

ELNEC- For Veterans

END-OF-LIFE NURSING EDUCATION
CONSORTIUM

Palliative Care For Veterans

Module 7 Final Hours

CASE STUDIES

Module 7: Final Hours

Case Studies

Module 7

Case Study #1

Mrs. Gayle Johnson: Going Home

Mrs. Johnson is a 58 year-old Army Veteran who was diagnosed with stage IV ovarian cancer two years ago. She served 8 years in the Army as a medic and had several deployments to the Middle East. Her husband Tom is also an Army Veteran, he served 4 years in the infantry. She was admitted to the VAMC three days ago with a bowel obstruction, dehydration, and cachexia (this is the third admission for these same symptoms in the past month). After discussing possible further treatment with her physician (i.e. more chemotherapy and/or potential inclusion into a clinical trial), Mr. Johnson, her husband, have decided to not continue further treatment and let “nature take its course.” “I have lost 70 pounds in the last 10 months and I am now at 94 pounds. My body, mind, and spirit tell me I have had enough. I am at peace with this decision,” says Mrs. Thompson.

As the RN caring for her in the hospital, you have contacted the home hospice service about her wishes to go home. Your goal is to make the transition as easy as possible. The hospice nurse comes to the hospital to visit with them before she is discharged from the hospital. Mr. Johnson confides to the hospice nurse that he is nervous and anxious to get his wife home. “I don’t know what to expect once I get her home.” “Do I have enough pain medicine for her and what if I run out?” “Will I be able to keep her comfortable?” “How will I know if she is actively dying?” “I am scared.”

Discussion Questions: Part 1:

1. As either the hospital or hospice nurse, how would you respond to these questions from her husband?
2. What would you want to have in the home to assist him?
3. As the hospice nurse, describe what you would assess once you arrived in their home for the first time?

Case Continued:

Three days after going home, Mrs. Johnson becomes unconscious. The hospice nurse comes to make an assessment and to speak with her husband. Both agree that she appears to be comfortable, though her breathing is quite labored. The hospice nurse recommends some morphine for her labored breathing. Mr. Johnson is afraid to give this to her, as he states, “I don’t want to give her too many drugs or I will kill her.” You reassure him that he would not be giving her too much and that the goal of care is to keep his wife comfortable. You commend him on the excellent job he has done in honoring his wife’s wishes of “just keep me comfortable.” Five hours later, she dies.

Discussion Questions: Part 2:

4. How would you address the statement “I don’t want to give her too many drugs or I will kill her?”
5. Is there potential for using evidence-based practice in this situation?
6. For those who work in acute care, substitute the fact that she goes home and instead stays at the VAMC. What if you were working with a new RN who had the same fears as her husband, regarding giving “too many drugs?” How would you respond to this new RN?

Module 7
Case Study #2
Mr. Abdullah Yusuf: A Case for an Advance Directive

You are a nurse on a Palliative Care team at a local VAMC. You have been seeing Mr. Yusuf for the past four months since his hospitalizations have increased due to severe symptoms from cardiomyopathy. The palliative care team has been vigilant about treating his symptoms, such as angina, edema, and dyspnea.

Mr. Yusuf, a Muslim, is 55 years old, has a wife and seven children (ranging from 4 years to 18 years of age). He served in Operation Desert Storm for one year before being honorably discharged due to his medical condition. His heart continues to deteriorate, and you notice a huge decline in his physical status since he was last admitted three weeks ago. He is going in and out of consciousness and has refused to sign an advance directive. Mrs. Yusuf states that she knows her husband is dying and requests that his bed be turned, so that it faces Mecca.

Discussion Questions:

1. Would you and the Palliative Care team proceed in obtaining an Advance Directive from this Veteran? Is one necessary currently?
2. What unique role does the nurse have in this situation?
3. How would you meet this Veteran's potential spiritual needs?
4. How would you manage his symptoms such as dyspnea, fluid overload, anxiety, hypertension, etc. in the realm of palliative care?
5. What are the possible needs of the wife, children, and other family members?

