LAPIN AMK
Lapland University of Applied Sciences

PALLIATIVE CARE IN NURSING

Educational material for student nurses at Lapland University of Applied Sciences

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Thesis
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Työn nimi Palliatiivinen hoito hoitotyössä - Opetusmateriaali Lapin ammattikorkeakoulun sairaanhoitajaopiskelijoille
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Tämän opinnäytetyö käsittelee palliatiivista hoitoa, sen täytäntöönpanoa ja palliatiivista hoitoa tarvitsevien potilaiden oireiden ymmärtämistä. Tarkoitus oli tehdä Power Point esitys sairaanhoitaja opiskelijoille. Power Point esitys annetaan sairaanhoitaja opiskelijoille tukemaan heidän opintoja. Opinnäytetyön tavoitteena on koulutta ja tarjota lukijaystävällinen, helposti saatavilla oleva ja näyttöön perustuva tietopaketti palliatiivisesta hoidosta, josta voi olla hyötyä sairaanhoitajaopiskelijoille heidän tulevassa ammatissaan.

Tämän opinnäytetyön teoreettinen osa ei sisällä vain yleistä tietämystä palliatiivisesta hoidosta ja sen toteutuksesta, vaan myös palliatiivista hoitoa tarvitsevien potilaiden oireita. Potilaan oireiden tunnistaminen on välttämätöntä palliatiivisessa hoidossa. Siksi palliatiivista hoitoa tarvitsevien potilaiden oireita ja niihin liittyvää lääke- ja ei-lääkehoidon ohjausta käsitellään. Tämä toiminnallinen opinnäytetyö perustuu tietoihin luotettavista lähteistä ja tietokannoista, kuten Käypähoito, Maailman terveysjärjestö, lääketieteelliset lehdet ja palliatiiviseen hoitoon erikoistuneet verkkosivut.

Toimeksiantajalle tehdyt Power Point -esitykset jaettiin kolmeen osaan, jotta ne olisivat lukijaystävällisiä ja mahdollisimman ymmärrettäviä. Esityksissä on myös teemaan liittyviä kuvia ja tekstin fontteja ja kokoja muokataan niiden koetun merkityksen mukaan. Esitykset muunnetaan helposti PDF-muotoon ja ne ovat tulostettavia, jotta ne olisivat helpommin opiskelijoiden saatavilla.

Avainsanat palliative care, symptoms, pharmaceutical treatment, Power point presentation

Muita tietoja Power Point esitys

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Abstract of thesis

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The purpose of this thesis was to address palliative care, its implementation, and understanding of the symptoms of patients requiring palliative care. The aim was to make Power Point presentations of the topic to support commissioner nursing students. The presentations will be handed over to students of nursing to promoting their studies. The thesis aims to educate and provide a reader-friendly, easily accessible, and evidence-based information package of palliative care that may benefit student nurses in their future profession.

The theoretical part of this thesis not only includes general knowledge of palliative care and its implementation, but the symptoms of patients with the need of palliative care are also discussed. The recognition of the patients' symptoms is necessary in palliative care. Therefore, the symptoms of patients requiring palliative care and the related guidance of pharmacological and non-pharmacological treatment are addressed.This functional thesis is based on information from reliable sources and data bases such as Käypähoito, World Health Organisation, medical journals, and websites specialised in palliative care.

The Power Point presentations made for the commissioner were divided into three parts to be reader-friendly and as comprehensible as possible. Pictures related to the theme are also included in the presentations, and the fonts and sizes of the text are adjusted based on their perceived significance. The presentations are easily converted into a PDF form and they are printable in the hope of making them more easily accessible for students.

Key words palliative care, symptoms, pharmaceutical treatment, Power point presentation
Other information The thesis includes a Power Point presentation submitted to the commissioner.

CONTENTS

FOREWORD

I would like to thank Lapland AMK in Kemi for the opportunity given, to be able to produce and contribute educational material for nursing students.

Also, I would like to thank my supervisors and teachers for providing guidance and support.

1 INTRODUCTION

Palliative care is active and overall care of patients with terminal illness and its preventing from suffering and enabling patients to live fulfilled life with the disease. Palliative care concentrates on relieving patients symptoms and promoting patients quality of life.(Käypähoito 2019.)

Palliative care is essential especially for patients who lack support of the close ones and medical facilities are far away. With the illness progression and no available support, getting a support from medical specialists, who are able to ease the stress and pain the help is necessary. The support covers physical, mental health , social and spiritual support for patients and family members alike.Care provided depends on the individuals conditions and promotes individuals wellbeing. Ageing of population is something what cant be avoided. Everyone should have a right to age gracefully with the right of a professional health care.(World Health Organisation, 2019.)

The education of palliative care has to be promoted particularly to young nursing students to understand principles of palliative care , its organisation, promotion and quality delivery of palliative care .The understanding of fundamentals of palliative care , who needs palliative care, organising it and recognising the symptoms related to palliative care are essential parts of nurses' professional competence. Symptoms of palliative care and managing of pain with medical and non-medical treatment is discussed and explained bearing in mind ethical ways of providing palliative care.

2 PURPOSE, AIM AND RESEARCH QUESTIONS

The purpose of this thesis is to provide necessary information about palliative care to students. The understanding of fundamentals of palliative care , who needs palliative care, organising it and recognising symptoms related to palliative care.

Symptoms of palliative care and managing of pain with medical and non medical treatment is discussed and explained bearing in mind ethical ways of providing palliative care.

The aim of thesis is to promote information about this sensitive subject, give an understanding and point out the shortcomings in which palliative care can be developed and improved.

Students may benefit and gain knowledge from this material, support their future studies or benefit them in their working environment.

The thesis is supported with Power Point presentations created especially for health care students, promoting their interest and knowledge about palliative care in Finland.

3 PALLIATIVE CARE

3.1. Palliative care as a whole

World Health Organisation defines Palliative care as an approach that improves the quality of life of patients (adults and children), their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment, treatment of pain and other problems, whether physical, psychosocial or spiritual.(World Health Organisation, 2020.) Palliative care is patient care orientated and based on holistic approach. Goal is for patients to be able to live as actively as possible until death. It does not have a timeline .(THL, 2023.) (Figure 1)

Palliative care is patients orientated, focusing on relief and avoidance of suffering, supporting and promoting quality of life for patients suffering from active , progressive and far advanced disease.The goal of the treatment is not prolong or shorten life. It is concerning both psychosocial and physical needs of patients and based on multidisciplinary team of doctors, nurses, carers and also families, close ones to a patient.(THL, 2023.)

