical care will make her cancer go away. Instead, it will help keep her comfortable as her disease progresses.

People who choose hospice have made the decision to focus their medical care on comfort rather than on cure.

Together, the hospice team develops a plan of care for each hospice client. It includes doctor’s orders and a plan for what each team member needs to do to help the client and family. A hospice plan of care is very flexible. Depending on a client’s symptoms, it may change from day to day.

WHY IS PALLIATIVE CARE SO IMPORTANT?

If you ask people what they fear most about dying, many will say that they are afraid of being in pain. Controlling pain is a big issue for hospice clients—and their families.

Hospice workers are experts at controlling pain—both with medications and with other non-drug methods. And, every member of the hospice team is involved in managing a client’s pain:

- Doctors prescribe the best pain medication for each hospice client.
- Nurses observe the client to see if the pain medication is working. They keep in touch with the doctor and the pharmacist. They teach family members how to help reduce their loved one’s pain.
- Aides help manage pain by keeping the client clean, dry, and warm. They also help the client get into comfortable positions and report any complaints of pain to the nurse.
- Therapists help reduce pain by providing the client with necessary equipment such as a cane, a wheelchair, a bedside commode, or a trapeze for over the bed. They can also give massages or teach gentle stretching exercises to reduce the pain.
- Social workers, chaplains, and bereavement counselors help reduce the emotional and spiritual pain that comes with dying—and with losing a loved one.



Caregiver's Role

NON-DRUG PAIN RELIEF

There are some things you can do to help clients with pain — without a doctor’s order, including:

Distraction—Distract a client from pain by playing a game, watching television, or getting them to talk about the “old days.”

Backrub/shoulder massage—Offer a massage after a warm bath, before bed, or any time the need arises.

Music—Music can be a distraction and can reduce tension and anxiety.

Positioning—Immobile clients should be gently repositioned at least every two hours. Follow your workplace policy.

Reading—If your client can read, be sure to provide books, magazines, and newspapers. If your client is unable to read because of poor vision or other problems, offer to read to him or her.

Prayer—Research shows that prayer is the most common non-drug way of controlling pain.

TIPS FOR WORKING WITH HOSPICE CLIENTS

FOCUS ON EATING AND NUTRITION

- **Serve frequent, smaller meals:** Your hospice clients may prefer five or six small snacks during the day rather than three big meals.
- **Make it easy:** Keep in mind that it takes less energy to drink than to chew...so try offering “liquid food” like soup, a milkshake, or a supplement like Ensure. (Check with the nurse for the best food choices for each client.)
- **Never force a feeding:** As people near death, the digestive system slows down. This causes clients to lose their appetite. Family members may be concerned when their loved ones don’t want to eat. Remind them that forcing food at this point can cause discomfort, choking, vomiting, or diarrhea—and that it’s natural for the client to eat less at this time.
- **Provide mouth care:** Provide frequent mouth care to keep the mouth fresh and moist. (It can be very painful if the tissues in the mouth become dry.)
- **Understand IVs and tube feedings:** Some of your hospice clients may be fed through an IV or a tube that goes directly into the stomach. Be sure you understand what you can and cannot do when it comes to IVs and feeding tubes. When in doubt, ask your supervisor.
- **Swallowing problems can be fixed:** If a client complains of being hungry, but is having trouble swallowing, notify your supervisor immediately. This problem can be treated. A speech therapist

or a dietician may visit the client to determine the best approach to solving the problem. You may be asked to help the family prepare soft or pureed foods for the client.

- **Recognize and report changes:** A loss of appetite doesn’t necessarily mean that the end is near. The client may simply be constipated! Be sure to document when your client has a bowel movement. And, report any change in appetite to the nurse.

FOCUS ON REST AND ACTIVITY

- You may find that some clients ask to sit in a chair, then ask to go back to bed, then ask to sit in the chair again...and so on! Please remember that the client may have a symptom of dying called “**terminal restlessness.**” Tell the nurse about the problem. There are medications that help relieve this symptom.
- **Remember that moving around can make pain worse.** Try to plan activities (such as bathing) for thirty to sixty minutes after your client has taken pain medication.
- **After spending a lot of time lying in bed, your clients may become dizzy when they try to sit up or stand.** Guard against falls! You may need a family member to help you transfer the client.
- **If your client is losing strength and needs additional equipment**—such as a walker or a bedside commode—be sure to tell the other members of the hospice team.

