



Australian Government

Department of Education, Employment and Workplace Relations

HLTEN511B Provide nursing care for clients requiring palliative care

Release: 1

HLTEN511B Provide nursing care for clients requiring palliative care

Modification History

Not Applicable

Unit Descriptor

Descriptor

This unit of competency describes the skills and knowledge required in providing palliative care to clients with life-limiting illness and their family

Application of the Unit

Application

The knowledge and skills described in this competency unit are to be applied within jurisdictional nursing and midwifery regulatory authority legislative requirements

Enrolled/Division 2 nursing work is to be carried out in consultation/collaboration with registered nurses and under direct or indirect supervisory arrangements in line with jurisdictional regulatory requirements

Licensing/Regulatory Information

Not Applicable

Pre-Requisites

Not Applicable

Employability Skills Information

Employability Skills

This unit contains Employability Skills

Elements and Performance Criteria Pre-Content

Elements define the essential outcomes of a unit of competency.

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element.

Elements and Performance Criteria

ELEMENT

PERFORMANCE CRITERIA

ELEMENT**PERFORMANCE CRITERIA**

1. Recognise the special needs of clients requiring a *palliative approach* to care
 - 1.1 Undertake a holistic assessment of the client in consultation/collaboration with a registered nurse
 - 1.2 Apply the principles of *palliative care* and the palliative approach
 - 1.3 Work with knowledge of pathophysiological changes associated with a life-limiting illness and an understanding of the needs of clients with such an illness
 - 1.4 Discuss with the client/family/carer the impact of life-limiting illness on their activities of daily living
 - 1.5 Use an understanding of the physiology of dying to support clients and family as they experience the dying process
 - 1.6 Ascertain and respect client needs in relation to lifestyle, social context, emotional and spiritual choices and document these in line with care plan
 - 1.7 Support the client, carer, his/her family and/or significant other to ensure their freedom to discuss spiritual and cultural issues in an open and non-judgmental way within scope of own practice and responsibilities
 - 1.8 Work with an awareness of psychosocial impact of palliative care on a client's family and significant others

2. Contribute to the care plan for the client at end-of-life
 - 2.1 Develop an individualised care plan in consultation/collaboration with a registered nurse
 - 2.2 Work in consultation/collaboration with other members of the health care team in providing care
 - 2.3 Provide emotional support to client and family through effective communication
 - 2.4 Address the legal and ethical implications of implementing advanced care directives
 - 2.5 Monitor changes to *advanced care directives* as they are reviewed regularly by appropriate staff member and support implementation of these changes

ELEMENT**PERFORMANCE CRITERIA**

3. Implement nursing interventions for *clients* with life-limiting illness
 - 3.1 Provide care according to the developed care plan, documenting and reporting any changes
 - 3.2 Perform nursing interventions to manage activities of daily living or complications of life-limiting illness in consultation/collaboration with a registered nurse
 - 3.3 Provide a supportive environment to the client, family, carer and those involved in end-of-life care
 - 3.4 Ensure that information provided to client, family and/or carer is accurate, timely and respects the wishes of client and/or family
 - 3.5 Document and promptly report observations of pain and other discomforts to appropriate member of staff
 - 3.6 Support the dignity of the client in undertaking all activities at end-of-life as well as after death
 - 3.7 Identify and report to appropriate member of staff any signs of deterioration or imminent death in line with health care guidelines

4. Assist in evaluating the effectiveness of planned interventions
 - 4.1 Modify nursing interventions to suit client responses in consultation/collaboration with registered nurse
 - 4.2 Monitor and document client responses to nursing interventions
 - 4.3 Evaluate, document and report effectiveness of implemented strategies that address client needs
 - 4.4 Reflect on any ethical issues or concerns and discuss with appropriate person if necessary

ELEMENT**PERFORMANCE CRITERIA**

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| 5. Provide support and services to client and family at end-of-life and after death | 5.1 Identify, access and/or discuss resources available for self, client, family requiring bereavement care |
| | 5.2 Refer grieving family to appropriate counselling resources as required |
| | 5.3 Undertake care of the body with dignity and respect taking into account the individual customs, culture, religion, spiritual practices and choices of clients |

Required Skills and Knowledge

REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

Essential knowledge:

The candidate must be able to demonstrate essential knowledge required to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

