End of Life Care: Symptom Management

GI Symptoms

Death is a universal life event, at some point being experienced by all human beings and the people who love them. Staff in hospitals often work with patients at the end of life, providing care to the patient and family during this important time. The goal of the healthcare team in working with the dying patient is to enhance the quality of life while it lasts, and transition from life to death with peace and dignity. An important aspect of this care is the management of symptoms that may reduce the patient's comfort and quality of life. Common gastrointestinal, or GI, symptoms affecting the dying patient may include nausea/vomiting, loss of appetite, constipation, diarrhea, and mouth pain.

This newsletter will discuss these common GI symptoms at the end of life, as well as factors causing them. Measures to help your patient manage these uncomfortable symptoms will also be covered. Future issues will continue the discussion with coverage of additional symptoms, such as pain, anxiety and shortness of breath.

Symptom Management

When a patient is admitted to the facility, the nurse will conduct a thorough assessment of the patient's symptoms. This includes the description, onset, duration, severity, and frequency of any symptoms, as well as factors that make them either better or worse. A plan of care will then be developed with the patient and family, to help manage the symptoms. This plan of care must be individualized for each patient, based on his/her wishes. For example, some patients may feel very strongly about remaining alert, and prefer to accept continued symptoms rather than to feel sedated by medication. For others, sedation is an acceptable option to deal with symptoms.

Watch carefully for any signs of discomfort in your patient, and notify the nurse promptly of any symptoms, especially if the symptoms are new or increasing in severity. Common GI symptoms experienced by patients at end of life include:

**Nausea/Vomiting:** Nausea and vomiting may be caused by many factors, including cancer, HIV/AIDS, chemotherapy, or radiation therapy. It can cause extreme discomfort, as well as poor nutrition and fluid and electrolyte imbalance. Cool, sweet, clear liquids, such as clear soft drinks, low-acid juices, gelatin, or popsicles, often provide relief when sipped slowly. Intake of solid foods should be avoided until vomiting has stopped. Then, light foods, such as dry toast, crackers, or broth, may be helpful. The patient should avoid heavy, spicy, or greasy foods, dairy products, and foods with high acid content, such as orange juice, tomato sauce, and vinegar, as these may cause further GI upset.

Also, avoid anything that triggers nausea for the patient, such as offensive odors (especially food), perfume, smoke, movement, or a warm room temperature. Keep an emesis basin or plastic tub close by for the patient who is nauseated, in case vomiting occurs suddenly. Help the patient to freshen up after vomiting by wiping his face, providing...
End of Life Care: Symptom Management—GI Symptoms

Constipation: The discomfort of having infrequent and hard stools is a common problem at end of life. This may be caused by factors such as pain medication, bed rest, tumors obstructing the bowel, or reduced food and fluid intake. Symptoms may include bloating, nausea, discomfort, cramps and gas. If a fecal impaction occurs, liquid stool may leak out around the hard mass, and can be mistaken for diarrhea. Notify the nurse of stool leakage, as an enema or manual removal of the mass may be required.

Diarrhea: Loose, liquid, and frequent stools can not only be very uncomfortable, but may cause other problems such as abdominal cramps, dehydration, and raw, painful skin around the anus. Diarrhea may be caused by many factors, including medications, infection, tube feeding, chemotherapy, and radiation. Pay close attention to the patient, since there may be very little time to help the patient to a bedpan or commode before diarrhea occurs. Clean the area very gently after each bowel movement, pat dry, and apply a protective ointment. Foods to help reduce diarrhea include those that are low in fiber, such as white bread or crackers, potatoes, rice and applesauce. Encourage the patient to sip clear liquids, such as water, broth, or clear juices, as often as possible to prevent dehydration. Avoid foods that stimulate the bowel, such as beans, vegetables, fatty foods, and caffeine-containing drinks, such as coffee and some soft drinks. Medications may be ordered to slow bowel activity.

Mouth pain: Sores or ulcers that develop in the mouth can cause severe pain, affecting the patient’s ability to speak, eat, and drink. These commonly occur in patients having cancer, HIV/AIDs, chemotherapy, and radiation therapy. To help manage pain during eating, soft, cool foods that are bland and easy to swallow are often preferred, such as pudding or gelatin. Spicy foods or those high in acid, such as orange juice or tomatoes, should be avoided, as these tend to cause pain. A supplement, such as Ensure, may be used by some patients to supply extra nutrients and calories. To help control pain, the patient may use a medicated mouthwash or other oral medication. Good oral care can help to reduce some mouth ulcers. Provide gentle and thorough oral care at least every four hours, and help to keep the patient’s mouth moist by offering water or ice chips frequently.

The patient’s quality of life, as well as feelings of peace and dignity, are enhanced when symptoms are effectively managed at the end of life.