Caregiver Challenge

HOW CAN YOU HELP?

Brenda spends most of her time asleep now. And when she’s awake, she declines any offers to eat. She takes small sips of water if offered. This is very stressful for her daughter who is her primary caretaker.

One day, Brenda’s daughter tells you she spent all day making her mother’s favorite soup. She is sure her mother will eat this soup when she wakes up. But, Brenda refuses the soup and her daughter is heartbroken.

How will you comfort Brenda’s daughter at this time? What might you say to ease her grief and disappointment?

MORE TIPS FOR WORKING WITH HOSPICE CLIENTS

FOCUS ON SKIN CARE

Skin care is very important for hospice clients since they often spend a lot of time in bed or sitting in a chair. This puts them at risk for pressure injuries.

- Keep the client's bed clean, dry, and free from wrinkles. Change the linens if they become wet or soiled.
- Help your clients change position frequently and check their skin for reddened areas every day.
- Use pillows and pads to help position clients comfortably in their beds or chairs.

FOCUS ON BREATHING

Many people with a terminal illness experience breathing difficulties, especially shortness of breath.

- One way to give immediate relief from shortness of breath is to help the person sit up. If the client has a hospital-type bed, raise the head of the bed. Otherwise, place some pillows behind the client's back. This is just a temporary solution! Report any new shortness of breath to your supervisor right away.
- Some of your hospice clients may be receiving oxygen. Remember to follow oxygen safety rules. Remind the family not to smoke or light candles in the same room as the oxygen.
- As death approaches, it's common for people to breathe differently. For example, there may be longer and longer pauses between breaths. This can be scary for the family. Help them cope by reminding them that it's normal and that it's not painful.

FOCUS ON THE SENSES

- As the circulation slows down, there is less blood flow to the feet. Check your clients to make sure their feet aren't cold! (A pair or two of socks might help.)
- Don't wear strong perfumes when working with

hospice clients. Strong smells—even pleasant ones—can be nauseating to the client.

- Some clients may enjoy listening to some soft, restful music. Some like to have the TV on. Others prefer silence. Be sensitive to your client's preferences.
- Some clients may want their curtains opened so they can see outside. Others may want to keep it dark in the room. There is no right or wrong way. Let your clients stay in control over their environment.
- Remember that hearing is the last sense to go when someone is dying. Remind family members that their loved one can probably hear what they are saying.

FOCUS ON PSYCHOLOGICAL NEEDS

- Maintain a positive attitude during your work with hospice clients and their families. (But keep it natural. Don't put on a "phony" cheerfulness.)
- Be sure to respect the religious beliefs of your clients—even if you disagree with them. Don't share your personal views unless you are asked to do so.
- Practice showing empathic presence. Healthcare professionals are experts at solving problems or "fixing things." Empathic presence is the opposite of "fixing things." Empathic presence involves active listening, a relaxed but engaged body posture, eye contact and reassuring touch (when culturally appropriate), and listening to the emotions and needs of the individual. Empathic presence helps people feel heard and not alone.
- Try to "normalize" the experience. Clients and families need to hear that what they are going through is "normal." Although every person's experience of illness, pain, and death is unique, they will also benefit from hearing they are not "crazy," and that their feelings, fears, and even disease progression are "normal."

CARING FOR THE WHOLE FAMILY

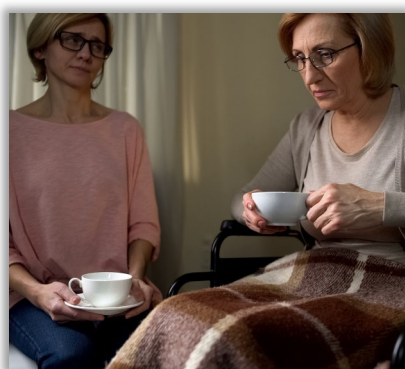
Hospice care is intended to look after the well-being of all the members of a family, not just the person who is terminally ill or dying.

According to the American Hospice Foundation, family members are involved as much as they would like in the emotional and social well being of the client

As a hospice care aide, it's important to understand the level of involvement each family member wants to take on. For instance, you'll want to identify the primary caretaker.