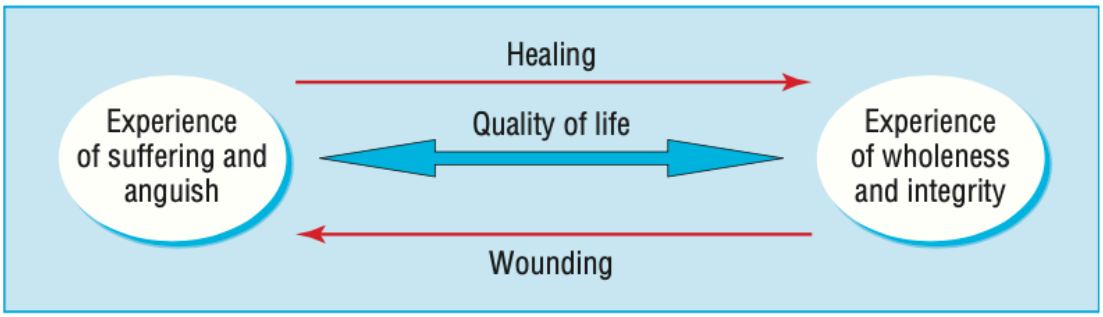

Figure 1. Quality of life (Fallon & Hanks , 2006.)

Terminally ill patients should receive palliative care alongside the treatment of illness as early as possible. Nevertheless, it is often implemented in the later stages of illness, due to the lack of knowledge of healthcare professionals or misconceptions about palliative care.(Saarto et al. 2022, 18.) The majority of patients requiring palliative care are patients with cardiovascular diseases, cancer, COPD, AIDS, diabetes, but it is also beneficial for patients suffering with

Dementia and Parkinson disease.(Käypähoito, 2021.) Early recognition and implementation of palliative care may also ease a burden of health care services and avoid unnecessary stays in hospitals.(World Health organisation, 2020.) (Figure 2)

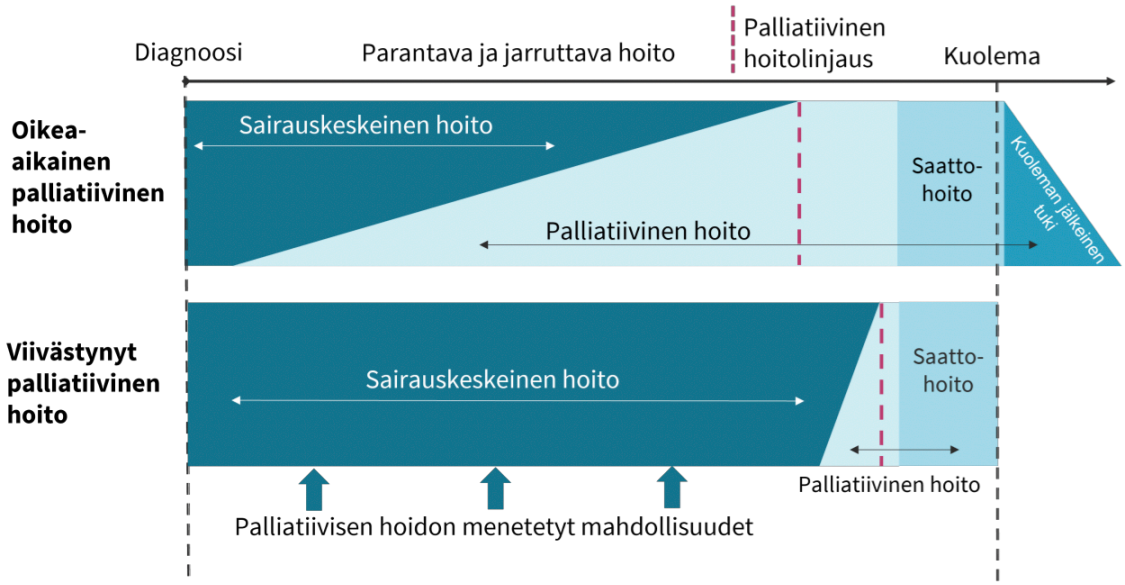

Figure 2. Implementation of palliative care (THL, 2022)

3.2. Patients in need of palliative care

Palliative care is especially needed for patients whose disease are progressing, such as cancer, neurological diseases, liver and kidney diseases.(Sosiaali - ja terveysministeriö, 2017.) With the disease deteriorating, pain becoming unmanageable, or conditions getting to be life threatening, palliative care has to start immediately. Deterioration of condition affecting patients functional capacity and need of family/hospital support, assessment is necessary. Both patient and family member can require assessment. It is carried in comfortable envniroment for patient with strong consideration of patients' privacy. This can be performed in patients own home, or hospital settings such as patients own room.(Ryan et al. 2014.) (Figure 3)

During the assessment the question "Would it be a surprise if the patient dies in the next year? " is put into place . With the response of "NO" , the conversation with the patient and their close ones opens up about best appropriate treat-

ment, and palliative care to enhance patients quality of life.(World Health Organisation, 2016.) Assessment of palliative care is based on patients individual physical, social and occupational, psychological, but also spiritual needs. Patients and family's ethics, morals, values and wishes are always included in care.(World Health Organisation, 2016.) (Figure 3)

Advanced care plan is created well in advance of illness progression to ensure desired treatment care in future. It is designed by physician and patient, but also family members may contribute. This plan covers the patients' wishes, medical conditions and prognosis, treatment goals but also treatment limitations and desired location of care such as home, hospital unit, or care home. Contact information of the close ones are added, but also desired treatment, if the condition deteriorates and patients won't be able to communicate, are attached. (THL, 2023.) Taking into consideration sensitivity of the topic, patients are given time and are not pressured to make any rush decisions which can help patients to understand their priorities in life, and can lead to sense of ease and control over their care decisions.(Marie Curie Organisation, 2024.)

