



# Competency Based Learning Material (CBLM)

## Caregiving For Elderly Persons

Level-3

### Module: Perform Palliative Care

Code: CBLM- OU- INF-ECP-03-L3-V1



National Skills Development Authority  
Prime Minister's Office  
Government of the People's Republic of Bangladesh



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National Skills Development Authority

Prime Minister's Office

Level: 10-11, Biniyog Bhaban,

E-6 / B, Agargaon, Sher-E-Bangla Nagar Dhaka-1207, Bangladesh.

Email: [ec@nsda.gov.bd](mailto:ec@nsda.gov.bd)

Website: [www.nsga.gov.bd](http://www.nsga.gov.bd).

National Skills Portal: <http://skillsportal.gov.bd>

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The CBLM on “Perform palliative care” is developed based on NSDA approved Competency Standards and Competency Based Curriculum under caregiving for elderly persons Level-3 Occupation. It contains the information required to implement the caregiving for elderly persons Level-3 standard.

This document has been prepared by NSDA with the help of relevant experts, trainers/professionals.

All Government-Private-NGO training institutes in the country accredited by NSDA can use this CBLM to implement skill-based training of caregiving for elderly persons Level-3 course.



Approved by  
---th Authority Meeting of NSDA  
Held on -----



## How to use this Competency Based Learning Material (CBLM)

The module, Maintaining and enhancing professional & technical competency contains training materials and activities for you to complete. These activities may be completed as part of structured classroom activities or you may be required you to work at your own pace. These activities will ask you to complete associated learning and practice activities in order to gain knowledge and skills you need to achieve the learning outcomes.

1. Review the **Learning Activity** page to understand the sequence of learning activities you will undergo. This page will serve as your road map towards the achievement of competence.
2. Read the **Information Sheets**. This will give you an understanding of the jobs or tasks you are going to learn how to do. Once you have finished reading the **Information Sheets** complete the questions in the **Self-Check**.
3. **Self-Checks** are found after each **Information Sheet**. **Self-Checks** are designed to help you know how you are progressing. If you are unable to answer the questions in the **Self-Check** you will need to re-read the relevant **Information Sheet**. Once you have completed all the questions check your answers by reading the relevant **Answer Keys** found at the end of this module.
4. Next move on to the **Job Sheets**. **Job Sheets** provide detailed information about *how to do the job* you are being trained in. Some **Job Sheets** will also have a series of **Activity Sheets**. These sheets have been designed to introduce you to the job step by step. This is where you will apply the new knowledge you gained by reading the Information Sheets. This is your opportunity to practise the job. You may need to practise the job or activity several times before you become competent.
5. Specification **sheets**, specifying the details of the job to be performed will be provided where appropriate.
6. A review of competency is provided on the last page to help remind if all the required assessment criteria have been met. This record is for your own information and guidance and is not an official record of competency

When working though this Module always be aware of your safety and the safety of others in the training room. Should you require assistance or clarification please consult your trainer or facilitator.

When you have satisfactorily completed all the Jobs and/or Activities outlined in this module, an assessment event will be scheduled to assess if you have achieved competency in the specified learning outcomes. You will then be ready to move onto the next Unit of Competency or Module



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## Module Content

### Unit Title: Perform Palliative Care

Unit Code: OU- INF-ECP-03-L3-V1

### Module Title: Performing Palliative Care

**Module Description:** This unit covers the knowledge, skills and attitudes required to perform palliative care. It includes assisting in basic wound care, applying hot and cold therapy, and assisting in providing palliative care.

**Nominal Duration: 50 Hours**

### Learning Outcomes:

Upon completion of this module the trainees must be able to:

1. Assist in basic wound care
2. Apply hot and cold therapy
3. Assist in providing palliative care

### Assessment Criteria:

1. The purpose and scope of the activity is explained to the client utilizing therapeutic communication tools.
2. Infection control technique is applied following standard procedure.
3. Client's comfort and safety is ensured as per standard procedure.
4. Wound is assessed as per standard procedure.
5. Wound dressing techniques is applied following standard procedure.
6. Wound healing progress is monitored and recorded as per standard procedure.
7. The goals and benefits of hot and cold therapy in pain management is explained to the client as prescribed by the doctor.
8. Possible risks and complications of hot and cold therapy on the client are understood
9. Appropriate hot/cold therapy techniques are applied to the client
10. Risks and limitations are identified and reported based on established standard procedures
11. Progress is monitored and recorded based on established standard procedures
12. Concepts of death, dying and other related terminologies are explained.
13. The Dying Person's Bill of Rights is followed according to established standard
14. Principles of Palliative care is applied based on established standard
15. Strategies to keep clean and comfortable is applied when discussing death and dying
16. Precautions are used based on established standard
17. Caregiver's responsibilities are applied based on established standard
18. Benefits of Palliative Care is discussed based on established standard
19. Client's response to palliative is documented

