

## Post Traumatic Stress Disorder (PTSD) Brief Practice Guide

Some Veterans near the end of life **re-experience the stress and emotions** that they had when they were in **combat**. Did this happen to him in the last month of life?

How often did the stress make him **uncomfortable**?

### **Bereaved families have valued:**

**Monitor Veterans' response to potential environmental PTSD triggers (e.g. pictures of combat scenes on the walls, other Veterans chatting about military service) and modify the environment accordingly.**

#### Palliative care teams recommend

- *Screening for PTSD on admission by social work, physician, psychologist.*
- *Staff receive training on PTSD and are knowledgeable about preventing triggers: calm environment, no loud noises, no touching without permission, no startling, gentle diversion from military TV channel or violent movies, TV content carefully monitored (guns, loud noises).*
- *Team gets family input on tips for how to provide better care for the Veteran, triggers to avoid, etc. Get Well Network (relaxation TV program) with function that allows screening out imagery related to past traumas (i.e., rain forest and Vietnam).*
- *A symptom approach to how PTSD impacts daily life, rather than focusing directly on diagnosis of PTSD; reassurance offered that it is normal for symptoms to show up at end of life.*
- *Education for family includes awareness that approaching death may trigger first sign of PTSD not previously diagnosed.*

### **Bereaved families have valued:**

**Offer both medication and non-pharmacological interventions to reduce agitation and anxiety among Veterans with cognitive impairment.**

#### Palliative care teams recommend

- *Staff responds calmly, reassuringly, meds to the ready, especially vigilant with WWII & Korean War Veterans who may not have been diagnosed previously.*
- *Compassionate staff provide care in a warm home-like setting to put Veterans at ease--less emphasis on meds, with more of an interaction/environment approach.*
- *Aromatherapy, Healing Touch, whirlpool tub, music therapy, recreation computer (games, music, old TV shows) also offered.*
- *Chaplain follows up with spiritual aspect of the impact of traumatic events at end of life, survivor guilt, guilt regarding war-time actions, provides spiritual interventions as appropriate.*
- *All Veterans with mental health issues discussed in daily huddles & weekly team meetings and referred to psychologist or psychiatrist as needed.*
- *No Veteran Dies Alone (NVDA) training program includes a presentation on PTSD. NVDA volunteers are often Veterans and form strong bonds with patients.*
- *Special certificates with Veteran's name & branch of service are presented with appreciation for service.*

### **Link to BFS Compendium:**

<https://dvagov.sharepoint.com/sites/VHACELImplementationCenter/default.aspx>