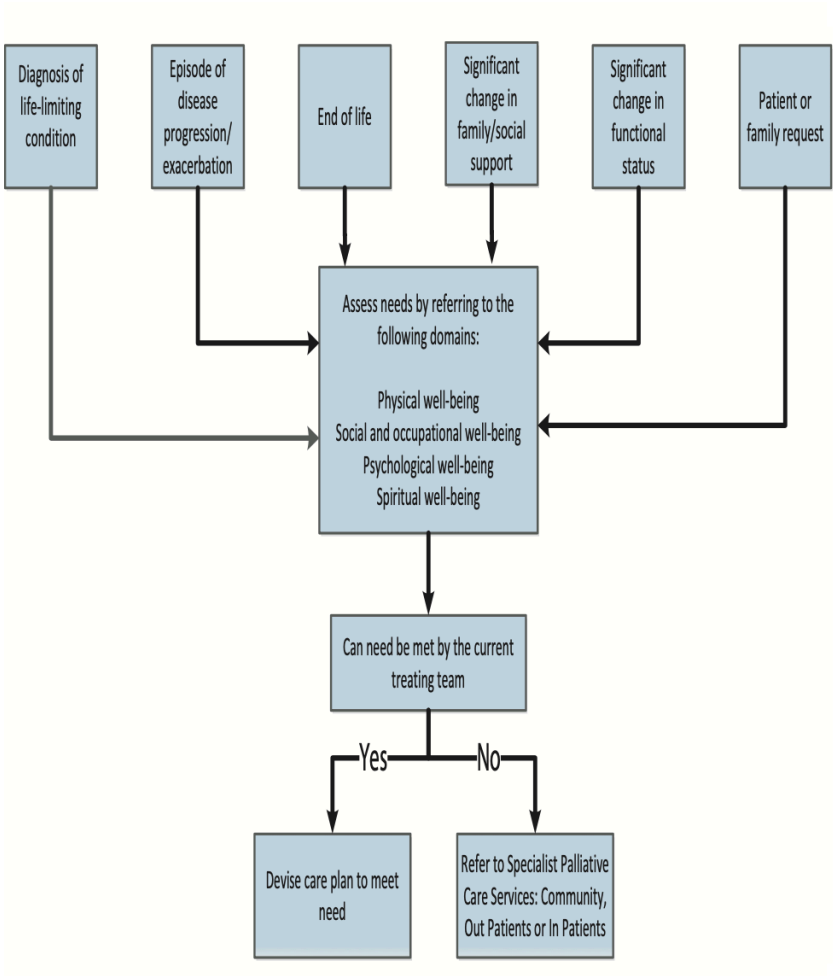

Figure 3. Assessment algorithm (Ryan et al. 2014)

3.3. Organisation of palliative care

Palliative care in Finland is based on recommendations of Ministry of Social Affairs and Health.(STM, 2017). Three tier model has been created which provides a best possible care for patients based on patient individual needs. It covers basic and specialised palliative care needs.(Figure 4) Regardless of patient location palliative care is provided which is based on patients needs.(THL, 2023.)(Figure 5)

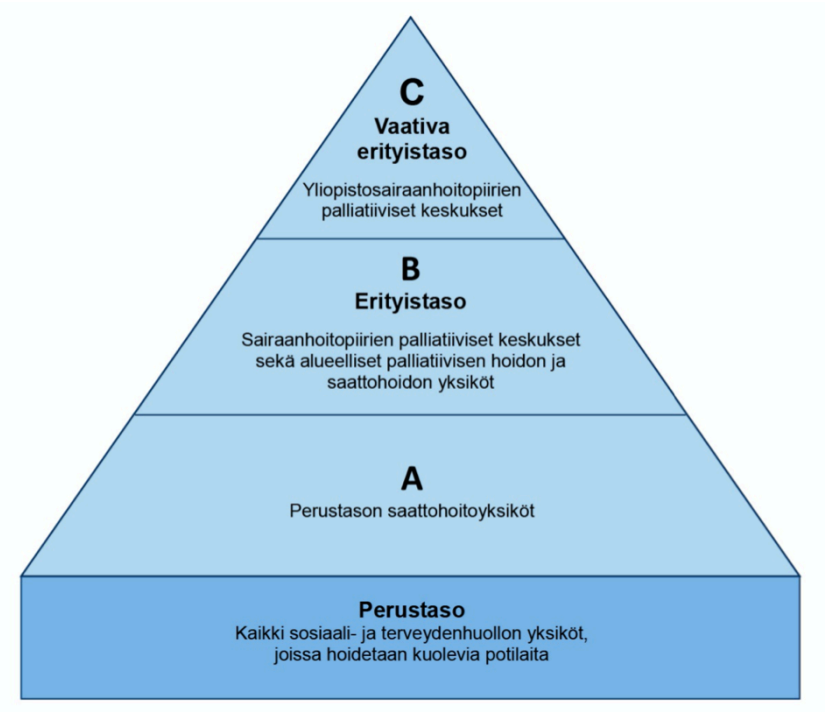

Figure 4. Three Tier model (THL, 2022)

Basic level includes of all patients requiring palliative care but don't need specialised attention of A,B and C levels. Patients are treated in social and health care centres but care can be also managed in patients own home or any other 24/7 care. If necessary, specialised care can be added to patients treatment plan.(THL, 2023.)

A- basic level - includes health care units and hospitals which provide hospice care but there is not necessity of special care. These units are located in suit-

able distance to provide necessary treatment.Basic level is supported by special units if specialisation is required (THL, 2022.)

B- special level is found by hospital districts specialised in palliative and hospice care and are usually coordinated by hospital district. Care can be provided in patients home, palliative hospital departments, hospices, but also in palliative outpatient clinics and day hospitals.They also do support the basic levels units. (THL, 2022.) Care workers are specially trained to provide exceptional palliative care.(THL, 2023.)

C- demanding special level includes palliative centres of university hospitals consisting of palliative care clinics, consultation teams, psychosocial support, palliative bed department, but also home care, day hospital and hospice department, which can be also hospice home.(THL, 2023.)

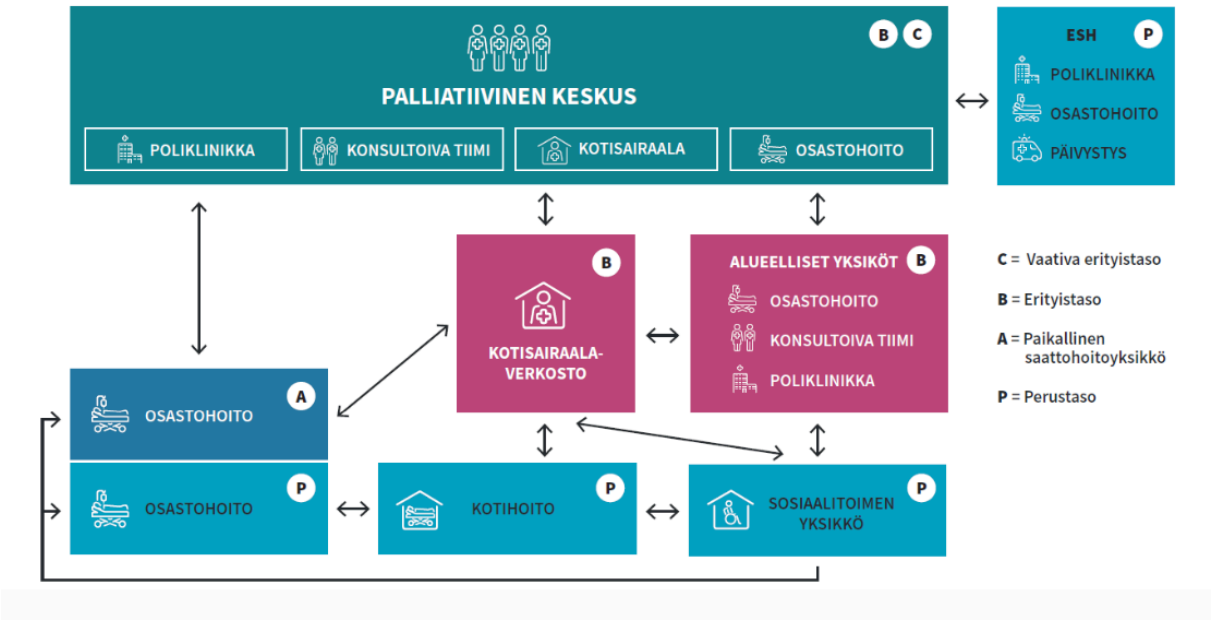

Figure 5. Palliative care service chain model (THL, 2022)

3.4. Nursing skills in palliative care

Nurses are vital part in palliative care as they do spent most of the time with patients and their families. To provide an exceptional palliative care nurses are always keeping in their mind 7Cs of palliative care which is compassion, commu-

nicating, care, continuous education, collaboration, coordinations and care of dying patients.(Western Community College, 2024.)

As the nursing care is patient orientated, nurses are involved in patients treatment, but also in elevating patients worries, burden as they are supporting patients in all social, physical, psychological, emotional and spiritual needs. They are expected to anticipate, treat and prevent patients from suffering. Contributing in health assessments, promoting health and wellbeing of patient, counselling, providing wound care if necessary but also managing medications and treatment. Nurses are maximising patients quality of life based on patients individual needs. Communication is essential and significant skill in nursing care as nurses have to manage to communicate and provide complex informations and explanations to patients and families clearly and emphatically. Compassion and empathy is vital in building good relationships, building trust and delivering exceptional quality care.(Schroeder & Lorenz, 2017.)

3.5. Family support

In palliative care, support of families and close friends is included. Good communication skills are essential in family support eg. relieving family burden and anxiety during difficult times. With the will of family to participate in care, families are informed about the patients conditions. The information includes diagnoses, treatment and next steps in care plan. If the palliative care is provided at home, families are acknowledged about professional support services. Additionally, families are educated about administrating of medications and proper feeding techniques if patients are not able to eat independently. Support is provided with organising funeral and addressing legal or financial matters if needed. Families often experience distress which leads to anxiety. Patients can benefit with small meeting with doctors and nurses where discussion is open and allowing them express their feelings, and talk about the present and future care. These meeting are particularly beneficial for dysfunctional families with elevated tension where presence of social care worker is essential. Families are reminded that tension, anger and unresolved family issues have negative impact on patients wellbeing.(Doyle & Woodruff, 2013.)

In some cases , collision occurs, where family members or friends may ask medical staff to withhold informations, about disease progression from the patients or provide a false hope in treatment, to protect patient from distress and additional anxiety. The meeting with family is called for and explanation of withholding information from the patient is not appropriate. As the conversation can be quite challenging, presence of social worker, pastor or family counsellor may be beneficial. Patients may also request withhold information from family members. Patients wishes are respected but closer investigation of situation is put in place, to understand the reasons of withholding these information. Family meeting is beneficial in these situations involving close relatives along with health care professionals. Communication may open up and everyones concerns are acknowledged, which can reduce burden and worries for patient and close ones.(MarieCurie Organisation, 2022.)

3.6. Assessment of palliative care, symptoms and their pharmaceutical and non pharmaceutical treatment

Assessments of palliative care are based on patients physical wellbeing, social and occupational wellbeing, psychological and also spiritual well being.(Ryan et al.2014.) Each domain of well being have their own assessment needs which are looked at independently to provide high quality care.

3.6.1. Physical well being

Assessment of physical wellbeing is based on assessments of pain, fatigue, gastrointestinal and respiratory issues. (Ryan et al. 2014)

3.6.1.1. Pain

Pain and pain management are major part in palliative care. About 80% of AIDS and cancer patients and 67% of cardiovascular disease and COPD patients are suffering with pain, so management is necessary.(WHO, 2024.) It is one of the main symptoms of recognising of advancing disease which more than 80% of cancer patients suffer with but also many other diseases are affected by it. The pain differs from person to person so the same treatment cannot be implemented.(Institute of palliative medicine, 2022.) Pain can be related such to a nerve

pain, bone pain, cancer , arthritis , but it also can be treatment related such as chemotherapy, radiation, or also due to opioids.(Great Manchester Medicines Management Group, 2019, 9)

The assessment of patient is necessary, so implementation of the treatment and correct medication can began. It is repeated regularly, allowing to provide high quality care to patient. Pain assessments are based on intensity of pain, kind of pain , location , timing but also disturbance of patients functioning and sleep. The mood and movement of patient are also looked at. For patients with ability to communicate verbal - none/mild/moderate/severe and numerical(0-10) pain scales are used. To assess pain in nonverbal patients, pain is appraised by observing patients expressions, gestures , body language or posture such a PAINAD scale which is used with dementia patients -Pain Assessment in Advanced Dementia Scale(Käypähoito, 2019.) PAINAD scaled is based on observation, it is very versatile and reliable. Patients facial expressions, vocalisation , breathing , body language and consolability is observed. The score for each behaviour is 0 - 2 with complete score 0-10 points. Score of 0 means that patient does not have a pain, 1-3 very mild pain, 4-7 moderate pain and 8-10 severe pain. If the pain is severe, need of professional help is necessary.(Abraham, 2023.)

Non pharmaceutical ways which can relieve patients symptoms of pain and can be incorporated into medical treatment. Massages are very therapeutic and can relieve some of the pain symptoms. Relaxation techniques such as breathing techniques, tai chi which may help with pain and anxiety. Acupuncture may be effective in pain relief, especially for patients suffering with cancer. Physiotherapy but also pet therapy may help with pain and relaxation. Use of gel packs which can be warmed up or cooled down may help relief pain in localised pain. (Shaw, 2024.)

Administration and intake monitoring of medications regularly is necessity but additional medications can be added to treatment if the patients conditions spirals and it is necessary. As the pain is treated based on patients individual needs, medication list of regular medicine and additional medications have to be recorded. Medications are administrated orally ,can be administrated in form

of liquids or plasters, but also with medication pump (PCA) .(Terveyskylä, 2021.) There are two main medication categories in pain management - opioids and adjuvants .(Shaw, 2024.)

In 1986 the World Health Organisation created an analgesic ladder for physicians and health care workers for administrating medications for cancer pains. This document is translated in 22 languages and its implemented to cancer treatment but for all individuals suffering with acute and chronic pain with a requirement of analgesics.(Anekar, Hendrix & Cascella, 2023)

This 3 step ladder consists of 3 steps medication recommendations accorded to intensity and persistence of pain symptoms.

1.st step -—> Mild pain - recommendation of Non-opioids such as NSAID +/- adjuvants (broad selection of medications belonging to other classifications)

2.ndstep ——> Moderate pain - Weak opioids (hydrocodone, codeine, tramadol) +/- non-opioids +/- adjuvants

3.rdstep ——> Severe pain - Strong opioids (morphine, methadone, fentanyl, oxycodone, buprenorphine, tapentadol, hydromorphone, oxymorphone) +/- non-opioids +/- adjuvants .(Anekar, Hendrix & Cascella, 2023.)(Figure 6)

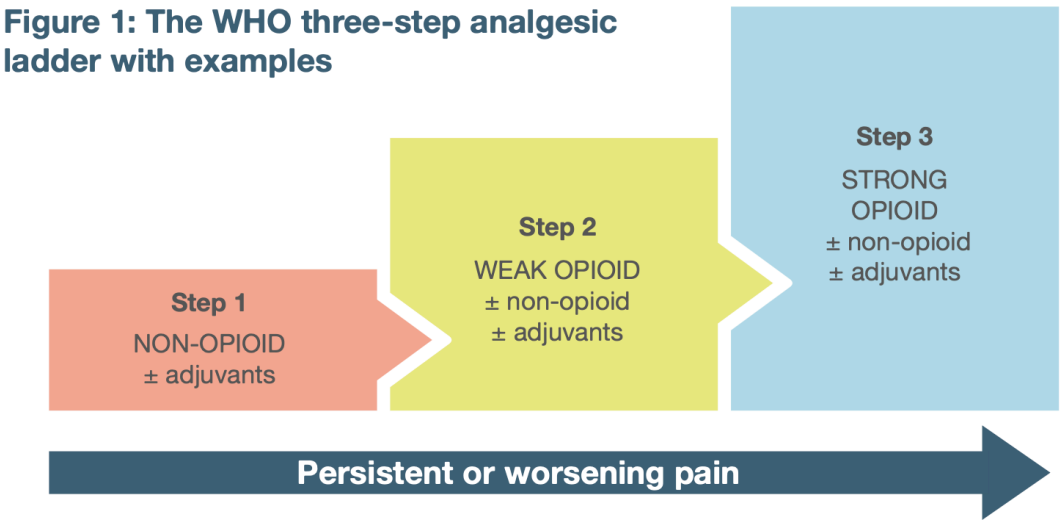

Figure 6 . 3 Step Analgesic ladder (World Health Organisation, 2024)

Weak opioids such Tramadol and Codeine are used for a moderate pain. Tramadol can cause effects such as vomiting, nausea and loss of appetite. Opioids

are administrated to patients according to their individual needs. Doses can be increased gradually but response to medication is observed at all times. Opioids alone may have lower affect on treating pain , however, with combination of anti inflammatory drugs such as ibuprofen has been proven more effective. (Käypähoito , 2019 .)

Decreased dosage of opioids for elderly by 30-50% is put in place such as Morphine and Oxycodone where dosage is 10-20mg/day. Regular dosage for short acting Morphine is 10 mg orally every 4-6hours. Long acting Morphine dosage is 60 mg orally, 4-6mg iv or 5 mg sc. It can also be administrated as 20-30mg iv or sc continuous daily administration. Transdermal Fentanyl is used for treatment of stable pain. Effect begins after 12 to 17 h after applying and lasts 72 h. After its removal, it has continuous effect , which lasts another 12-17 h. Fentanyl patch is long acting with active substance 12mcr gr/h. Oral Methadone is successful in cancer pain treatment and sufficient with combining with another opioids may be beneficial. Methadone is only long acting and its recommended dose is 10-15mg po .(Käypähoito, 2019.)

3.6.1.2. Fatigue

Fatigue is also called asthenia and can occur as acute or chronic. Its accompanied symptoms of inactivity and tiredness wont relieve just with proper rest . (Ryan et al.2014.) Physical activity and exercises are recommended to patients as it may improve their self esteem, strength, independence and wellbeing. Has to be moderated for cancer patients. Education of patients and cognitive behaviour therapy is provided as it help patients with sleep, but also families. Occupational therapy educates patients and families about self care and mobility, recommends safe transport equipments, but also prevents tendon/muscle tractions and pressure wounds. Music and art therapy , massages, acupuncture, yoga may be incorporated into treatment. In some cases blood transfusions, especially with anaemic patients, may relieve fatigue.(Professional Palliative Symptom Management Guidelines, 2019.) Steroid medication is proven to relieve some symptoms of fatigue. Most commonly Deksametason 3-6mg/vrk is administrated.(Käypähoito, 2019.)

3.6.1.3. Gastrointestinal issues , anorexia and loss of appetite

Gastrointestinal issues are assed based on anorexia, nausea, vomiting and constipation. Anorexia also called cachexia is very common during palliative care with more than 80% of patients are affected by it.(Käypähoito, 2019.) It may be caused by many reasons, such as medication, poor hydration, mouth infections, pain or even depression. Cold foods eg.ice creams and small portions are applied to treatment diet, additional energy supplements are also added to diet eg. protein drinks such as Nutridrink. Time to eat peacefully with no rush is put into practice with patients comfortably dressed and seated by the table (Janes, 2017.) To prevent muscle loss and weakness exercising can be beneficial. Dexamethasone 3-6mg/vrk is administrated and Prednisolon can be prescribed if the symptoms last less then 2months .(Käypähoito, 2019.)