Family members typically take on the role of primary caretaker and provide most of the daily care for their loved one at home. They give medications, help with mobility and comfort, and help keep their loved one clean and fed.

- It can be difficult for a primary caretaker to see or admit that hospice care is needed. It may feel like admitting defeat. And it may be difficult to give up control over certain tasks to the hospice team.
- Reassure family caretakers that you are not there to replace them. Your role is to help them and their loved one live (and die) the way they choose.
- It's important to understand the client's and the family's wishes and to help them make those wishes a reality.
- If it's important for a daughter to bathe her



mother on her own, then it's appropriate to allow that to happen. You can offer advice on keeping her mother safe and even offer to do it if the daughter needs a break, but it's more important to allow the daughter and mother to complete the task they way they want.

- If your clients or their family members want to talk about dying, let them know you are there for them. Don't worry about saying exactly the right thing. The most important thing you can do is listen while they express their feelings.
- If you notice that a client's family members are overwhelmed and exhausted, tell your supervisor. It may be possible to provide the family with "respite care" (during which the client is placed in a facility for a few days to give the family time to rest).

You must also be prepared to deal with "difficult" family members. Some family members may become angry, controlling, or critical in response to their own fear, anxiety, or guilt.

- Try not to take their anger or criticism personally.
- Stay calm and focused to help them feel relaxed.
- Ask them to tell you everything they are worried about.
- Help them feel like a valued member of the client's healthcare team.

Caregiver Challenge

HOW CAN YOU HELP?

Rhonda provided round-the-clock care for six months for her brother before realizing his condition would not improve. He was hospitalized twice during that time for pneumonia. Rhonda finally admitted she needed help and called on hospice.

You are assigned to help bathe and feed Roger. But on your first day Rhonda spends three hours telling you how to do things the way she does them. When you don't do things exactly her way, she gets angry and threatens to have you fired.

How will you react to Rhonda's criticism? How can you help her feel empowered and secure enough to receive the help she needs to care for her brother?

END OF LIFE CARE

Nearly 85% of all hospice clients will die while under the care of the hospice team. Caregivers who work with hospice clients must be prepared to provide end of life care, including recognizing the symptoms of approaching death and performing post-mortem care.

Signs and Symptoms of Approaching Death

Some clients may experience the following symptoms as death nears:

- **Drowsiness:** You may see decreased responsiveness and increased sleep. Eventually, the client may become unresponsive.
- **Confusion:** Clients may become confused about the date and time, and about people and places. This is most distressing to family members.
- **Withdrawal:** You may see a decrease in communication as the client begins to mentally prepare to die. Experts say giving permission to "let go" helps the client die more peacefully.
- **Loss of appetite:** The body no longer burns energy, so it no longer needs to replenish its energy reserve.
- **Irregular Breathing:** Breathing may become decreased, shallow, and noisy. You may hear rattling or gurgling as fluids begin to build up.
- **Loss of bladder or bowel control:** The muscles of the pelvis begin to relax and make it impossible to control the bowels and bladder.

Performing Post-mortem Care

The following are general guidelines for handling post-mortem care. But it's important to know your workplace policy and follow those guidelines first.

- If no nurse is present, call the hospice RN first. He or she will examine the person and call the time of death.
- If family members are present, give them time and space to say good bye.
- It's common for the body to release the bladder and/or bowels at the moment of death. Offer to clean this up so the family can enjoy the final good bye without the odor and mess.
- Some families will want to bathe and dress their loved one at this time. Offer to help as needed.
- If the family would like you to clean and dress the deceased, gently straighten the body so it is lying arms and legs straight. Gently close the eyes and mouth if needed.
- Bathe the body gently with warm water.
- Allow the family to choose a clean outfit, if desired. Then brush hair as needed.

Caregiver's Role

WHEN A CLIENT DIES

When a client dies in the home, you will be required to stay until a nurse arrives to officially pronounce the death.

Ask family members what you can do to help. This may involve making phone calls, answering the phone, comforting family members, or making coffee.

Do what you can to keep the atmosphere calm. Keep lighting low, turn off the television, and speak in a calm, low voice.