## Learning Outcome 1: Assist in basic wound care

Assessment Criteria	<ol style="list-style-type: none"> <li>1. The purpose and scope of the activity is explained to the client utilizing therapeutic communication tools.</li> <li>2. Infection control technique is applied following standard procedure.</li> <li>3. Client's comfort and safety is ensured as per standard procedure.</li> <li>4. Wound is assessed as per standard procedure.</li> <li>5. Wound dressing techniques is applied following standard procedure.</li> <li>6. Wound healing progress is monitored and recorded as per standard procedure.</li> </ol>
Conditions and Resources	<ol style="list-style-type: none"> <li>1. Real or simulated workplace</li> <li>2. CBLM</li> <li>3. Handouts</li> <li>4. Laptop</li> <li>5. Multimedia Projector</li> <li>6. Paper, Pen, Pencil, Eraser</li> <li>7. Internet facilities</li> <li>8. White board and marker</li> <li>9. Audio Video Device</li> </ol>
Contents	<ol style="list-style-type: none"> <li>1 Therapeutic communication tools.</li> <li>2 Infection control technique</li> <li>3 Client's comfort and safety</li> <li>4 Wound assessment.</li> <li>5 Wound dressing techniques</li> <li>6 Monitor and record wound healing progress</li> </ol>
Training Methods	<ol style="list-style-type: none"> <li>1. Discussion</li> <li>2. Presentation</li> <li>3. Demonstration</li> <li>4. Guided Practice</li> <li>5. Individual Practice</li> <li>6. Project Work</li> <li>7. Problem Solving</li> <li>8. Brainstorming</li> </ol>
Assessment Methods	<ol style="list-style-type: none"> <li>1. Written Test</li> <li>2. Demonstration</li> <li>3. Oral Questioning</li> </ol>

## Learning Experience 1: Assist in basic wound care

In order to achieve the objectives stated in this learning guide, you must perform the learning steps below. Beside each step are the resources or special instructions you will use to accomplish the corresponding activity.

Learning Steps	Resources specific instructions
1. Student will ask the instructor about assist in basic wound care	1. Instructor will provide the learning materials of Assist in basic wound care
2. Read the <b>Information sheet/s</b>	2. Information Sheet No:1 Assist in basic wound care
3. Complete the <b>Self-Checks &amp; Answer key sheets.</b>	3. Self-Check No: 1- Assist in basic wound care Answer key No. 1- Assist in basic wound care
4. Read the <b>Job/ Task sheet and Specification Sheet</b>	4. Job/ task sheet and specification sheet Job Sheet No:1.1: Assist in basic wound care Specification Sheet: 1.1 Assist in basic wound care

## Information Sheet 1: Assist in basic wound care

### Learning Objective:

After completion of this information sheet, the learners will be able to explain, define and interpret the following contents:

- 1.1 Therapeutic communication tools
- 1.2 Infection control technique
- 1.3 Client's comfort and safety
- 1.4 Wound assessment
- 1.5 Wound dressing techniques
- 1.6 Monitor and record wound healing progress

### 1.1 Therapeutic communication tools

A verbal and nonverbal conversation between the patient and the practitioner is referred to as therapeutic communication. The patient's eventual recovery from some kind of emotional or psychological discomfort was thought to be the ultimate goal of this communication approach.

Active listening, deliberate quiet, open-ended questions, and open-ended remarks are just a few examples of the many therapeutic communication approaches that therapists might utilize with their patients.



Therapeutic Communication

#### 1.1.1 Therapeutic Communication techniques:

##### Active Listening

The communication process requires active listening. More than just hearing, attentive listening involves more than just keeping quiet while hearing what is being said. It requires the caregiver to hear, process, and purposefully comprehend the client's words as well as to process those words in light of the

client's situation and any nonverbal cues they may be using while speaking to the nurse.

### **Empathy**

"I understand how difficult this must be," may be a therapeutic message employing empathy. We'll do everything in our power to figure out what happened and get you back online as quickly as possible.

### **Focus**

Caregiver and other members of the healthcare team can help patients focus on and pay attention to the issues at hand, which should represent their priorities, by adopting the therapeutic communication strategy known as "focusing with the client." Some patients may occasionally exploit the nurse's presence to discuss topics unrelated to their health and medical issues.

### **Using Open Ended Questions**

Compared to closed-ended questions that only accept a yes-or-no response, open-ended questions elicit more detailed information. When the nurse is encouraging the client's complete and free venting and expression of their own sentiments and beliefs, as well as when the nurse requires more detailed and in-depth information from the client, this therapeutic communication strategy is especially helpful.

### **Silence**

Similar to listening, being silent is an intentional active process as opposed to a passive one. Both the sender and the recipient of the message use the brief moments of quiet to ponder and reflect on the full meaning of the received message as well as how to react to the given message with feedback. When the caregiver wants to give the client enough time to fully and honestly express their feelings, opinions, and beliefs, silence is a therapeutic communication technique that is also very helpful.

### **Clarification**

In order for the nurse to ensure that the nurse has heard and understood the whole and correct message without any errors, without any bias, and without any false assumptions, messages are frequently clarified and confirmed with clients. "Am I correct that you told me that you plan on having home health care after your discharge?" is one such inquiry the nurse may put to the patient to get more information. or "You seem agitated. If the client's nonverbal facial clues indicate that they are disturbed, ask, "Would you like to talk about it?"

### 1.1.2 Therapeutic Communication:

The strategies, methods, interventions, and resources used by therapists, psychiatrists, and counselors in the treatment of mental illness are referred to as therapeutic communication tools.

## 1.2 Infection control technique



- Hand hygiene.
- Use of personal protective equipment (e.g., gloves, masks, eyewear).
- Respiratory hygiene / cough etiquette.
- Sharps safety (engineering and work practice controls).
- Safe injection practices (i.e., aseptic technique for parenteral medications).
- Sterile instruments and devices.

Hand hygiene is regarded as a crucial infection control approach aimed at mitigating the dissemination of infections.

### 1.3 Client's comfort and safety

Comfort is a state of mind in which an individual is generally at peace with himself and with his environment. A safe and comfortable environment is one that contributes to the well-being of the patient and promote recovery. It implies freedom from injury.

Routine techniques to assist patients feel more comfortable include doing oral hygiene, bathing, skin care, repositioning, and dressing and linen changes.

#### 1.4 Wound:

Wound caused by a cut, blow, or other impact on living tissue, usually one in which the skin is damaged or cut. It can also be caused in a number of different ways by a variety of different objects, be it blunt, sharp or projectile.

Wounds can be closed or opened wound. The wounds that don't expose the underlying tissue or organs are known as closed wounds. Opened wounds, such as penetrating wounds, are wounds with exposed underlying tissue or organs that are accessible to the outside environment.

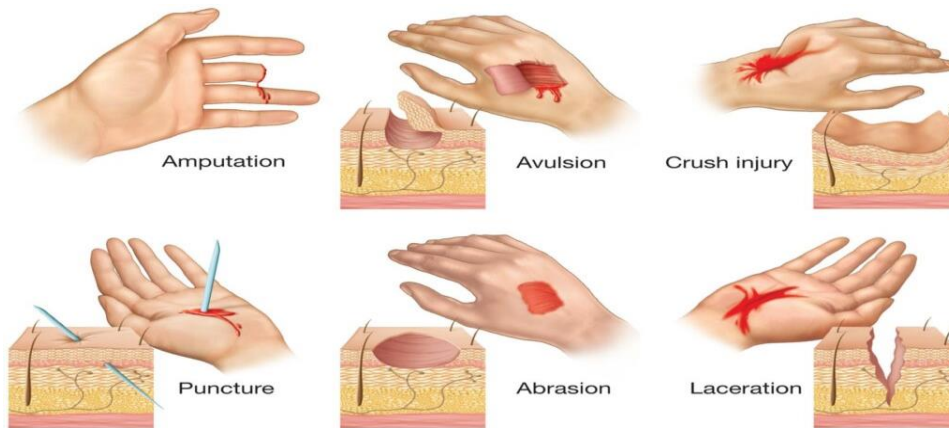


Wound

##### 1.4.1 They are classified into several categories dependent on the cause and resulting injury: Some common wound with example-

- **Abrasion:** Skin wound caused by rubbing or scraping the skin against a hard, rough surface.
- **Laceration:** A deep cut or tear in skin or flesh. It may be caused by injury with a sharp object or by impact injury from a blunt object or force.
- **Puncture:** A deep wound caused by a sharp object, such as nails, tacks, ice picks, knives, teeth, and needles, can all cause puncture wound.
- **Avulsion:** An avulsion is a forcible tearing or partial tearing away of tissues. It occurs in such accidents as gunshot wounds, explosions, animal bites or other body-crushing injuries.