3.6.1.4. Dehydration, dry mouth and infections

Symptoms such as dehydration, dry mouth and infections contributes to loss of appetite. Dehydrations most common causes are loss of fluids such as vomiting , diarrhoea, fewer or poor fluid intake. Weakness, inability to walk and movement limitations, shortness of breath can be linked to dehydration. Oral fluids are usually satisfactory and its the best way to mouth moisturising and relieving thirst. Additional liquids iv or subcutaneous hydration of 1000-1500ml is administrated if necessary to alleviate and provide relief from occurring symptoms. (Käypähoito, 2019.)

Dry mouth symptom is commonly connected with low saliva production caused mostly by medications such as opioids and diuretics, but also breathing through mouth and poor chewing ability. This can cause many infections and pain in patients. Oral hydration and hygiene is crucial. Consuming ice and cold drinks may alleviate the pain. Local antiseptics are used in addition such as 1% chlorexidine gel and Nelos gel. Lidocain mouthwash and in some cases also morphine gels are used for local pain.(Käypähoito, 2019.)

Mouth and teeth infections are mostly inspected with cooperation of dental health professional if necessary. In some cases antibiotics are administrated. Fungal infections are treated especially with anti-fungal medications, but effect

some medications, mainly with Warfarine, have to be considered. Nelos gel can be also incorporated into treatment of infections.(Käypähoito, 2019.)

3.6.1.5. Nausea and vomiting

Nausea may occur for many different reasons such as chemotherapy, liver issues, constipation, bowel obstruction, use of strong medications, anxiety, constipation, severe pain.(Käypähoito, 2019.) Up to 70% of patients are effected by nausea, high eat percentage of cancer patients but very common are AIDS, heart failure, renal failure, and other life limiting conditions.

Avoidance of sounds, sights and smells that may trigger the nausea is recommended.(Glare,Miller, Nikolova & Tickoo ,2011.,254) Dietary changes, acupuncture and acupressure are useful addition in treatment. Patients may also benefit from music therapy, relaxation techniques and spiritual support. Education of families and carers about nausea is set up to provide correct treatment. (Care Search, 2024.)

Most commonly drugs and dosage used for reliving nausea are Metoclopramide dosed 10 mg x 3 p.o., p.r., or 10 mg x3 i.v. for delayed gastric emptying, and cancer patients. Haloperidol is prescribed 0.5 - 2 mg x 2-3 p.o., s.c., i.m. or i.v. (ad 10mg/day) for nausea caused by opioids and other medications, or intestinal obstruction. Olanzapine is used 2.5 - 1 mg p.o. in combination therapy for chemotherapy or induced nausea. Cyclizine 25-50mg x 3 p.o. is applied for motion sickness and unknown source of nausea. Dexamethasone of 1.5 - 2 mg x1-4 p.o., i.m., i.v. is used for increased intracranial pressure, induced nausea or intestinal obstruction also. For panic and anxiety nausea Lorazepa 0.5 - 2 mg x 1-3 p.o. is prescribed. Ondansetron 8 mg x 2 p.o., 16 mg x 1 p.r., 8 mg x 1-3 i.v. is used to treat chronic nausea in cancer patients , renal failure and intestinal obstruction, Levomepromazine of 5 - 1 mg x 1-2 p.o. , 12.5 - 25 mg i.v./day is also used.(Käypähoito, 2019.)

Vomiting is related to nausea but have a different symptoms.Nausea is more of sensation of vomiting and vomiting is expelling of gastrointestinal contents involuntarily via mouth.Many cancer patients experience vomiting, but also a chemotherapy and strong medications may be a cause. Patients should be kept

in well ventilated room, avoiding irritable smells, eating desirable foods and kept well hydrated. (Institute of palliative medicine, 2022.)

3.6.1.6. Constipation

Is caused by insufficient bowel movements which is less than 3 times a week. More than a 50% of palliative patients suffer from constipation, but majority are patients treated with opioids.(Käypähoito,2019.) Patients should be prompted to keep hydrated, drinking lots of fluids, hight fibre diet is recommended including eating lots of vegetables and beans. The access to own toilet should be provided for patience privacy. Small exercises and massages are promoted to encourage stimulate.Tips to improve posture when they use a toilet are advised such as sitting straight, rising feet with support of footstool and also relaxing. (Marie Curie Organisation, 2021.)

Combination of laxatives is recommended such as softening laxatives as Lactulose with bowel stimulating laxatives eg. Senna. The use of bulk laxatives (wheat bran or methyl cellulose) are not recommended in palliative care. For cancer and chronic pain patients to relieve opioid induced constipation Oxycodone and Naloxone are used with maximum dose of 80/40 mg Oxycodone/ Naloxone x 2 times a day.(Käypähoito, 2019.)

3.6.1.7. Dyspnea

Shortness of breath is very common especially with COPD patients, but also occurs with heart failure and cancer.It can be caused by illnesses , lung tissue and circulatory problems, can be affected by respiratory muscle weakness and psychological factors. Oxygen therapy may help the patient and relieve some symptoms.(Käypähoito, 2019.)

The patients suffering with shortness of breath are restless and anxious which can increase dyspnoea symptoms. Education about recognising the symptoms and about breathing techniques during the attacks is called for.(Janes, 2017.) There are few ways which may help patients during the episode, such as opening windows, providing air fan to the patient but also a reassurance that the episode will pass, sometimes even small things like holding patients hand will

help. Positioning of the patients is very important to reduce breathing episode. Sitting upright is one way will reduce pressure from the abdomen on diaphragm; the other way is with sitting forward and resting arms on the table or any other surface.It helps relaxing the chest and allows air flow into lungs.(Marie Curie, 2021.)

If dyspnea's main cause is lung cancer, radiotherapy is recommended and cortisone eg. Dexamethasone 9-30mg/vrk are added to treatment. For terminally ill patients opioids are prescribed as the relief symptoms of short breath. Administration of opioids depends on patients age, general condition but also on kidney and liver functions.(Käypähoito, 2019.) Recommended morphine dosage consists of long acting morphine 10 mg x 2 + short acting 4-10 mg p.o. if needed; short acting morphine 4 - 10 mg as needed or short acting morphine 4 - 1 mg every 4 h. Also 2-4 mg morphine s.c. or i.v. can be applied.(Käypähoito, 2019.)

NIV (non invasive ventilation) is provided during respiratory failure. As the NIV at home prolongs survival and reduces symptoms of respiratory failure, decision for use has to be set well in advanced.(Käypähoito, 2019.)