Case Study #3

Mr. Syd Hammond: Demons and Great Fear

Mr. Hammond is 69 years old. He has been in and out of the local VAMC for the past two years, due to hepatotoxicity. He served in Vietnam and was captured and held as a POW for several months. He admits to “heavy drinking” and also mistakenly overdosed on acetaminophen many times over the past few years (taking acetaminophen for headaches, plus acetaminophen with codeine for “aches-and-pains,” and sleeping pills with acetaminophen). He has been declining rapidly, especially over the past four months. According to his medical record, he was treated briefly in 1972 for PTSD. His record indicates that after four visits with the PTSD counselor, he refused to come back for further treatment. Two months ago, he had a heart attack. The cardiac surgeon has refused to do bypass surgery on him due to his poor health. He has signed a DNR and has an advance directive.

He has been divorced for 15 years, but remains a close friend to his wife, Anne. They have one son, but they have been estranged for over 20 years. Anne confides in you that she knows he is frightened to die. He told her last week that he had “already been to hell when he was a POW, and he is scared to go back.” She shared that he recently attended a funeral of a friend and remarked that he would like the same kind of military service when his time comes. She asked to call their priest over to talk to him, but he refused. She states to you that she does not know what to do from here.

You have spoken to his doctor and he believes that he has less than one week to live. You and the physician agree to move him to one of the palliative care suites in the VAMC.

Discussion Questions:

1. As the nurse caring for Mr. Hammond, how would you comment about Anne’s statement that “she does not know what to do from here?”
2. Though Mr. Hammond did not want to see the priest, what other ways could you care for his spiritual needs?
3. Should you encourage Anne to notify the son so he can make the decision to come and visit his father?
4. Once he has been moved to the palliative care suite, you will be the nurse caring for him. How will you conscientiously orchestrate a “good” death for him?
5. How have you met needs in the past of those Veterans who have suffered from PTSD? What members of the interdisciplinary team are contacted to consult?

Case Study #4

Mr. John Newman: Destitute and Homeless

Mr. Newman is an Army National Guard Veteran who served in Afghanistan. His mother said that “he came back a different man.” He became isolated, easily angered, and began drinking heavily. He moved out of his mother’s home because he believed she was trying to kill him. Despite her many efforts to get him medical attention at the VA, he was rarely compliant to go to appointments. Even if he kept an appointment, he would not get prescriptions filled, etc. He moved to the streets.

One day last week, one of his homeless friends saw him vomiting a large amount of blood. Mr. Newman said he had been doing that for awhile and it was proof that someone was trying to murder him. Yesterday, as he was vomiting, he became so weak and dizzy, that he fell unconscious on the street. The fall caused a large hematoma right above his left eye. One of his homeless friends waved down a driver and asked them to call 911.

Upon arriving to the VAMC, he remained unconscious, had a very weak pulse and was dyspneic. His blood pressure was 70/36 and he was transferred to the ICU where 10 minutes later he had a respiratory arrest. Aggressive CPR was done, and he was placed on a ventilator. After several tests, it was found that he had a life-threatening subdural hematoma. He was taken to surgery for a craniotomy to evacuate the hematoma. After surgery, he had recurrent bleeding, and his intracranial pressure began to rise. He also had a seizure. The team was having a very difficult time managing his respiratory distress and other life-threatening symptoms. His mother was contacted to come to the hospital immediately to discuss DNR status. Upon seeing her son and hearing that he had sustained major head trauma and respiratory arrest, his mother asked that he be removed from the ventilator. “That is not my boy. I lost my boy years ago in the war. He has been tormented for all of these years. I want him to be finally free and live in peace.”

After talking with the mother and doing several other tests to see if any other lifesaving treatments could be done for Mr. Newman, he was taken off the ventilator. He died two hours later in the ICU.

Discussion Questions:

1. If you were the nurse caring for Mr. Newman once the ventilator was removed, how would you have spent the two hours with him and his mother?
2. What comfort care would you have provided to both?
3. Does your facility have protocols for “death vigils?” Is your staff trained to manage the care needed in these difficult situations. If not, what can you do to promote education in this area? Does the “culture” of your institution need to be changed so that excellent care can be provided for both the Veteran and his/her family during this heart-breaking time?

4. How could you honor him in his last moments of life?
5. If he were a patient at your institution, would there be a special recognition/attention paid to his death? If so, what would it be?

Case Study #5

Mr. Efren Serbas: Conflict with a Son

Mr. Serbas is a 70-year-old Navy Veteran with advanced heart failure, chronic renal failure, and diabetes. Billy has been on peritoneal dialysis for the past 6 years and has had two episodes of septicemia. He and his wife agreed that they wanted palliative care services six months ago. Advance care planning was conducted, and an advance directive was signed at that time.