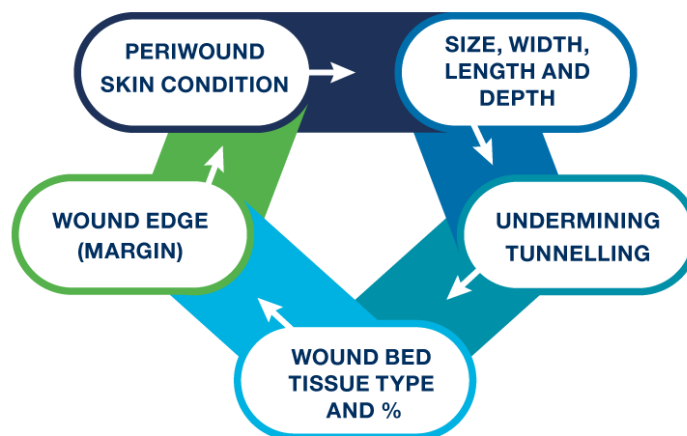
- **Incision:** Incisional wounds are made by cutting through skin, muscle, and fat so that a body part can be repaired or removed.
- **Amputation:** The loss of a distinct body part such as a limb, finger, toe or ear.
- **Surgical wound:** A surgical wound is a cut or incision in the skin that is usually made by a scalpel during surgery. Examples of this type of wound include surgery on your lungs and appendix.



Common Wound

#### 1.4.2 Wound assessment:

Wound assessment is the process of gathering data through observation, questioning, physical examinations, and clinical investigations. Additionally, it can serve as a starting point from which to monitor the wound, the progression of therapeutic approaches, and the influence on the patient's welfare.



Wound Assessment

#### 1.4.3 The things to observe during wound assessment:

- Wound Size

- Wound Depth
- Wound Location
- Discharge (Whether blood or pus is discharged from the wound)
- Odor/ smell

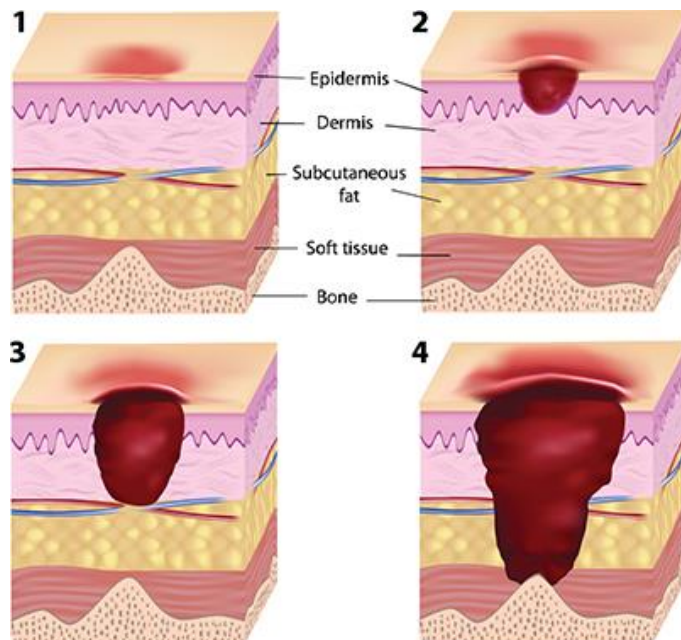
#### 1.4.4 What do you need to do before you wound assess?

- Review relevant health care documentation
- Gather wound measurement supplies
- Hand Hygiene
- Collect PPE
- Have a wound assessment tool available

#### 1.4.5 The steps of wound assessment:

- Identify the wound location.
- Determine the cause of the wound:
  - Evaluate for foreign bodies or neoplastic processes.
  - Consider bacterial colonization versus acute/chronic infection.
- Determine the stage of the wound:
  - Stage I: Superficial, involving only the epidermal layer
    - Intact skin with non-blanchable erythema

- Stage II: Partial thickness affects the epidermis and may extend into the dermis
- Stage III: Full thickness, extends through the dermis and into the adipose tissues
- Stage IV: Full thickness, extends through the dermis and adipose, exposing muscle, bone, fascia, or tendon.