3.6.1.8. Cough and mucus secretion

Cough is physiological reflex preventing foreign material entering respiratory tract and clears excess secretions, microbes from lungs and bronchial tree. It can be acute which lasts 3 to 8 weeks, or chronic lasting more than 8 weeks and can interfere with life. It can be dry, where no sputum is produced and productive, creating mucous, blood, puss. Chronic cough is mostly common with lung cancer patients, COPD, smokers, asthma and HIV. It can cause pain, nausea, depression in some cases also rib fractures and sleeping disorders. It can be very uncomfortable and cause lots of distress to patients and their families. (Centre for palliative care, 2017.) Physiotherapy on breathing techniques is recommended to patients and exercising breathing eg. with bottle filled up with 10-20cm of water and blowing tube are mostly helpful with mucus secretion. Some opioids may reduce cough but not many medications are used. Mucotics such as Erdosteine or inhalation is used to relieve thick mucus. (Käypähoito,2019)

If cough is caused because of tumour and irritates the airways Prednisone of 40-60mg x1 or Dexamethasone 6-9mg x1 is administrated. In case of Hemoptysis, Tranexamic acid 1000–1500 mg × 3 orally, 500–1 000 mg × 3 intravenously or Prednisone 40–60 mg × 1 or dexamethasone 6–9 mg × 1 is prescribed. For mucus secretion air humidification of 0.9% 5 ml with inhaler or Mucolytes , also Bromide+Salbutamol or Ventoline is used. Intrusive meds such as opioids are also used. Codeine 30 mg + Paracetamol 500 mg 1–2 × 3–4; Codeine 30 mg + Ibuprofen 200 mg 1–2 × 3-4; Morphine solution with a starting dose of 10–20 mg × 1–6 or long-acting Morphine with a starting dose of 10–30 mg × 2 can be applied.(Janes, 2017.)

3.6.2. Social and occupational well being

In this part of assessment we are concentrating in knowing the patients, patients family support and emotions. Discussions about further practical concerns and advance care planning is opened up.(Ryan ed al.2014.)

Social support covers patients competence at home, and family support needs, but also financial support. Patients can be reinforced with extra care at home, some reimbursements of medicines, some transportation support but also funeral allowance which may elevate some burden in challenging times. These benefits are covered in Finland by Kela, municipalities, insurance companies including sickness and unemployment funds.(Terveyskylä, 2021.)

Family caregivers are the main supporters of patients in palliative care. They provide a big emotional, physical and also psychological support to loved ones. (McCauley, McQuillan, Ryan & Foley, 2021.)

Emotional support in palliative treatment is crucial and can significantly improve quality of life.Talking about the feelings reduces stress and anxiety, especially, when dealing with uncertainty of future. The carers can support patients by taking time to know them, talk about their feelings and understanding them. Patients are encouraged to talk about their fears, sometimes just listening gives the patient a big relief. Supporting patients in activities they love, going for a walk, listening to music they love usually relax patients.

Emotional support is not provided just by family and carers but also social workers who help with organising care and benefits, but also community support. Psychologists can help with understanding emotions and coping with them, counsellors give them privacy and can explore emotions in non-judgemental space, spiritual specialist help patients to accomplish their spiritual needs but also some complementary therapists may help with relaxation exercises , massages. Emotional support is provided to patients and families as they can experience feelings of isolation, can feel anxious, stressed and depressed.They are supported to talk about their feelings , look after themselves, encouraged to talk to friends and do some activities to clear their mind and implement relaxation activities.(Marie Curie, 2022)

3.6.3. Psychological wellbeing

Psychological wellbeing covers patients feelings, moods and interests , understanding of illness and adjustment to it. Coping with pain and mental illness issues.(Ryan et al. 2014.)

In palliative care about 25% patients suffer with depression and anxiety. Early recognition of symptoms is a key to provide good quality of life. Psychological distress may occur and it’s very important to recognise the symptoms of distress.This can be caused by a disease which may be rapidly progressing, depending on someone but also physical exhaustion (Figure 7).

Examples of psychological distress

anxiety	denial	sadness, misery, remorse
depression	guilt	withdrawal, apathy
anger, frustration, irritability	fear	inappropriate compensation (joyful)
hopelessness, despair	grief	lack of co-operation with carers
helplessness	passivity	unresponsive pain
regression	avoidance	

Figure 7. Examples of psychological distress (Doyle & Woodruf, 2013).

The patient may not understand the illness or its treatment, thats why communication is very important. Patients may be also afraid of dying and pain, may be lucking confidence and feeling helpless and out of control.It is often mixed up with anxiety or depression.Patients can be very agitated and mood swings are

very common.(Doyle & Woodruf, 2013.) Recognition of depression in early stages permits antidepressant medication. During assessment decision is made about patients need of support.(Käypähoito, 2019.) Non pharmaceutical treatment is supported, but medications can be combined in treatment such as Lorazepam 0,5-1mg x 1 - 3/day and Oxazepam 7,5-30mg x 1-3/day to relief anxiety.(Käypähoito, 2019.)

Denial is very frequent, which also acts as coping mechanism and sometimes is allowing time to cope with the situation. Many times patients don't want to be acknowledged about the illness or discussing it. Few factors can indicate that a patient is not coping well with the situation. Patients may be very pessimistic and anxious, they may have marital/family problems, history of alcohol/drug abuse, or mental health illness. They may have just a few social supports ,coming from a lower socioeconomic class, and not having any spiritual beliefs. Non judgemental approach and respected individuality of a patient is implemented in treatment. Good communication, and listening skills are necessary to reassure patient and promote continuity of treatment. Social support is provided with understanding of patients background, and culture. Supporting groups are suggested, but also meditation, relaxation therapies and socialisation are recommended.(Doyle & Woodruf, 2013.)

3.6.4. Spiritual wellbeing

Spirituality has different meaning to everyone, and is not just about the religion. It can be also called faith, life philosophy, belief, or also inner strength.(Ryan et al.2014.) During the hard times of illness and illness is progression, patients views on spirituality can change and get stronger. The patients may seek for existential answers, feeling of belonging or may be looking to feel love, hope. The assessment of spiritual well being is done by HOPE assessment which can allow us to understand patients needs. The assessment is done by answering 'simple' questions about patients beliefs.(Ryan et al. 2014) (Figure 8).