This includes knowledge of:

- Basic information about the use of pain relieving medication for staff, client and their family and within level of responsibility
- Diverse cultural, religious and spiritual factors underpinning client choices at end of life
- Effects of life-limiting illnesses on the activities of daily living
- Equipment used in the assessment, planning, implementation and evaluation of client needs and activities of daily living
- Ethical and legal issues related to a palliative care approach
- Hydration and nutrition requirements during palliative care and at end-of-life
- Impact of loss and grief on clients, family, carers and staff members
- Own role and responsibilities, and those of other team members involved in delivery of palliative care
- Relevant policies, protocols and practices of the organisation in relation to the provision of palliative care
- Relevant resources available to those requiring bereavement support
- State and Territory legislation on advanced care planning and advanced care directives
- The palliative approach to care of clients and their family
- Understanding of pathophysiological process
- Various signs of imminent death/deterioration of human anatomy and physiology in relation to:
 - advanced care directives
 - clinical nursing skills and symptom management
 - complex nursing interventions
 - customs, religious, cultural and spiritual beliefs
 - end of life care
 - grief/loss for family and client and grief counselling
 - loss of personal life goals
 - nursing interventions
 - organ donation
 - personal coping strategies and values and attitudes

REQUIRED SKILLS AND KNOWLEDGE

- regulations and legislation
- request for autopsy
- self care and self reflection
- social and community support systems
- working within a reflective practice framework

Essential skills:

It is critical that the candidate demonstrate the ability to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

This includes the ability to:

- Apply professional standards of practice:
 - ANMC code of conduct
 - ANMC code of ethics
 - ANMC national Enrolled/Division 2 nurse competency standards
 - state/territory Nurse Regulatory Nurses Act
 - state/territory Nursing and Midwifery Regulatory Authority standards of practice
 - state/territory legislation regarding 'Consent to medical treatment and palliative care Act'
 - scope of nursing practice decision making framework
- Perform nursing interventions, including:
 - assessment, observation, reporting and recording of pain
 - assessment, observation, reporting and recording of symptoms
 - basic complementary therapies
 - basic hand, foot and back massage
 - bowel management in opioid induced constipation
 - hot towels sponging
 - management of the dying client and their families/carers
 - non-medication management of pain symptoms
 - observation of, reporting and reporting and recording of pain management strategies
 - observation of, reporting and reporting and recording of symptom management strategies
 - pressure area care modalities particular to the terminally ill client
 - wound care modalities particular to the terminally ill client
- Use oral communication skills (language competence) required to fulfil job roles as specified by the organisation/service. Oral communication skills include interviewing techniques, asking questions, active listening, asking for clarification
- Use written communication skills (literacy competence) required to fulfil job roles as specified by organisation/service. The level of skill may range from reading and understanding client documentation to completion of written reports

REQUIRED SKILLS AND KNOWLEDGE

- Use interpersonal skills, including working with others, using sensitivity when dealing with people and relating to persons from differing cultural, social and religious backgrounds

Evidence Guide

EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

Critical aspects for assessment and evidence required to demonstrate this competency unit:

- The individual being assessed must provide evidence of specified essential knowledge as well as skills
- Observation of performance in a work context is essential for assessment of this unit
- Consistency of performance should be demonstrated over the required range of workplace situations and should occur on more than one occasion and be assessed by a registered nurse

Context of and specific resources for assessment:

- This unit is most appropriately assessed in the clinical workplace or in a simulated clinical work environment and under the normal range of clinical environment conditions
- Where, for reasons of safety, access to equipment and resources and space, assessment takes place away from the workplace, simulations should be used to represent workplace conditions as closely as possible, prior to assessment in the workplace

EVIDENCE GUIDE

Method of assessment

- Observation in the workplace
- Written assignments/projects
- Case study and scenario as a basis for discussion of issues and strategies to contribute to best practice
- Questioning - verbal or written
- Role play/simulation

Access and equity considerations:

- All workers in the health industry should be aware of access and equity issues in relation to their own area of work
- All workers should develop their ability to work in a culturally diverse environment
- In recognition of particular health issues facing Aboriginal and Torres Strait Islander communities, workers should be aware of cultural, historical and current issues impacting on health of Aboriginal and Torres Strait Islander people
- Assessors and trainers must take into account relevant access and equity issues, in particular relating to factors impacting on health of Aboriginal and/or Torres Strait Islander clients and communities

