



Veteran Plan of Care Pilot

Assess and Plan for Post Traumatic Stress Disorder (+Soul Injury)
Interventions
<ul style="list-style-type: none"> • Include “PTSD” identification upon initial assessment • Identify on plan of care any interventions that the patient/family identify that will help with PTSD • Identify any Soul Injuries that may be surfacing by asking if patient served in a dangerous-duty military assignment. If yes, inquire if there is “anything from that assignment that might still be troubling you now?” • If the answer to the above is “yes”, ask if they want to speak to someone about that. If they do, make a referral to someone skilled in loss, grief, and forgiveness. (Do NOT minimize guilt with platitudes such as: “You were just following orders”, “You were just doing what you were trained to do,” etc.) • Validate the helplessness they may be feeling as they are becoming weaker, losing control, and losing their independence (recognize that helplessness may be acting as a trigger for the original helplessness they felt during the original trauma) • Rather than trying to increase their control (unrealistic at the EOL), Invite conversation about the difficulty of feeling so helpless, losing control, independence • Show patient/family a body-awareness technique such as the Anchoring Heart Technique that helps them learn how to allow peace and helplessness sit side by side together so they don’t have to try to numb out the helpless feeling with overly-controlling behaviors • If patient becomes agitated and/or has a paradoxical reaction to anti-anxiety medications, assess for PTSD (as opposed to “terminal restlessness”). Teach family members how to do the Anchoring Heart Technique. • If patient is stoic, give them permission to express their grief and sorrow. • Other Patient Specific:
Goals
<ul style="list-style-type: none"> • Create emotionally safe environment by reducing avoidable triggers, and help them learn how to make peace with unavoidable triggers (helplessness, death, loss of control, etc.) • Shorten the length of PTSD episodes by utilizing techniques to bring the patient a sense of normalcy • Other Patient Specific:
Planning and Assessing Pain and Other Symptoms
Interventions (Note – if you feel this is needed as not PTSD-specific)
<ul style="list-style-type: none"> • Identify a way to approach the patient individually to probe for severity and frequency of pain or other symptoms • Use a comparative approach. For example, if you assess that patient seems more/less uncomfortable than the last visit, ask if their pain or symptom is greater or worse than the last time you were there. • Consider under/over reporting of pain. Query the family or other caregivers who may know the history of the patient in self-reporting of pain or other symptoms. • Other Patient Specific:
Goals
<ul style="list-style-type: none"> • Pain and symptoms will be properly assessed allowing the caregiver to appropriately address the issues and alleviate discomfort for the patient. • Other Patient Specific:
Soul Pain
Interventions: (Note - Think more in terms of specific interventions that relate to PTSD and not general “do overs”/regrets that all people have)
<ul style="list-style-type: none"> • PTSD is difficult on relationships. Inquire if it has impacted theirs. If so, ask if they are interested in speaking with someone about forgiveness – for self and others. • Listen without judgement and do not diminish the strength of their feelings regarding the issue. • If patient is a Vietnam Veteran, assess if there are residual feelings from being mistreated by civilians when they got home. If so, discuss, apologize, and welcome home. • Develop a reconciliation plan that is meaningful to the patient (Note – reconciliation isn’t necessarily the goal, been focused on forgiveness)

<ul style="list-style-type: none"> Facilitate the plan
<ul style="list-style-type: none"> Other Patient Specific:
Goals
<ul style="list-style-type: none"> Patient will identify and accomplish any desired forgiveness that is made possible (Note - reconciliation should be up to the person who was hurt, not the patient).
<ul style="list-style-type: none"> Other Patient Specific:
Military Rituals
Interventions
<ul style="list-style-type: none"> Identify any desired salutations (Sir, Acknowledge Rank)
<ul style="list-style-type: none"> Identify desire for military funeral or flag draping (other rituals)
<ul style="list-style-type: none"> Ask about their desire for a pinning ceremony
<ul style="list-style-type: none"> Other Patient Specific:
Goals
<ul style="list-style-type: none"> Military rituals will be honored as per patient request/desire
<ul style="list-style-type: none"> Other Patient Specific: