Resident Information Summary

How does resident prefer to be addressed by staff? _____

Resident-preferred activities before admission:

_____

Favorite foods: _____

Any food allergies or special diet? _____

Dislikes in foods: _____

Favorite beverages: _____

Dislikes in beverages: _____

Former occupations: _____

Where was resident born? _____

What is resident faith, if any: _____

Shower time preference: _____

Important health condition history: _____

_____

Important medications/side effects:

1. _____

2. _____

3. _____

Who are the family members? What are their names and who comes to visit?

1. _____
2. _____
3. _____
4. _____

How does resident prepare for bed? _____

What are the resident sleep patterns and moods? _____

_____

- To be filled out by staff, resident or family/friends/significant others

Resident Information Summary

Is resident using any incontinence items? Name of product/s:_____

_____

Any visual, hearing or ambulatory devices used before admission?_____

_____

Any skin breakdown in last year?_____

Any falls in the last year? Any injury?_____

Does resident have pain history (acute or chronic?)_____

_____

What helps their pain?_____

How does resident prefer to take their medication?_____

Does resident receive any Hospice services?_____

History of oxygen use (how often, how many liters, name of current 02 company?) _____

Does resident need assistance with ambulation?_____

When irritated, what calms the resident?_____

What triggers resident behaviors?_____

_____

Please give the staff two suggestions that would make the resident happy during their stay:

1._____

2._____

- To be filled out by staff, resident or family/friends/significant others

Resident Information Summary

Additional/change in Resident Information:

- To be filled out by staff, resident or family/friends/significant others

Tips for reading body language and nonverbal communication

Once you've developed your abilities to manage stress and recognize emotions, you'll naturally become better at reading the nonverbal signals sent by others.

Pay attention to inconsistencies. Nonverbal communication should reinforce what is being said. Is the person is saying one thing, and their body language something else? For example, are they telling you "yes" while shaking their head no?

Look at nonverbal communication signals as a group. Don't read too much into a single gesture or nonverbal cue. Consider all of the nonverbal signals you are receiving, from eye contact to tone of voice and body language. Taken together, are their nonverbal cues consistent—or inconsistent—with what their words are saying?

Trust your instincts. Don't dismiss your gut feelings. If you get the sense that someone isn't being honest or that something isn't adding up, you may be picking up on a mismatch between verbal and nonverbal cues.

Evaluating nonverbal signals	
Eye contact	Is eye contact being made? If so, is it overly intense or just right?
Facial expression	What is their face showing? Is it masklike and unexpressive, or emotionally present and filled with interest?
Tone of voice	Does their voice project warmth, confidence, and interest, or is it strained and blocked?
Posture and gesture	Are their bodies relaxed or stiff and immobile? Are shoulders tense and raised, or slightly sloped?
Touch	Is there any physical contact? Is it appropriate to the situation? Does it make you feel uncomfortable?
Intensity	Do they seem flat, cool, and disinterested, or over-the-top and melodramatic?
Timing and pace	Is there an easy flow of information back and forth? Do nonverbal responses come too quickly or too slowly?

Resources and references

General information about nonverbal communication

About Nonverbal Communications (http://www.blatner.com/adam/level2/nverb1.htm) – Overview of the different categories of nonverbal communication, along with a detailed list of signals. (Adam Blatner, M.D.)

Body Language: Understanding Nonverbal Communication (http://www.mindtools.com/pages/article/Body_Language.htm) – Guide to body language and nonverbal communication, particularly as it applies to the workplace. (MindTools)

Using Body Language (http://changingminds.org/techniques/body/body_language.htm) – Learn about various nonverbal message clusters that indicate things such as aggression, attention, boredom, defensiveness, and attraction. (Changing Minds)

The Power of Nonverbal Communication (http://online.wsj.com/article/SB122426675804545129.html#printMode) – Explore an MIT professor's insights into nonverbal communication cues, and what it means in the work world. (The Wall Street Journal)

Who Are You (And What Do You Think of Me?) (https://www.psychologytoday.com/articles/201101/who-are-you-and-what-do-you-think-me) – Tips for reading the nonverbal signals in a job interview situation, when meeting someone new, and on a date. (Psychology Today)

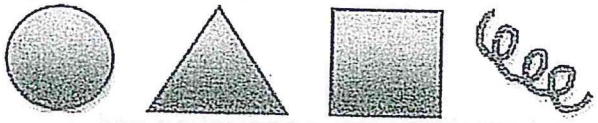
The Importance of Nonverbal Communication (PDF) (http://ysrinfo.files.wordpress.com/2012/06/effectivecommunication5.pdf) – Piece by Edward G. Wertheim, Ph.D. about the communication process and how managers can make constructive and effective feedback to workers. (Northeastern University)

Uses of Nonverbal Communication (http://changingminds.org/explanations/behaviors/body_language/using_non-verbal.htm) – Covers a variety of nonverbal communication methods, including signals used to control conversation and convey personality and status. (Changing Minds)

Authors: Jeanne Segal, Ph.D., Melinda Smith, M.A., Greg Boose, and Jaelline Jaffe, Ph.D. Last updated: October 2016.

What shape are you?

By Jessica Hewitt



PSYCHO-GEOMETRICS: THE SHAPES QUIZ
Look at the shapes at the top of the page and choose the one you like most and then second most. Below are the descriptions of each shape. Verbiage is taken from www.listening2leaders.com and here.

SQUARE: Details & Data & Systems People
Characteristics:

- Hardest workers; task oriented
- Loyal
- Structured; organized
- Think sequentially, logically
- Perfectionist
- May be stubborn
- Value details and data; analytical
- Know policies & rules
- Not fond of change, prefer a stable environment
- Prefer to working alone to teamwork
- May see fun as unnecessary or a luxury
- Trouble saying "I've got enough information"
- Conservative, regular, orderly

Meeting behavior: well prepared, lots of notes, gets right down to work

Motto: "Give me a job and a deadline and I'll get it done"

It would help you to:

- Be less picky with people
- Create your own routines
- Allow yourself to make a few mistakes so you don't limit your opportunities
- Learn to make decisions with less data
- Try taking more risks and acting spontaneously

To work best with you, others need to remember to :

- Be specific

- Provide clear expectations
- Create a regular routine

SQUARE SUMMARY

- Of the 4 symbols, the Square places the most emphasis on organization and structure.
- You are an ORGANIZER. You may be constantly organizing the people and things around you. You are an excellent administrator who enjoys working with figures, statistics, programs, and software.
- Your mantra is *'Get it right – if it takes all night.'*
- Your watchword is *how*. Is it correct? Does it follow the rules? And the regulations?
- You believe in the status quo and the work ethic. And you want everything in the right place at the right time.
- You see yourself as a Triangle. Others may not see you the same way.
- You enjoy collecting data and information to enter into the database but others may see you as having a compulsive attention to detail.
- As a child using a coloring book and crayons, you tried to color within the lines but your favorite toy may have been Legos (or Lincoln building blocks depending on your age).

Positive traits: you are organized, knowledgeable, analytical, patient, persevering, generally neat.

Potential pitfalls: you may be a procrastinator, a perfectionist, aloof, resistant to change, meticulous.

Potential career choices: CFO or COO ... IT professional ... Programmer ... Systems Analyst ... Statistician ... Accountant ... Professor ... Bookkeeper ... Executive Assistant ... Medical specialist ... Teacher ... Auditor ... Government worker ... Editor . . . or *Controller for the Pharaoh.*

Square's motto: "Give me a deadline and I'll do it."

TRIANGLE: Results People

Characteristics:

- Bottom line; focused on goals
- Driven to succeed; motivated by results
- Take charge and move fast

- Big picture – Don't need all the research or details
- Need to know WHY
- Confident
- Competitive
- Outspoken – Love to debate and argue
- No nonsense
- Decisive; cut to the chase; move on
- Impatient
- Likes recognition – may put stock in status symbols

Meeting behavior: Hate meetings. Get to the bottom line and move on

Motto: "So what's your point???"

To improve, you should:

- Slow down and don't shoot from the hip
- Attend to necessary details, even if you delegate them
- Develop more interest in the opinions of others
- Give people more room to come on board
- Learn to have more fun just for the sake of it
- Be aware of your impact on others

To work best with you, others need to remember to:

- Present the goal and the big picture
- Explain the WHY
- Provide stretch milestones and targets
- Be succinct
- Provide support for the details

TRIANGLE SUMMARY

- Of the 4 symbols, the Triangle most closely represents *leadership.* Triangles are ambitious and very interested in their careers.
- You are an OVERSEER, an expediter, a leader, a man or woman of action.
- Your mantra is *'Get it done.'* You want to make things happen now. You ask others '*when*?' When will the project be finished? When will the action you requested happen?
- Your watchword is *now*. Not one day, not some time, not tomorrow, but NOW!
- You are often charismatic, a person who likes to be the boss, who likes to give orders, who likes to be in control.
- You are decisive – you like to make decisions – decisions for yourself and decisions for everyone else.
- You see yourself as assertive. Others may see you as aggressive.

- As a child using a coloring book and crayons, you had difficulty staying within the lines. You do not like restrictions.

Positive traits: leadership, decisiveness, ambition, focused, results-driven, self-motivated.

Potential pitfalls: impatience, aggressiveness, self-centeredness

Potential career choices: CEO ... President of a company ... Entrepreneur ... Executive ... Manager or Supervisor ... Surgeon ... Attorney ... Politician ... Officer in the military ... Pilot ... Hospital or School Administrator . . . or *the Pharaoh*.

Triangle's Motto: "Follow me and you do it."

CIRCLE: People People

Characteristics:

- Most empathy and perception for others
- Fun-loving; laugh the most
- Listen and communicate well
- Easily swayed by opinions of others
- Caregivers/helpers
- Like people, committees, teams
- Peacemakers – hate conflict or making unpopular decisions
- Good sports
- Over commit; take on more than you can handle
- Too nice; can't say no
- Better at caring for others than yourself
- Don't particularly like hierarchy

Meeting behavior: Social, create harmony, love the food,

Motto: "I'll do it – somebody has to!"

To improve, you need to:

- Learn how to say NO and mean it
- Worry less about what other people do and think
- Hold others accountable
- Learn how to make unpopular decisions when necessary

To work best with you others need to remember to:

- Be flexible
- Be willing to talk about whatever is at hand
- Provide a harmonious environment
- Provide opportunities for you to add your perspective

CIRCLE SUMMARY

- Of the 4 symbols, the Circle is the most *kind and caring* about others. Your focus is to smooth the waters and keep the peace. You are the glue that holds together the family or the work team – that sensitive person who really cares about feelings.
- *Note: The circle is the mythological symbol for harmony.*
- You are an OPTIMIST– you enjoy working in league with others to get things done.
- Your mantra is harmony –*'Can't we all just get along?'*
- Your watchword is *who*. Who will be on the team?
- You express kindness, caring and concern and are an excellent communicator because you are an effective listener and know how to establish empathy quickly. You are an excellent *'people problem solver.'*
- You try to keep the peace but others may see you as trying too hard to please everyone.
- As a child you enjoyed many games and sports but in softball you were often the outfielder.

Positive traits: you are friendly, persuasive, empathic, generous, reflective.

Potential pitfalls: you may be indecisive, moody, manipulative, have a tendency to get too personal.

Potential career choices: Doctor …Nurse … Teacher … Human Resource professional … Psychologist … Professor … Historian … Consultant … Scout leader … Administrative assistant … Nun . . . or *Talent Management for the Pharaoh.*

Circle's motto: "Be positive, and I will help you do it."

SQUIGGLE: Idea People

Characteristics:

- Often visionaries –lots of ideas
- Creative
- Lots of energy and enthusiasm
- Like to try new and different things

- Can appear a little flaky because their mind moves so fast
- Difficulty with completion; start a task and move on to the next great idea
- Can be frustrating to work with
- Try to be more organized, but tend to lose their lists
- Easily bored
- Flexible – spontaneous
- Make cognitive leaps, from A straight to F
- Prefer less structured environments

Meeting behavior: Already thinking of the next step

Motto: "I just got this great idea!"

To improve you need to:

- Slow down and pay attention to the details
- Focus on the task at hand
- Think before you speak and act
- Pay attention to your impact on others

To work best with you, others need to remember to:

- Present you new and different things to do
- Be flexible and avoid preconceived ideas
- Provide an unstructured environment
- Offer multiple choices
- Provide help with follow through

SQUIGGLE SUMMARY

- Of the 4 symbols, the Squiggle is the most unique and the most creative.
- You are an ORIGINAL always considering possibilities.
- Your mantra is *get it done … differently.*
- Your watchword is *why.* Why do we have to do it that way? What are our alternatives? You continually ask, '*What if?*'
- You are crazed by sex and booze. No, no, just kidding! You are future-oriented.
- You are creative, imaginative, free form, like to have fun, think out-of-the-box.
- You see yourself as always looking for new ideas, new ways, new products. Others may sometimes consider you as a little strange or far-out.
- As a child you preferred to draw your own original pictures to color. You often colored trees purple, leaves yellow and the sky green.

Positive traits: You are conceptual, creative, intuitive, expressive, motivating, witty, inventive.

Potential pitfalls: You may be disorganized, impractical, unrealistic, illogical, eccentric, naïve, uninhibited.

Potential career choices: Writer... Journalist ... Comedian ... Actor ... Creative director ... Marketing ... Sales ... Musician ... Scientist ... Researcher ... Entrepreneur ... Chef ... Public Relations ... Inventor ... Real estate agent . . . or *Press Agent for the Pharaoh.*

Squiggle's motto: "Be creative. Why do it that way? On the other hand, don't bother to agree with me. I have already changed my mind."

Death and Dying

Patricia Whitacre, RN
New Mexico Health Care Association 2016

Death is not the greatest loss in life.
The greatest loss is what dies
inside us while we live!

Rights of the Dying Resident

- Be treated as a person until death
- Caring human contact
- Have pain controlled- #1 priority of all staff
- Cleanliness and comfort
- Maintain a sense of hope, whatever its focus
- Participate in his/her care/planning of it
- Respectful, caring attention

Rights of the Dying Resident

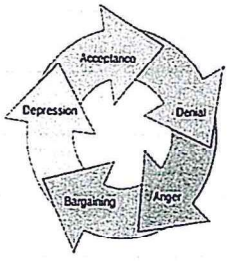
- Continuity of care and caregivers
- Information about his/her condition/impending death
- Honest answers to questions
- Explore and change religious beliefs
- Maintain individuality and express emotions freely without being judged
- Make amends with others/settle issues

Rights of the Dying Resident

- Say goodbye to family members/significant members
- Assistance for significant others with the grief process
- Withdraw from social contact, if desired
- Die at home in familiar surroundings
- Die with dignity
- Respectful treatment after death

Dying Process Kubler-Ross

- Denial
- Anger
- Bargaining
- Depression
- Acceptance



How can you help a resident who is grieving?

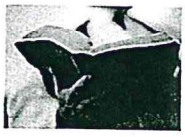
* Class input
* Listen
* Comfort, pray if resident would like
* Talk about loved one passing away or passed away
* Be sincere

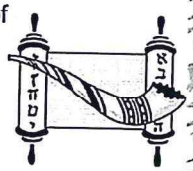
Common Problems of the Dying Resident

* Pain control
* Constipation/diarrhea
* Anorexia, nausea, vomiting
* Dehydration- not drinking
* Dyspnea (shortness of breath)
* Skin breakdown- not eating/low protein
* Weakness, fatigue, decreased ability to perform ADL's

Common Problems of the Dying Resident

* Anxiety, depression, agitation
* Spiritual distress, fear of meaninglessness





Signs of Impending Death

- Increased sleeping
- Appetite decreases
- Urine output decreases, concentrated
- Edema (swelling) of extremities
- Incontinence
- Pulse increases, weaker/thready
- Blood pressure declines
- Skin- mottled, cool, dusky

Signs of Impending Death cont'd

- Respirations- shallow, irregular, "death rattle"
- Cheyne-Stokes respirations- shallow respirations followed by apnea (no breathing)
- Body temperature may rise, may complain of hot/cold even though extremities may be cool to touch
- May still be having BMs or urinary incontinence, needs to be kept clean/dry

SIGNS & SYMPTOMS OF DYING PROCESS

By Michael Holmes, R.N.

This listing of signs & symptoms gives a general idea of what a patient might experience. Every patient does not experience every symptom, or a patient may experience a symptom in his or her own unique way. There is much room for variation in how any given individual will experience the dying process. At the same time, certain general themes are common to all.

APPETITE

Appetite decreases: The patient may stop eating altogether. This is a mechanism by which the body keeps itself more comfortable. This is often very hard for caregivers to accept, but listen to what the patient wants and not to what you think s/he ought to be wanting. Bodies have been going through this for thousands of years and have worked out effective techniques for keeping themselves comfortable. Pay attention to what the body is saying it wants... or does not want. As physical bodies progress through the dying process, they lose their ability to digest food effectively. If the patient tries to eat anyway, the food just sits there, causing the patient to feel bloated or like they swallowed a brick. The stomach may reject the food eventually; i.e., vomit. A dying person will eventually stop wanting to consume fluids as well. Again, this is how bodies maintain their comfort. Forcing fluids when a body does not want fluids can only cause added misery. We have been taught all of our lives that how good of a job we are doing as caregivers depends upon whether or not we can get the patient to eat and drink. However, when someone is in an active dying phase, this is absolutely wrong! People do not die because they stop eating, they stop eating because they are dying. The only reason for an actively dying person to eat or drink anything is for pleasure. If it is not pleasurable, there is no

value in it.

BOWELS

Bowel activity slows down along with loss of appetite and a decrease in physical activity and circulation. Most patients are taking some type of pain medication during their dying process, and these medications slow bowel activity as well. Stool softeners and/or laxatives are generally necessary to maintain regular bowel function, but it should be kept in mind that "regular" during the dying process may be considerably less often than it was while the patient was healthy and active. For example, if a patient has had a daily BM most of their life, once every two or three days might be good during their dying process. Also, as death draws near, total bowel shutdown may be experienced. Trying to whip the bowel into action while the rest of the body is shutting down is not sensible, and attempting to do so will cause unnecessary suffering for the patient. Your physician or nurse can be consulted to help determine when the time to stop worrying about the bowels has arrived.

CIRCULATION

The circulation shuts down gradually by becoming increasingly centralized. First, the hands and feet become cool and discolored, then the legs and arms etc. Fevers may come and go. There may be unexplained sweating, sometimes profuse. There may be swelling of the limbs and other signs of fluid imbalance. Urine output may fall as the kidneys receive less effective circulation, or the urine output may remain high even after the patient has stopped drinking altogether. Fluids shift from one compartment to another within the body. This can sometimes maintain a good urine outpu in the absence of fluid intake. Bodies are composed largely of water,

so as they move through the dying process and circulation shuts down, there are bound to be effects which are noticed by both patient and caregiver. Remember that these effects, while abnormal in a healthy person, are quite normal for a dying person and tend to enhance comfort. However, one of the chief complications of circulatory shutdown is the tendency towards development of bedsores.

Bedsores are caused by prolonged pressure; that is, failure of the patient to reposition him or herself periodically. Actually, a person does not have to be in bed to develop a bedsore, they only have to remain in a fixed position for more than a couple of hours at a stretch. Bedsores can usually be prevented by repositioning the patient at least every two hours. Keeping the skin clean and dry, and gentle messaging with a good lotion is also very helpful. If the patient is unable to reposition him or herself, someone else must do it for them. The patient does not have to be moved very far, just enough to change their pressure points.

RESPIRATORY

Fluids may accumulate in the lungs, but this can usually be avoided if fluids are not forced on the patient ... especially IV fluids. Patients and their caregivers often express a fear of dehydration, yet some degree of dehydration is preferable during the dying process, as it tends to keep the patient more comfortable. Being fully hydrated while dying often leads to lung congestion and shortness of breath. Dying people have enough to worry about without having to struggle to breathe. What was once called "the death rattle" is actually an accumulation of excess fluid and mucous in the upper airway which "rattles" as the patient breathes in and out.

Certain drugs can be given to help dehydrate the patient and thus, clear up this rattling. Far better is to avoid over-loading the patient with fluids in the first place. If upper airway rattling does occur, it can be quite loud and disturbing to caregivers. Fortunately, it is seldom troublesome for the patient because by the time it manifests, s/he is usually in semi or full coma. Suctioning is usually not recommended because it seldom helps for more than a few minutes and is far more uncomfortable for the patient than the rattling itself. All of which is to say, upper airway rattling is more uncomfortable for caregivers than for patients.

As the dying process evolves, certain respiratory patterns may appear. One common one is called Cheyne-Stokes (pronounced Chain Stokes). This is a regularly, irregular pattern; that is, the patient takes several breaths, then stops, then takes several breaths and then stops again. This is an irregular pattern which occurs regularly. Sometimes the pauses between breaths can be quite long and it can be frightening to observe. However, it really is not a clear indicator of much of anything, except that the patient is quite ill, which everyone was already aware of anyway. A respiratory pattern which sometimes appears just hours prior to actual death is a regular, fairly deep, "panting" pattern. This pattern is driven by the brain stem after much of the rest of the brain has already shut down. Caregivers sometimes mistakenly think this pattern indicates physical recovery rather than approaching death because it is so regular and appears to be effective. A final respiratory pattern is called "fish out of water" breathing. This is an ineffectual gasping of the mouth with little if any actual intake of air. This occurs very near the end. The final breaths taken at the moment of death are frequently deep, cleansing breaths or "sighs". Sometimes there are two or three, sometimes only one.