Mr. Serbas and his wife Reyna have four adult children. His wife is from the Philippines and most of their extended family live there. Their youngest daughter died two years ago of metastatic colon cancer. Two of the adult children live in the same city as Mr. and Mrs. Serbas and one son, Ed, lives in another state about 300 miles away. Ed has not seen his father in three years, and when he was contacted by his sister a month ago that his father was quickly deteriorating, he decided to come home for a visit. When he walked into the house, he was shocked, confused, and angry that his father was so ill. He demanded to talk with the hospice nurse—he wanted to know why his father had lost so much weight, why he was not eating, why his breathing was so “heavy,” and why his doctors are not treating him more aggressively. “My sister had hospice and you all let her die. I will not let you kill my father, too.” The hospice nurse arrives to the home to speak with Ed. Ed demands that his father be admitted to the hospital where “he can get constant care and nutrition through his veins.”

Discussion Questions: Part 1:

1. How would you respond to Ed’s demands?
2. How could you assist Ed in respecting his father’s wishes?
3. How could you use the other family members to assist with Ed’s anger and confusion?
4. Would you consider placing Mr. Serbas back into the hospital, per Ed’s demands? Why or why not?

Case Continued:

As the hospice nurse, you have been asked by the family to speak with Ed and to explain that his father has an advance directive. Mrs. Serbas is also present and she explains to Ed how his father’s health has deteriorated and that his wishes are “to let nature take its course”—without extra food or water. She goes on to explain to him that since his father requested palliative care services, in many ways his quality of life has improved. In addition, she informs Ed that his father’s implantable cardioverter defibrillator (ICD) will be turned off today, per his request.

Discussion Questions: Part 2:

5. Since Mr. Serbas has requested to have the ICD turned off, what does this tell you about his decision “to let nature take its course?”
6. How might this hospice nurse, who sees many patients like Mr. Serbas every day, take care of themselves so that they can care for others?

For those who work in acute care settings, you may change this case study to indicate this patient is hospitalized versus being at home.

Module 7
Case Study #6
Mr. Jim Jackson: Honoring a Soldier's Wish

Mr. Jackson is a 78-year-old Vietnam Veteran with severe chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), osteoporosis, and arthritis who lives alone in subsidized housing for the elderly. He is dependent on home oxygen and oral steroids. Other medications include diuretics, nonsteroidal anti-inflammatory drugs (NSAIDs), multiple bronchodilators, and respiratory medications. He states that he wants to avoid further hospitalizations for his disease, does not want to be intubated or resuscitated, and that he has a living will and durable power of attorney for health care in place. He is currently being followed by a registered nurse from the transitional care department of a home hospice agency. His two adult sons live out of state, and he has one married granddaughter in the area.

He has asked that someone from the Veteran's Department from his state come and visit him. He would like to have a full military funeral with all the ceremony that affords.

For the past seven days, he has been on oral antibiotics for acute bronchitis, but his overall condition has steadily declined. Today he is lethargic, unable to stand, and having difficulty swallowing his medications. The homecare nurse discusses his condition with him, his family, and his physician. They develop a plan of care to keep him at home until he dies.

Discussion Questions:

1. Given the information provided, what would you identify as a priority of care for Mr. Jackson?
2. What changes will need to be made to his medication regime? (Consider the change in health status and his age).
3. Regarding his request for a full military funeral, who would you need to contact to see that this wish was carried out?

Module 7
Case Study #7
Mr. Rafael Rocha: Terminal Restlessness

Mr. Rocha is a Marine Corps Veteran who is dying of liver failure. He served 20 years and did two tours in Iraq and one in Afghanistan. Over the past two days, he has become agitated, and this was diagnosed as “terminal restlessness.” Ativan was ordered and has been given prn. Unfortunately, he has a paradoxical reaction which causes him to become more agitated.

His wife confides in you that he has never talked about the war until the last few days. She has overheard him mutter “I didn’t mean to do it. I thought you had a gun.”

Discussion Questions:

1. Is Mr. Rocha confused?
2. How would you respond to his wife after she shared with you what she overheard?
3. Have you experienced these types of conversations before? If so, how did you respond?