Range Statement

RANGE STATEMENT

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

Palliative approach aims to:

- Improve the quality of life for individuals with a life-limiting illness and their families, by reducing their suffering through early identification, assessment and treatment of pain, physical, psychological, social, and spiritual problems. A palliative approach is not delayed until the end stages

RANGE STATEMENT

of an illness. Instead a palliative approach provides a focus on active comfort care and a positive approach to reducing an individual's symptoms and distress, which facilitates residents and their families understanding that they are being actively supported through this process. Underlying the philosophy of a palliative approach is a positive and open attitude towards death and dying.

(Standards for Providing Quality Palliative Care to all Australians. PCA 2005).

Palliative care means

- An approach that improves the quality of life of clients and their families facing the problem associated with a life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual (WHO 2002)

RANGE STATEMENT

Advanced care planning refers to:

- The process of preparing for likely scenarios near end of life and usually includes assessment of, and dialogue about a person's understanding of their medical history and condition, values, preferences and personal and family resources. Advanced care planning elements are the written directive and an appointment of a substitute decision maker
- Access through state and territory legislation or guidelines on advanced care planning

Advanced care directive:

- Is sometimes called a 'living will' and describes one's future preferences for medical treatment. It contains instructions that consent to, or refuse, the future use of specified medical treatments. It becomes effective in situations where the client no longer has capacity to make legal decisions
- Access through state and territory legislation or guidelines on advanced care planning
- Completion of an advance care directive should be one component of the broader advance care planning process. Documenting advanced care directives is not compulsory as the person may choose to verbally communicate their wishes to the doctor or family, or appoint a substitute decision maker to make decisions on their behalf.

Examples of advance care directives are:

- medical treatment preference, including those influenced by religious or other values and beliefs'.
- particular conditions or states that the person would find unacceptable should these be the likely result of applying life-sustaining treatment, for example severe brain injury with no capacity to communicate or self-care.
- how far treatment should go when the client's condition is 'terminal', 'incurable' or 'irreversible' (depending on terminology used in specific forms).
- the wishes of someone without relatives to act as their 'person responsible' in the event they became incompetent or where there is no one that person would want to make such decisions on their behalf.

RANGE STATEMENT

Legal implications of advanced care directive:

- A nominated substitute decision maker that the treating clinician may seek out to discuss treatment decisions
- Other non-medical aspects of care that is important to the person during their dying phase
- Although the content of an ACD usually stipulates treatment limitation preferences, this should never be assumed as some individuals may indicate they want full measures to prolong their life
- Access through state and territory legislation or guidelines on advanced care directives

End-of-life ethical decisions may include:

- Ongoing discussion with the client, family, doctor, guardian and organisation to ensure that the client's and/or family's wishes are up-to-date

Client's lifestyle choices may include:

- Personal supports and relationships
- Social activities
- Emotional supports
- Cultural and spiritual supports
- Sexuality and Intimacy supports

Life limiting illness describes

Illnesses where it is expected that death will be a direct consequence of the specified illness. This definition is inclusive of both a malignant and non-malignant illness. Life limiting illnesses might be expected to shorten an individual's life expectancy (Standards for Providing Quality Palliative Care to all Australians. PCA 2005).

Client:

- May also refer to resident or client throughout this document.

Ethical issues may include:

- Decisions regarding medical treatment
- Conflict that may occur in relation to personal values and decisions made by or for the client

RANGE STATEMENT

Health promotion strategies may include:

- School topics personal and sexual health, nutrition drugs, mental health
- Community outreach breast feeding mothers
- Mass media advertising campaigns
- Social marketing
- Immunisation
- Public education
- Genetic counselling
- Screening

Client education strategies may include:

- Discussions about relevant issues regarding health
- One-on-one guidance/supervision
- Small groups
- Demonstrations
- Referrals to appropriate health professional
- Contact with self-help group

Risk factors may include:

- Alcohol and substance abuse
- Drug abuse
- Stress
- High blood pressure
- Smoking
- Obesity
- Poor nutrition
- Elimination problems
- Lack of exercise
- Interpersonal conflict
- Loneliness
- Poor sleep

Unit Sector(s)

Not Applicable