Wound Stage

- Evaluate and measure the depth, length, and width of the wound.
- Measure the amount of undermining and tunneling.

- Evaluate the wound bed for exposed bone, vessels, hardware, or subcutaneous fat.
- Assess surrounding skin tissue for signs of injury, previous irradiation, arterial insufficiency, loss of sensation, and dermal thinning.
- Check wound margins for tunneling, rolled edges, undermining, and fibrotic changes.
- Evaluate for warmth, pain, odor, purulence, delayed healing, or other signs of infection
- Observe pain
- For all wounds on extremities, a careful neurovascular examination of the entire limb is mandatory.
- Document findings and report unexpected results to the healthcare team

#### **1.4.6 Wound Management Procedure:**

- Assessment and exclusion of disease processes;
- Wound cleansing;
- Timely dressing change;
- Appropriate (dressing choice; and
- Considered antibiotic prescription.

#### **1.4.7 How to manage wound bleeding?**

- Apply direct pressure
- Elevation
- Apply pressure to the pulse nearest to the wound
- Cover with dressing and apply bandage
- Bring to the nearest hospital

#### **1.4.8 Prevention of wound:**

If a person you care for is at risk, discuss wound prevention with a primary care physician. Your physician might advise:

- Avoiding dangers such as hot water, fire, sharp objects, and others
- Keeping as active as you can
- Regularly checking your body for sores
- Consuming a balanced diet
- If you're overweight, losing weight
- Taking care of health issues
- Maintaining good skin care and hygiene routines; quitting smoking if you smoke
- Providing immediate first assistance for wounds

### **1.5 Wound dressing:**

Dressing is an aseptic material that is utilized to facilitate the process of wound healing by safeguarding the wound from additional damage. A sterile pad or compress is used as a wound dressing to speed healing and shield the wound from additional damage.



Wound Dressing

### **1.5.1 Purposes of Wound Dressing:**

- To prevent infection
- Promoting healing process
- Supporting or splinting the wound site
- To feel comfortable
- Help to increase blood circulation
- To prevent contamination from bodily discharge
- To protect wound from external trauma







### **1.5.2 Guidelines for Wound Dressing:**

- Before and after dressing, caregiver should wash her hands thoroughly.
- Use stringent aseptic procedures to prevent the spread of bacteria.
- Everything that touches the wound must be sanitary.
- You should wear sterile gloves or use sterile forceps.
- If there is soakage, the dressing needs to be changed often.
- Each dressing should be applied with a different tool.
- The wound should be cleaned from the center outward, starting with the part that is the cleanest.
- To get rid of stuck-on dressings, apply saline.

- The amount of drainage from the wound should be assessed, reported, and noted.
- Drains should be cut back on or removed as directed by a doctor.
- Only when prescribed by a doctor are medications administered or applied.

**1.5.3 Wound Dressing Tools and Equipment:**

Name	Picture
<ul style="list-style-type: none"> <li>▪ Hand Sanitizer</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Kidney tray</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Gally Pot</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Gloves</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Sterile Gauze piece</li> </ul>	

<ul style="list-style-type: none"> <li>▪ Micropore</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Scissors</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Artery forceps</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Povisep</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Syringe</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Sterile saline solution</li> </ul>	

<ul style="list-style-type: none"> <li>▪ Cotton Ball</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Rubber Sheets</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Roller bandage</li> </ul>	

#### 1.5.4 Procedure for new dressing (minor cuts and scrapes):

- Wash your hands. This lessens the risk of infection.
- Stop the bleeding. Minor wounds like cuts and scratches typically heal on their own. If necessary, elevate the incision and gently apply pressure with a clean bandage or towel until bleeding stops.
- Clean the wound. Water-rinse the wound. The likelihood of infection will be lower if you keep the wound submerged in running water. Soap-wash the area around the wound. Don't put soap in the wound, though. Additionally, avoid using irritants like iodine and hydrogen peroxide. Use tweezers that have been cleansed with alcohol to remove any dirt or debris. If you are unable to remove all the debris, see a doctor.
- Apply an antibiotic or petroleum jelly. To keep the area moist and lessen the chance of scarring, apply a thin coating of an antibiotic ointment or petroleum jelly. Some persons may experience a minor rash as a result of certain components in some ointments. Stop using the ointment if a rash develops.
- Cover the wound. Apply a bandage, gauze that has been rolled up, or gauze that has been taped in place. The wound is kept clean by covering it. Leave it uncovered if the wound is only a little scrape or scratch.
- Change the dressing. At least once every day, or whenever the bandage gets soiled or unclean, perform this action.
- Watch for signs of infection. If you notice indications of infection on the skin or close to the wound, consult a doctor.

### 1.5.5 Preparation for Removing of old dressing:

- Introduce yourself to the patient and describe your actions why you are doing. Make every effort to ensure privacy.
- Before you begin, place the patient in a comfortable position and check the surrounding area for cleanliness and order.
- Verify that the dressing needs to be changed and keep yourself informed of any changes in the patient's health by reviewing the care notes.
- Wash your hands and put on apron.
- To clean the trolley, use a disinfectant-soaked towel or soap and water. Work your way down from the top of the trolley to its bottom legs with small, methodical strokes of your damp towel.
- Place the sterile dressing/procedure pack on the top of the trolley.
- Remove the sterile dressing pack from the trolley's top. Using the corners of the paper, open the sterile field.
- Place any additional sterile items required onto the sterile field without touching them.



### 1.5.6 Removing an old dressing

- Before removing an old dressing, wash your hands and put on non-sterile gloves (to protect yourself). Use a separate soiled clinical waste bag to dispose of this dressing.
- Perform a wound assessment. This includes performing a visual examination and comparing and analyzing the scent, amount of blood or ooze (excretions) and the color of the slime, and the size of the wound.
- If the site has not improved as predicted, the treating physician or senior charge nurse should be notified so that they can examine the situation and consider altering the care plan.

‘If the site has not improved as expected, inform the treating physician or senior nurse.’

### 1.5.7 Cleaning and dressing the wound

- Remove the old gloves, re-wash your hands, and put on new sterile gloves if they become decontaminated. This is best practice.



Hand Washing

- Begin in the unclean area and work your way out to the clean area. When doing this, exercise extreme caution because the tissue or skin may be painful and there may be sutures in place. Clean the area without inflicting any additional harm or distress to the sufferer.
- Avoid reintroducing dirt or oozing by not using cleaning items (such as gauze or cotton balls) excessively. Change them on a regular basis (if possible, only once) and never reintroduce them to a clean area once they have been polluted.
- Ensure that you have chosen the suitable dressing type and materials for the kind, size, and location of the wound, in accordance with the treatment plan or the physician's or senior charge nurse's recommendations.
- Cover the wound as per instructions.

**Note:** To avoid cross-contamination, make sure that the materials and dressing pack are only used at a time. If another part of the face requires a dressing change, open another pack and begin on the opposite side with clean hands and gloves.

**After the procedure**

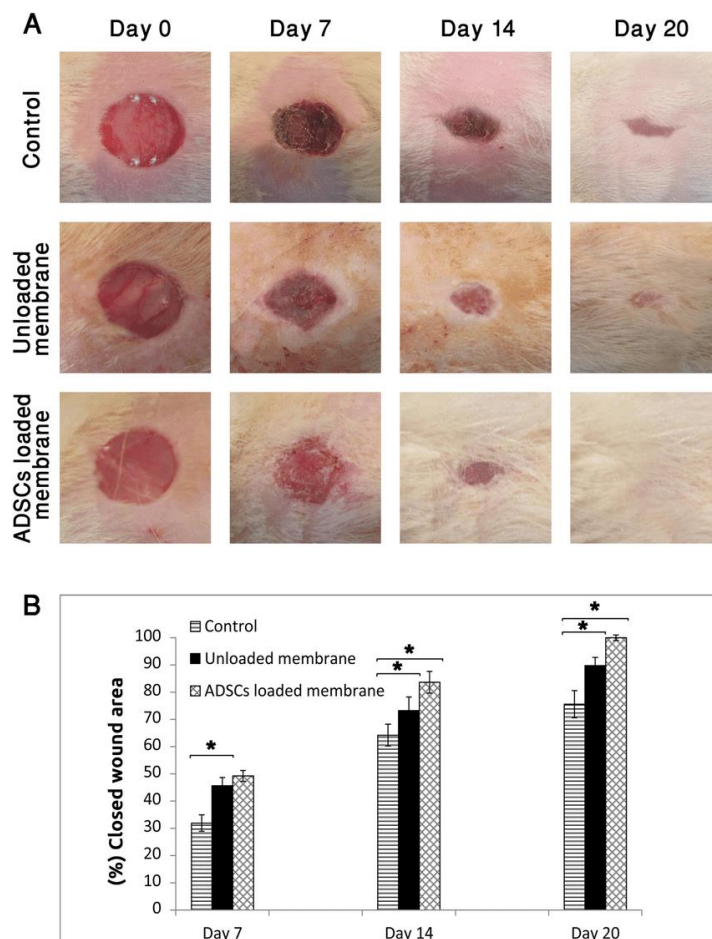
- Fold up the dressing/procedure pack and store all contaminated material in a bag labeled clinical waste, removing all sharps and disposing of them in a sharp's receptacle.
- Remove gloves and drop them in the garbage bag.
- Clean your hands.
- As before, clean the trolley with soap and water or a disinfectant solution.
- Document your wound examination, dressing change, and treatment provided on the patient's chart.
- Before you leave, educate the patient on dressing management and answer any questions.
- Inform a senior nurse or doctor of any changes.

