Hi HPNA Members!

I hope you have been enjoying your summer as well as the increased attention to palliative and hospice care. The Institute of Medicine’s Report on Dying in America, Atul Gawande’s “Being Mortal” book and ZDoggMD’s “Ain’t No Way to Die” video have all brought attention to the issue of dying and the quality of end of life care. We can thank many health care providers, social workers and chaplains for their creativity, hard work, determination and passion in getting the messages out but we can also thank patients and families for speaking out on their experiences as well. I recently read about a video game, That Dragon, Cancer, http://www.thatdragoncancer.com that is an interactive retelling of Ryan and Amy Green’s experience with their 4 year old son Joel and terminal cancer. It is an amazing new type of platform to not only honor their son’s life but to also educate others on the challenges a family faces from diagnosis through treatment, recurrent tumors, palliative care and eventually death. Take a look at the above noted website. The game has not officially been released yet but it looks like a virtual reality tool we all could use to expose people to the reality of the hope, fear, fatigue and frustration, as well as the heart wrenching days and decisions families face. I am looking forward to its release and hope you will watch for it too and share it with your colleagues. It always helps to know you are not alone and to learn from those who have come before us. All the information and new technology is exciting - this is how we make progress, institute change, enhance policies, and make our systems better.

Speaking of change, we have a lot going on at the Fort Worth Chapter of HPNA. We now have our website up and functioning, we have the capability to take online membership renewals and credit card payments. Thank you, Judy Goldthorp. And we have an important milestone coming with next year being our 20th anniversary! We have a lot to celebrate next year and are starting the party early!
Come join us September for our big Fall Kick Off September 15th at Baylor All Saints in Fort Worth. Dr Shawnti Pittman-Hobbs will present a program on the role of the palliative care physician and we will have food, door prizes and CAKE! Register online at our website. Come support your colleagues, your profession and hear about exciting changes! See you there!

Available Positions! We need people who will work for food!

**Food Sponsor Liaison**

Karen Pettersson has been our liaison and kept us all fed for the last four years. We thank her so much for her fabulous service but we need someone to take the reins. She has a list of resources she pulls from each month and she contacts them by phone and email to arrange to feed us. If you are interested in serving our chapter this way, (literally), please contact Laurie Smith at smith.laurie@gmail.com or 817-313-0490 for more information. More information is posted on our website.

**Treasurer**

We also want to thank Sue Collins for her service. She has been our treasurer for almost 2 years and her term will end at the end of this year. We will need to vote for another treasurer soon so please consider this important role and know you would not be alone. We work together! Please email Laurie Smith at smith.laurie@gmail.com or call 817-313-0490 if you are interested.

**President-Elect**

The President-Elect serves the first year, learning from the current President, then assumes the position of President the second year, and then helps train the next President-Elect.

You must be an RN member of both National HPNA and the Fort Worth Chapter HPNA to be an officer.

We need enthusiastic volunteers to help us plan for an exciting anniversary year!

~Laurie

**Future Programs**

October 20 – Opioid Conversions  Speaker: Linda McMahan, R. Ph.

November 10 /17 – TBA

December – TBA

Don’t forget to RSVP through our website at https://hpnafw.nursingnetwork.com
Hospice Tidbits

Jennifer Davis MSN MPH RN CHPN

“The patient’s respirations have been 30-40 per minute overnight.” We were receiving morning report from the night shift staff. This report in and of itself was not disturbing, since we know dyspnea is a common end of life symptom requiring palliation. The HPNA Core Curriculum states that dyspnea affects approximately 50% of our patient population, becoming even more prevalent in the last three days of life (HPNA 2015). "What action did you take?" we asked. The nurse was silent; no interventions had been implemented to relieve the patient’s suffering. This revelation WAS disturbing. You see, this patient was non-verbal, and could not VERBALLY communicate his respiratory distress to the nursing staff. Like pain, patient description is the most important and accurate measurement tool we can use to assess dyspnea, but, what about our non-verbal patients? I realized that our staff needed help in systematically assessing respiratory distress.

We researched the literature, and found an excellent, easy to use, evidence-based tool for non-verbal respiratory distress assessment. It is called the Respiratory Distress Observation Scale, or RDOS. (Margaret L. Campbell, PhD, RN 2/19/09). Like the Non-Verbal Pain Assessment Scale, points are based on observed physical symptoms and tallied. Scores of 3 or more indicate palliative measures should be taken. Use of this scale gives the nursing staff objective data to guide treatment decisions. The RDOS score helps staff communicate clearly with family, peers and physicians, thus ensuring timely, appropriate treatment to palliate a distressing end-of-life symptom. We hope you find the RDOS as helpful in your practice as it has been in ours.

References


http://homecareinformation.net/handouts/hen/Respiratory_Distress_Observation_Scale.pdf

Internet Ideas of Importance

The Lies of Hospice Patients

The Weight of Medicine

Going Back to Work after a Death
http://www.whatsyourgrief.com/going-back-to-work-after-a-death/

The Legacy of Dame Cicely Saunders
This evening’s PROGRAM: Communicating with Children and Teens about Death and Grief

Presenter: Barb Petzel, MS, LPC-S, NCC, FT, RN, is Founder and Counselor at Healing Transitions Counseling PLLC. She has Death and Grief Studies Certification from Colorado State University, is Nationally Board Certified in Thanatology, and has an MS degree in Counseling and Development, degree in Interpersonal Communications.

The objectives of the program are to: A) Explain children and adolescent reactions on final conversations with dying loved one; B) Review developmental levels regarding children’s and teen’s understanding of death; C) Define difference between grief and mourning; and D) Describe ways to creatively integrate expressive rituals and activities to encourage mourning.

The presenter shared the following foundational communication points; 1) developmental appropriateness (See handout outline developmental considerations); 2) be honest (even suicide); and 3) the expert is the person who is grieving.

Several activities that children can do to be a part of the process include decorating a drink cup, a pillowcase, story-sharing humor-prescription bottle “chuckle jar”. With parent loss, the most powerful predictor of adjustment is the functioning level of the surviving parent.

When talking about funerals, need to explain, take pictures, help prepare child for what to expect, and being involved in the ceremony is important. It can help to explain how adults may react. In describing cremation, may wish to use the phrase, “they are transformed into dust-like particles”. Some common themes for children include fear of other losses, guilt, being extra-responsible, victimized vs empowered, financial worries, new identify and loss of innocence. Grief is the feeling inside, and mourning is the externalization of that grief.

Our job is to help children externalize their grief.

**Fruit Paste Recipe for Constipation**

1 pkg dried apples (12 oz)  
1 pkg dried apricots (8 oz)  
1 pkg dried peaches  
1 pkg dried prunes  
1 cup senna leaf tea  
Grind in a blender or food processor.  
Take 1 tsp at HS PRN

**Labor Day**

The first Labor Day holiday was celebrated on Tuesday, September 5, 1882, in New York City, in accordance with the plans of the Central Labor Union. The Central Labor Union held its second Labor Day holiday just a year later, on September 5, 1883.

In 1884 the first Monday in September was selected as the holiday, as originally proposed, and the Central Labor Union urged similar organizations in other cities to follow the example of New York and celebrate a “workingmen’s holiday” on that date. The idea spread with the growth of labor organizations, and in 1885 Labor Day was celebrated in many industrial centers of the country.