Suggested Prompts		
H	Sources of hope	What gives you hope (strength, comfort peace) in the time of illness
O	Organised religion	Are you part or member of religious or spiritual community? Does it help you
P	Personal spirituality & practices	What aspect of your spiritual beliefs do you find most helpful and meaningful personally?
E	Effect on medical care and end of life issues	How do your beliefs affect the kind of care you would like me to provide over the next few days/weeks/months?

Figure 8. HOPE assessment (Ryan et al. 2014)

The communication and listening playing the most important role in spiritual care. All health care providers can support the patients but also a chaplain, counsellor , palliative care social workers. Patients don't have to be religious to receive support. In some cases, it's good to be by patient and listen. They may open up and talk about their feelings, fears and concerns. This can have a big effect on patients and give them some relief. Patients may also open up about their funeral plans, service plans, and wishes they would like to be taken care of. It"s crucial that all the informations provided are recorded in patients care plan.(Marie Curie, 2022.)

4 METHODOLOGICAL IMPLEMENTATION AND THESIS TIMING

4.1. Implementation of thesis

Functional thesis has been developed and used as an accomplished thesis in universities of applied sciences. Writer demonstrates the expertise in the topic and develops the product which is based on expertise and theory. The product eg.instructional video, brochure or event can be the final product of thesis. It can also contain of courses, exhibitions, but also seminars depending on the field of studies.(Kostamo, Airaksinen & Vilkka 2022.)

Linear choice of writing is implemented into functional theses. The linear model has been developed based on definition, planning, implementation, closing the process and evaluation.(Salonen 2013, 15.) One of recommendations for gathering materials for writing functional thesis is collection of materials and documents which are already made.(Salonen, 2013, 23.) Research methods are not necessary in functional thesis, but awareness of trustworthy materials and information has to be bared in mind.(Vilkka & Airaksinen 2003, 56.)

Materials in this thesis can be considered trustworthy and ethically correct coming from reliable sources with the majority of materials and informations no older than ten years. Couple of information in thesis has been taken from older materials. The product of this functional thesis is creation of Power Point Presentation for Lapin ammattikorkeakoulu students in Kemi, to promote awareness and education about palliative care in Finland. Informations and explanations about organising, applying palliative care and recognition of symptoms in palliative patients and their medical and non medical treatment approach is examined.

4.2. Planning and timing of thesis

The inspiration about this thesis and creating Power Point Presentation for students of Lapin ammattikorkeakoulu in Kemi has been created based on personal interest in topic and working in Pulkamontien Terveysasema in Rovaniemi, where treatment of palliative care patients is also included. Many stu-

dents attend their practical training in this health care centre, but noticeable gaps has been noticed in understanding of palliative care in students, from organising point up to the treatment.

At first , idea of creating informative brochure for patients and presentation for students was set up however commissionaire for brochure hasn't been found. On that basis, the concentration on creating quality and informative presentation for students has been put in place with Lapin ammattikorkeakoulu as a client.

The material and information for this project has been already gathered by December 2024 and plan has got accepted in March 2025.The material and information has been accumulated using databases such as PubMed and-ResearchGate but also from Web Google Search. Websites such as Käypähoito and Terveyskylä has been also used, to include up to date health care information and recommendation in Finland. Gathered information includes recommendations and informations from World Health Organisation or palliative care accredited associations, guides, journals and brochures also. The final thesis project has been finalised by the end of March 2025 included Power Point Presentation.

4.3. Power Point Presentation

Power Point presentations are wildly used in education. It is helpful for students to understand the topic better and increase interest in learning.(Northern Illinois University, 2022.) Power point is used to make lessons open minded and leads to open communication. Presentations are also very easily saved, converted into PDF and convenient to share.(Jenny, 2022.) PowerPoint Presentations are also great for students' self studies.Topics of thesis has been systematically divided into 3 parts to provide good explanation and easier understanding of the topic.It also creates a great space for open communication with students about it.

The first topic of What palliative care is and who is palliative care for is introduced to students and information about palliative care are provided.The second topic of How is palliative care organised and who is included in palliative care is looked at and described. Nursing skills in palliative care and Role of fam-

ily in palliative care is included.This part is to develop understanding of individual roles in palliative care. The third and final topic of What are well beings of palliative care and what are the symptoms of palliative patient are professionally described. Medication knowledge is added accordingly to up to date medication treatment and updates of these symptoms in Finland.

All 3 presentations are written in Arial font and the font is 34-57 for headings and titles. Subtext information is in size 30-36. Bold style has been added to headings to point out the importance of the topic. Each slide contains maximum of 6 bullets so slides are not overfilled with too much information and ideas which opens up space for interaction with students. Additional images have been added to some slides to point out the topic and interest students.

5 ETHICS AND RELIABILITY

In 1991 The Finnish National Board on Research Integrity TENK guidelines has been created to promote ethics related to integrity and promoting integrity in research.(TENK 2023.) Integrity is based on principles of reliability, honesty, respect and accountability.(ALLEA 2017.) Integrity promotes and supports good research practice, trust but also a completing research writing.(Research integrity office, 2025.)

Thesis has been written on the bases of principles and ethics; fabrication of information, falsification and plagiarism has been avoided, with the sources of informations provided marked in text. It is honest in providing informations in whole thesis as in Power Point presentation, transparent and open to communications, caring and respectful towards the subject. All information provided are accountable and trustworthy. Information provided is based on the research of materials such as books, literature reviews, scientific journals, medical articles and accredited medical and charity websites found on internet which have been published between 2013 - 2025 and are provided to everyone regardless of their culture, nationality or religious believes.

6 DISCUSSION

Number of people aged over 60 is rapidly increasing and every elderly should be able to live a fulfilled live.(World Health Organisation, 2024.) With challenges of limited educations and misunderstanding of medicine, can be quite difficult to provide exceptional palliative care and allow patients to live quality life.(World Health Organisation, 2020.)

Understanding of palliative care, good quality life is designated to patients based on their individual needs and avoids unneeded stays in hospitals and health centres.(World Health Organisation, 2020.) With the personal interest in this topic I did look deeper into subject. The understanding of the symptoms, connections of the treatment and medications have deepen my knowledge. Education and training of carers should be provided on regular basis to understand new challenges and new medications to provide suitable palliative care. It is a major role in lives and education and promotion of knowledge is necessary, to provide exceptional care. In this work, main points of palliative care are introduced to students with information easily reachable, accurate and reliable which may benefit students in their studies or workplace in Finland. The understanding of palliative care in all aspect promotes nurses abilities to provide phenomenal care. To be able to communicate, build trust with patients to promote best possible treatment.

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