SIGNS & SYMPTOMS OF DYING PROCESS

By Michael Holmes, R.N.

SLEEPING

Sleep and dreaming are very important parts of the dying process. Patients sometimes complain about how much time they spend sleeping and comment that they feel like they are "wasting" what little time they have left. This could not be further from the truth. Much of the necessary work of the dying process takes place during sleep/dream time. This is not wasted time at all, it is vitally important. The "work" of dying process has to do with resolving all the unresolved issues of one's lifetime. This is a huge job and requires a considerable amount of effort. It is important work because death is merely a transition phase which prepares us for the next phase of life, and it is not smart to enter the next phase of life loaded down with a bunch of unresolved junk from the last phase. Dying process prepares us for the next phase by helping to resolve all of our old junk. This resolutional work can be broken down into different categories, but suffice to say, it is a huge task. The sleep/dream state is very useful in accomplishing these tasks because it gets around the limitations of time and space. It is much easier and more effective to review an unresolved episode, which may have occurred several decades previously, while in a dream state than in a normal waking state. We generally think that time travel only occurs in science fiction movies. No so. Dying people move around in time as a matter of routine. Dying process accesses this capability in order to accomplish its goals; that is, to prepare for the next phase of life. Interestingly, the normal sleeping pattern during the dying process is virtually identical to the normal sleeping patterns of newborns; off & on around the clock. There is no night or day, just off & on, day & night. Sleeping pills seldom have much effect on this pattern because for this phase of life, this pattern is the norm.

By Michael Holmes, R.N.

Overall, total sleep time increases. This gives the patient time to get their work done. The nature of that work may or may not be recalled by the patient while awake. Whether the patient is able to remember the content of his/her dreams really does not seem to be very important. The important thing is that the resolutional work occur. Interestingly, even patients who claim not to remember the content of their dreams frequently reminisce about their lives and the people who have played important roles in them. These reminiscences can be important clues as to what is going on in the dreams they claim not to remember.

CONFUSION

As mentioned, dying process is a lot of work. Generally speaking, that work is resolutional in nature and accomplishing it involves moving around outside the usual constraints of time. While this is an extremely useful and effective technique, it can also be very confusing for the person experiencing it. We think of time as being something concrete, predictable, reliable and constant. Then, when we are dying, we discover that time is very different than we had thought, and we begin moving around in time in ways we never imagined possible. This is frightening. It is especially frightening when neither patient nor caregiver realize it is normal. When the patient and caregiver(s) do not understand this is normal, they invariably conclude that the patient is losing his or her mind. The prospect of losing one's mind can be very frightening, so when this occurs, anxiety levels tend to rise rapidly. It is important to understand that moving about in time and being somewhat confused about where one is in time is a natural and normal aspect of the dying process.

SIGNS & SYMPTOMS OF DYING PROCESS

By Michael Holmes, R.N.

Another common phenomenon in dying process has to do with the resolution of denied or buried emotions. In that sense, frank confusion can be very helpful in accomplishing the larger goals of preparing for the next phase of life. Burying unwanted emotions, usually of the negative variety, does not make them go away. Dying process will exhume any significant buried emotions we may have tucked away, thinking we could escape them altogether. If we attempt to use our intellect to block those emotions, dying process simply brushes the intellect aside and accesses the buried emotions regardless. While this technique is upsetting to patient and caregiver alike, it does accomplish the overall goal of resolution despite the patient's reluctance to undertake the task.

Some patients welcome confusion as a means by which they can express emotions they have never been allowed to express previously. Social constraints frequently impinge upon the healthy expression of emotion, and some patients utilize confusion to side-step these social constraints. For example; a male may embrace confusion so he can cry, or a female may gladly engage confusion so that she can express her anger.

Some of what may be erroneously perceived as confusion by caregivers is really the symbolic language of the dying (see Symbology, also included in this text).

Of course some confusion may result from metabolic imbalances, neurological damage, disease processes or reactions to medications. Determining whether a particular patient's "confusion" is normal and helpful, or unnatural and deleterious may require considerable skill and familiarity with dying process by an experienced clinician. Generally speaking however, an awful lot of what is seen as confusion or hallucination is actually normal, natural and helpful for the patient.

SIGNS & SYMPTOMS OF DYING PROCESS

By Michael Holmes, R.N.

PAIN

Pain is sometimes used by patients and their families in an attempt to stop some of the more frightening aspects of dying process. For example, moving about in time (quite normal during dying process) can be very confusing and frightening. Seeing dead people can also be very frightening. These phenomena generally occur while in the sleep/dream state. If the patient and family are not aware that this is normal, they may blame the medications for causing the "confusion". Next, they are likely to stop giving the pain medications. Consequently, the patient has more pain, which prevents sleep, which prevents dreams. In the short run this may seem to be a successful strategy: no sleep, no dreams, no confusion. However, in the long run it doesn't work. In fact, it only makes things worse. First of all, dying process is all about resolving unresolved issues. That can not be done while the patient is in pain. Consequently, the purpose of the dying process is stopped temporarily, by having pain. On top of that, the dreaming and confusion eventually resume anyway, even if the patient is wide awake. This is doubly confusing and certainly worth avoiding. It is important to remember that while pain can be used to mitigate certain phenomena of dying process, it cannot stop that process. Many patients suffer unnecessarily trying to stop normal dying process phenomena by having pain. In the long run, it does not work. Even patients who have no pain and take no pain medications experience the same confusion about time and see just as many dead people as those who do take pain medications. Pain medications do not cause these things, but they may allow these normal experiences to occur by the simple expedient of controlling pain.

Some people fear becoming addicted to their pain medications. Studies have shown that addiction is extremely rare when medica-

tions are used to control real pain or other noxious symptoms, such as shortness of breath. Recreational use of drugs can easily lead to addiction, but not very many dying people use drugs for recreational purposes.

Some people are reluctant to take medications because they feel that it clouds their mind. Pain clouds the mind too. It can be very difficult to think clearly when in pain.

Controlling pain is a means to an end. The purpose of dying process revolves around resolving all of one's life issues. That is an enormous task, and it is accomplished much more easily when pain is controlled.

LOSS OF ENERGY

The one universal complaint of dying people is a feeling of a loss of energy. Some people have pain and some do not. Some people have nausea and some do not. Some people are disoriented and others are not. But everyone who dies (everyone) complains of feeling a loss of energy. They feel that way because they <u>are</u> losing energy. It is not possible to experience a loss of energy and not feel like you are losing energy. Neither is it possible to overcome that sense of losing energy by taking vitamins or any other medication. In short, feeling a loss of energy is unavoidable.

It is clear that we survive death, or at least it is clear to people such as myself who work with dying people on a regular basis. It is my feeling that "being physical" requires a great deal of focused energy. When the physical body dies, that energy loses its focus. Consciousness survives, but the physical body can not maintain the amount of focused energy it requires forever. Being physical at all is a miracle, but sooner or later it must fade away. Maintaining the

focused energy required to manifest a physical body is a lot like holding both of your arms straight out to your sides; at first it seems easy, but after some time it becomes a struggle, and finally it becomes impossible. As the energy to maintain the physical state fades, the dying person inevitably feels as though he or she is losing energy. There are no health foods, no vitamins, no IV's, no pills and no secret techniques that can change this. That is just the way it is, and that is why the one universal complaint of the dying is a feeling of losing energy.

FEAR

Everyone has some fear of death. There are no exceptions. The degree of fear any given person feels about their own death may vary a good deal, but everyone has some fear of death. People who are not currently facing death are often inclined to claim they have no fear. Occasionally a person who is facing death claims to have no fear. But I have never seen a person facing death who acted unafraid. The most important thing to remember about fear, and particularly fear of death, is that everyone has some. In fact, if we burden ourselves with the unrealistic expectation that we will not be afraid of our death, we put ourselves in an impossible position. Denying our fear only makes it worse.

The fear of death is much easier to deal with and transcend when we admit that we have that fear. If a person were to get the flu and then deny that he had it, the symptoms would be more severe and last longer than if he admitted he had it, got some rest, and sought proper treatment. Similarly, the fear of death is tough enough to manage without letting it run rampant by attempting to ignore its existence. When we deny our fear, it only pops up in some