

# Care for Terminally Ill Patients

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## Introduction

When a person is at the advanced stage of a terminal illness or is near to the conclusion of their life, the healthcare provided is a major aspect of medicine. A person with a terminal illness might need care in mental and emotional issues, in doing practical tasks, in spiritual issues, and might also need care in physical comfort. The patient has rights to choose for the choice of medical interventions including continuance of routine medical interventions, the patient can also choose for participation in new or existing clinical trials. Generally it has been seen patients in the last 12 months of life have a medical spending of roughly 10% of total aggregate medical spending, while patients in the last three years of life the medical spending can cost up to 25%.

## Background

The signs and symptoms that convey that the patient is dying

1. The patient might have decreased socialization and withdrawal because it might be caused by decreased oxygen supply to the brain, decreased blood flow, or mental preparation for dying.
2. The patient might have confusion about the identity of loved ones; confusions about place and time, restlessness might also be present along with visions of people and places that are not present in time.
3. She might have less meat for food and fluids and also might have a loss of appetite because of the bodies need to conserve energy and its decreasing ability to manage fluids and nutrition properly.
4. Increased sleep or unresponsiveness, drowsiness might be caused because of the changes in metabolism.
5. Because of the relaxing of muscles in the pelvic region the patient might experience loss of bowel control or loss of bladder control.
6. decreased kidney function or decreased amount of fluid
7. Intake can cause the urine to darken or there might be a de-

crease of amount of urine.

8. Skin, particularly the hands and feet, might become cool to touch. Skin might also become bluish on the underside of the body because of the decreased circulation to the extremities.
9. The patient might have a tendency of turning the head towards the light source which is caused by decreased vision.
10. There might be respiratory changes like rattling or gurgling sounds while breathing, The breathing might be irregular or shallow; the breathing might be alternating between rapid and slow. This is mainly caused from decreased fluid consumption, presence of waste products accumulating in the body.
11. The patient might have difficulty in controlling the pain.
12. Myoclonus, hypertension followed by hypertension, an increase of heart rate, and lots of leg reflexes and arm reflexes are additional signs.

## Planning

### Planning of Advanced Health Care

This is mainly done to protect an individual’s values for conclusion of life care and to help with his or her preferences. A directive of advanced healthcare should be issued, which is a legal document that permits conclusion of life decision planning to occur before the actual demise of the patient. For example there are patients who do not want resuscitation in case they stop breathing due to their disease progression.

### Decision to Start the Conclusion of Life Care

There are often different perspectives, wishes, and expectations for courses of action among family members. Decision making becomes difficult and challenging for families of patients in the terminal stage of illness. There might be a dilemma among family members for choosing quality of life over life extension or vice versa as the main goal of the treatment. To prevent interventions that are not in reference to the patient’s rights or wishes, conclusion of life care derivatives can allow the treatment and care the

patient desires as well as help in preventing strain on family members.

## Methodology

### Management of Pain

The careful and monitored use of opioids can help the patient in managing pain and help in improving the patient's quality of life. Opioids like morphine or diamorphine are often used, respiratory depression is an effect of high doses of opioids and the risk increases with consumption of alcohol or other sedatives. Overdosing with opioids should be carefully prevented.

### Management of Nausea and Vomiting

Cyclizine, haloperidols are typically used along with other anti-emetics to control the above symptoms.

### Management of Agitation

Restlessness, terminal anguish, delirium, signs of trashing, plucking or twitching typically controlled using

### Levomepromazine, Benzodiazepines, Midazolam

Haloperidol is also often used. Do you hydration helps in relieving symptoms.

### About Death Rattle

Atropine, glycopyrronium, hyoscine butylbromide helps in reducing the mucus and other fluids that have accumulated in the oropharynx and upper airways causing a rattle like sound. Subcutaneous injections and or giving of ongoing drugs via rectal route are used mainly for medication input.

## Care at Home

This method helps in increasing the satisfaction of patient due to home-based management of improving patient's condition. A palliative care practitioner will examine and try to implement routine including checkups for the patient for the betterment of life. Hospice care can also be looked into. There are other home-based caregivers and medical staff for helping the patient.

## Perspective as a Medical Professional

Care of a patient during the conclusion stage of his life is mainly a team effort including physicians, therapists, nurses, social workers, pharmacists. The membership of the team depends on the type and level of care needed. Experienced and exposed a lot in work physicians are more likely to converse the life care options and discussions with the patient during the process. Although generally, it has been seen that families of patients and patients themselves tend to work out these discussions with the nursing staff as they spend more time with these patients than any of the other team members [1-4].

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