If family members seem bewildered or helpless, gently suggest a task to help them feel useful.

- A teenage girl can choose her grandmother's favorite dress.
- A young man can shave his grandfather's face.
- Others can be in charge of moving cars and/or furniture to make room for the mortuary team.

TAKING CARE OF YOUR SELF

When you care for dying clients and their family, the focus of care and support is on them. And, it should be! But, you have to remember to take care of yourself, too! Some things you can do are:

- **EAT WELL:** Take the time to fix meals at home. Food you prepare yourself at home is lower in sodium, processed carbohydrates and calories. Use the time it takes to cook the meal to reflect on your day and “let it all go.”
 - Share home cooked meals with your friends and family. It will help you feel more connected to the living after you’ve been surrounded by death and dying all day.
- **EXERCISE:** It takes a lot of strength and energy to care for a dying client. Exercise can help you build your strength and recharge your energy. Exercise also helps boost your mood. Getting your heart rate up triggers the release of endorphins. These are the “feel good” chemicals that give you a sense of peace and well-being!
- **RELAX:** Stress takes a toll on your body and mind. Its important to take time to relax. Whether you like to take a walk in the park, read a book, or just watch TV . . . take a little time every day to relax!
- **FEEL:** Give yourself permission to feel sad when you lose a client. Denying your feelings will do you no good. It will eventually come out in some other way.
 - It is healthy and normal for you to feel some degree of sadness after a client dies. But, if you feel like you are dwelling on it, or can’t shake it off, talk to someone. Your employer may have services available to help you deal with the loss.
- **RE-ENERGIZE:** When you begin to feel like you are running out of steam, find a way to re-energize! Take a day or two off if possible, take a short vacation, plan a night out with friends, see a movie, take a bubble bath.
 - Remember you can’t give away what you don’t have. So, if your energy is low, you can’t give the kind of care your client needs and deserves.
- **DON’T GET USED TO IT:** You may hear that dealing with death gets easier. That you’ll “get used to it.” But, that is just not true. You may become more comfortable with it, but if you ever “get used to it,” consider changing jobs. You will no longer be an effective caregiver if you become unable to feel and understand the feelings of dying clients and their family members.



Cargivers
Need 2 Know

**FIVE KEY
POINTS!**

1. Hospice is not a location. It’s a special way of caring for terminally ill clients and their families.
2. Hospice care: Focuses on comfort and dignity; keeps families together during the difficult time of losing a loved one; gives people control over their end-of-life care; and saves money.
3. People who choose hospice have made the decision to focus their medical care on comfort rather than cure.
4. Most people fear pain more than anything else. Hospice workers are experts at relieving pain, both with medications and with other non-drug methods.
5. Being a hospice aide is rewarding work that allows you to make a difference in the lives of your clients and their families.



A Client Care Module:
Understanding Hospice

EMPLOYEE NAME
 (Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.

Are you "In the Know" about Hospice? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

- Hospice is a healthcare philosophy and practice that focuses on:**
 - A. Comfort.
 - B. Curing disease.
 - C. Clinical trials for new medication.
 - D. Filing insurance claims.
- The majority of all hospice care is delivered in:**
 - A. Homes.
 - B. Assisted living facilities.
 - C. Hospitals.
 - D. Freestanding hospice facilities.
- Your client tells you she feels great and wants to stop receiving hospice services. You should tell her:**
 - A. You can't stop hospice services once they start.
 - B. It's okay to stop, but she won't be able to get the services back in the future.
 - C. She is free to stop and re-start services any time.
 - D. She's dying and needs the services to continue.
- A family who is having difficulty meeting the client's needs due to caregiver stress or temporary circumstances may need:**
 - A. Respite care.
 - B. Hospital care.
 - C. Assisted living.
 - D. None of the above.
- True or False**
 The only option to ease pain at the end of life is morphine.
- True or False**
 Palliative care is also known as "comfort care."
- True or False**
 Clients who refuse to eat at the end of life should be force fed for their own safety.
- True or False**
 One way to ease shortness of breath is to help the person sit up, if possible.
- True or False**
 Breathing may become decreased, shallow, and noisy when death is near.
- True or False**
 You should try not to feel sad when a client dies. It happens all the time and you should just get used to it.

