

# 10 • References

## Assessing pain in patients

Always ask about pain. Non-verbal patients can answer questions by nodding or with eye movements.

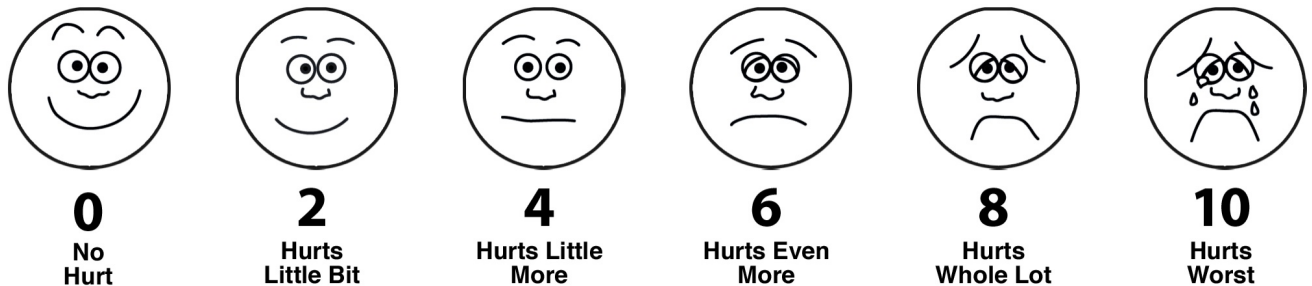
Every person copes with pain differently. Patients may express pain through:

- Facial expressions such as grimacing, frowning, and wrinkling the brow
- Restlessness, fidgeting, moving slowly, rocking
- Moaning, groaning, or crying out
- Rubbing or protecting a place that hurts

Patients in pain may have difficulty concentrating or may change their eating habits, behaviors, or activity levels. They may withdraw from family or friends, sleep more, or have difficulty sleeping.

You will record the pain rating from this scale on the Volunteer Visit Report.

### Wong-Baker FACES™ Pain Rating Scale



## Symptom Relief Kit

Mission Hospice Symptom Relief Kits include a number of medications for treating pain.

**As a volunteer, you should never touch or administer medications,** but you may find it helpful to know their purpose.

Medication	Dose	Purpose
Morphine Sulfate concentration (Roxanol)	.25ml / 5mg	For pain
Haloperidol (Haldol)	.5mg / 1 tab	For agitation, confusion, or nausea
Lorazepam (Ativan)	.5mg / 1tab	For anxiety
Atropine ophthalmic solution	1 drop in mouth	For an actively dying patient, to dry secretions in the mouth and stop gurgling
Prochlorperazine suppository	25mg	For nausea, vomiting
Acetaminophen suppository	650mg	For temperatures >101°F, if patient cannot take oral medications
Bisacodyl suppository	10mg	If no bowel movement in 3 days

## Non-emergency phone numbers

Here's who to call when you need assistance – for example, if the patient has fallen out of bed and you need help. **For patient emergencies, always call Mission Hospice first.**

Community	Police / Sheriff For general safety concerns	Fire Department If someone has fallen and needs help; for lift assists
Atherton	(650) 323-6131	(650) 368-1421
Belmont	(650) 595-7400	(650) 368-1421
Brisbane	(415) 467-1212	(650) 368-1421
Burlingame	(650) 692-0310	(650) 692-0313
Campbell	(408) 866-2121	(408) 299-3144
Colma	(650) 997-8320	(650) 755-1500
Cupertino	(408) 299-3233	(408) 299-3144
Daly City	(650) 992-1225	(650) 992-2313
East Palo Alto	(650) 321-1112	(650) 368-1421
El Granada	(650) 363-4911	(650) 368-1421
Emerald Hills	(650) 363-4911	(650) 368-1421
Foster City	(650) 286-3300	(650) 368-1421
Half Moon Bay	(650) 726-8286	(650) 368-1421
Hillsborough	(650) 579-3818	(650) 574-1155
Kings Mountain	(650) 363-4911	(650) 345-1611
La Honda	(650) 363-4911	(650) 345-1611
Ladera	(650) 363-4911	(650) 368-1421
Loma Mar	(650) 363-4911	(650) 345-1611
Los Alto Hills	(408) 299-3233	(650) 948-1071
Los Altos	(650) 947-2779	(650) 948-1071
Los Gatos	(408) 354-8600	(408) 354-8600
Los Trancos Woods	(650) 363-4911	(650) 368-1421
Menlo Park	(650) 325-4424	(650) 368-1421
Millbrae	(650) 697-1212	(650) 368-1421
Milpitas	(408) 263-1212	(408) 998-7212
Montara	(650) 363-4911	(650) 728-5500
Monte Sereno	(408) 354-8600	(408) 354-8600
Morgan Hill	(408) 779-2101	(408) 354-8600
Moss Beach	(650) 363-4911	(650) 728-5500
Mountain View	(650) 903-6395	(650) 968-4411

<b>Community</b>	<b>Police / Sheriff</b> For general safety concerns	<b>Fire Department</b> If someone has fallen and needs help; for lift assists
Pacifica	(650) 355-4151	(650) 368-1421
Palo Alto	(650) 321-4433	(650) 321-4433
Pescadero	(650) 363-4911	(650) 345-1611
Portola Vallev	(650) 363-4911	(650) 368-1421
Redwood City	(650) 369-3331	(650) 368-1421
Redwood Shores	(650) 369-3331	(650) 368-1421
San Bruno	(650) 877-8989	(650) 368-1421
San Carlos	(650) 802-4277	(650) 368-1421
San Francisco	3-1-1	3-1-1
San Gregorio	(650) 363-4911	(650) 345-1611
San Jose	(408) 277-8911	(408) 277-8911
San Mateo	(650) 522-7700	(650) 368-1421
Saratoga	(408) 299-3233	(408) 867-3896
South San Francisco	(650) 873-3333	(650) 873-3333
Stanford	(650) 321-4433	(650) 321-4433
Sunnyvale	(408) 736-6244	(408) 730-7180
Unincorporated San Mateo County	(650) 363-4911	(650) 368-1421
Unincorporated Santa Clara County	(408) 299-3233	(408) 299-3233
Woodside	(650) 363-4911	(650) 368-1421

# Self-care

## What do you imagine when we talk about self-care?

### Pitfalls of care

- Heroism – too many hours, I'm the only one. The antidote is to engage others.
- Burnout. Learn to pace yourself; find a place of rest in the middle of things.
- A sense of knowing what is best. Remember to not know, so the truth can emerge.
- Being controlling. Controlling with patients who have lost control. Not helping them regain control.
- Too attached to caregiving role; feeling special.
- Hiding behind the caregiving role – being the role instead of human to human. Covering up our fears.
- Interfering with the dying experience; trying to divert the dying. Talking too much, giving unwanted advice, entertaining the dying.
- Not recognizing boundaries. Sometimes boundaries become unclear, particularly emotional ones. Sometimes boundaries change. When they need to pull in, we need to let go.
- Transference and counter-transference – perceive patient needs in unrealistic ways, idealized – our own unresolved stuff coming into the relationship.
- Wanting gratitude – wanting to be thanked or reassured. Wanting to be thanked for bringing the water and then “they better drink it.”
- Spiritually inflated – feeling that we know what the patient needs and what a good death looks like. Leave expectations behind.
- Concealed grief of the caregiver. Acknowledge your grief, but take care of it outside the patient relationship or it leads to idiot compassion.
- Idiot compassion is when we want to help when help is not really needed.

### Take care of your body

- Distribute the energy that has built up.
- Do not self-medicate with chocolate, etc.
- Residue needs to be dealt with.

### Learn how to care for yourself

- “Love yourself as if you were your only child.” – Stephen Levine
- Contemplative practice, particularly metta practice, is helpful. Use a sacred space.
- Where can you set boundaries, limits in your life?
- Set a realistic, sane, practical schedule.
- Identify practices that refresh you.
- Bring refreshing practices into your work day, not just at the end of day.
- Involve, include, and support other caregivers – community of support.

### Eliminate roadblocks

- What gets in the way of your own care?
- What support do you need to implement self-care?
- Life gets in the way of fulfilling the self-care plan; continue with the plan or life will overwhelm.

## Write self-care plans for your:

Body

Mind

Spirit

Social life

## Self-care concepts

A study on the self-care strategies of over 550 hospice workers in the U.S. and their self-care strategies found that physical activity and social support were the most commonly cited strategies in managing stress.

Protective practices will:

- Help compartmentalize work from the rest of life – identify ways to leave the job behind.
- Clarify and support staff in establishing professional boundaries.
- Promote emotional and physical health.
- Include regular self-care techniques for managing stress.

## Resources for self-care

**A self-care plan for hospice workers**, by S.H. Jones.

American Journal of Hospice and Palliative Care. 2005 Mar-Apr;22(2): 125-8.

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**A practical approach to promote reflective practice within nursing**, by D. Somerville and J.

Keeling.

J. Nursing Times. 2004 Mar 23-29;100(12):42-5.

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**Stress, burnout, compassion fatigue, and mental health in hospice workers in Minnesota**, by RR

Whitebird, *et al.*

Journal of Palliative Medicine 2013 Dec;16(12):1534-9.

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**Enhancing emotional well-being through self-care: the experiences of community health nurses**

**in Australia**, by J. Rose and N. Glass.

Holistic Nursing Practice 2008 Nov-Dec;22(6):336-47.

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# Volunteer Visit Report

It is your responsibility to complete a Volunteer Visit Report (VVR) after each patient visit within 24 hours. These are submitted by email; instructions and the template follow.

## Instructions for completing the VVR

Copy the information in the template below into a new email. After sending your first report for a patient, **send your next report by replying to the last report you sent**. This helps you (and our department) make sure reports have been turned in each week. It is a Medicare requirement for us to file weekly reports, including missed visits. If you need to miss a visit, send a report using same format, note phone time informing patient /family, and Volunteer Department; include the reason why visit was missed. We typically enter 10 mins for missed visit which includes time spent communicating and sending report.

**Send completed reports to [volunteerstaff@missionhospice.org](mailto:volunteerstaff@missionhospice.org)**. This allows each of us to read all volunteer reports and add them to the patient's medical chart.

## Email template for VVR

**Subject line of email:** VVR for [patient initials] on [date of visit]

**Volunteer Name:**

**Patient initials:**

**Date of visit:**

**Phone Time:**

**Arrival Time:**

**Departure Time:**

**Travel Time Roundtrip:**

**Travel Miles Roundtrip:**

**Observations:**

Pain Level: (use scale of 0 – 10; if pain is greater than 4, speak with patient's caregiver or call 650-554-1000 and note in your visit report that the pain was reported to a supervisor)

### **VVR Example 1**

**Subject:** VVR for RD on 10/17

**Volunteer Name:** Sam Smith

**Patient Initials:** RD

**Date of Visit:** Mon Oct 17

**Phone Time:** 0 mins

**Arrival Time:** 12:00

**Departure Time:** 4:00

**Travel Time Roundtrip:** 20 mins

**Travel Miles Roundtrip:** 10 miles

**Observations:**

When I arrived at the residence RD was awake in his recliner. As usual, KD, the primary caregiver, attended his class via Zoom from the basement. RD spent 90% of the time sleeping while we watched TV. He woke up from sleep saying that he had dropped his sandwich. I offered to make him one. He said that would be nice. He ate the entire sandwich. His level of alertness and wakefulness is about the same as the previous week and he continues to be polite when he is awake.

**Pain Level:** 0

### **VVR Example 2**

**Subject:** VVR for RD on 10/10

**Volunteer Name:** Sam Smith

**Patient Initials:** RD

**Date of Visit:** Mon Oct 10

**Phone Time:** 0 mins

**Arrival Time:** 12:00

**Departure Time:** 4:00

**Travel Time Roundtrip:** 20 mins

**Travel Miles Roundtrip:** 10 miles

**Observations:**

When I arrived at the residence RD was awake in his recliner. KD, the primary caregiver, as usual, attended his class via Zoom from the basement. RD spent 80% of the time sleeping while I was there while we watched TV. RD recognized Tom Cruise in a movie. He woke up from a sleep remarking that he needs to work on the concrete sidewalk outside of the house. His level of alertness and wakefulness is off from the peak three weeks ago.

**Pain Level:** 0



## Common abbreviations

A/O	Alert and oriented	MS	Multiple sclerosis
ADL	Activities of daily living	MSW	Medical Social Worker
A Fib	Atrial fibrillation	N/A	Not applicable
ALS	Amyotrophic lateral sclerosis	Na+	Sodium
APS	Adult protective services	Neg	Negative
BM	Bowel movement	NWB	Non-weight bearing
BP	Blood pressure	O2	Oxygen
CAD	Coronary artery disease	OPD	Obstructive pulmonary disease
CHF	Congestive heart failure	OT	Occupational therapy
COPD	Chronic obstructive pulmonary disease	OTR	Occupational therapy registered
CPS	Child protective services	PCN	Penicillin
CVA	Cerebrovascular disease	Pharm	Pharmacy
CVD	Cardiovascular disease	PHN	Public health nurse
CVP	Cardiovascular pulmonary	PRN	As needed
DCV	Direct Care Volunteer	pt	Patient
DM	Diabetes mellitus	PT	Physical therapist
DOA	Dead on arrival	Pulm	Pulmonary
DOB	Date of birth	RA	Rheumatoid arthritis
DTR	Daughter	Resp	Respiration, respiratory
DX	Diagnosis	RN	Registered nurse
ER	Emergency room	ROM	Range of motion
ETOH	Alcohol	Rx	Prescription
FR	Father	SL	Sublingual
F/U	Follow-up	SOB	Short of breath
FB	Gallbladder	SQ	Subcutaneous
HHA	Home Health Aide	TB	Tuberculosis
HOB	Head of bed	UTI	Urinary tract infection
HOH	Hard of hearing	Vag	Vaginal
HTN	Hypertension	VNA	Visiting Nurse Association
Incont	Incontinence	W/C	Wheelchair
IV	Intravenous	Wt	Weight
Lax	Laxative		