## 1.6 Monitor and record wound healing progress

As a normal biological process in the human body, wound healing occurs through four precise and highly programmed stages: hemostasis, inflammation, proliferation, and remodeling. All four stages must occur in the correct sequence and time frame for the wound to heal successfully.

Whenever wound starts to heal, the wound becomes slightly swollen, red or pink, and soft. You may also see clear fluid oozing from the wound. This liquid will help clean the area. Blood vessels open in this area, allowing blood to carry oxygen and nutrients to the wound.

Wound location, etiology, wound history, size, tissue, exudate, and skin appearance around the wound should be documented when recording the wound. Remember to include information related to potential obstacles to healing, such as: Co-factors, patient compliance issues, or other complications occurring during treatment.



## Self-Check Sheet - 1: Assist in basic wound care

### Questionnaire:

1. What is therapeutic communication?

**Answer:**

2. What are therapeutic communication tools?

**Answer:**

3. Write down infection control technique.

**Answer:**

4. What is wound assessment?

**Answer:**

5. Write down the procedure of wound management.

**Answer:**

6. Write down the guidelines of wound dressing.

**Answer:**

7. Write down the guidelines of wound dressing.

**Answer:**

8. What are the wound dressing tools and equipment?

**Answer:**

9. Write down the procedure of wound dressing.

**Answer:**

## **Answer Key - 1: Assist in Basic Wound Care**

**1. What is therapeutic communication?**

**Answer:** A verbal and nonverbal conversation between the patient and the practitioner is referred to as therapeutic communication.

**2. What are therapeutic communication tools?**

**Answer:** The strategies, methods, interventions, and resources used by therapists, psychiatrists, and counselors in the treatment of mental illness are referred to as therapeutic tools.

**3. Write down infection control technique.**

**Answer:** The Infection control techniques are-

- a) Hand hygiene.
- b) Use of personal protective equipment (e.g., gloves, masks, eyewear).
- c) Respiratory hygiene / cough etiquette.
- d) Sharps safety (engineering and work practice controls).
- e) Safe injection practices (i.e., aseptic technique for parenteral medications).
- f) Sterile instruments and devices.

**4. What is wound assessment?**

**Answer:** Wound assessment is the process of gathering data through observation, questioning, physical examinations, and clinical investigations.

**5. What are the things to observe during wound assessment?**

**Answer:** The things to observe during wound management-

- a) Wound Size
- b) Wound Depth
- c) Wound Location
- d) Discharge (Whether blood or pus is discharged from the wound)
- e) Odor/ smell

**6. Write down the procedure of wound management.**

**Answer:** The procedure of wound management-

- a) Assessment and exclusion of disease processes
- b) Wound cleansing
- c) Timely dressing change
- d) Appropriate (dressing choice)
- e) Considered antibiotic prescription

**7. Write down the guidelines of wound dressing.**

**Answer:** The guidelines of wound dressing-

- a) Before and after dressing, caregiver should wash her hands thoroughly.
- b) Use stringent aseptic procedures to prevent the spread of bacteria.
- c) Everything that touches the wound must be sanitary.
- d) You should wear sterile gloves or use sterile forceps.
- e) If there is soakage, the dressing needs to be changed often.
- f) Each dressing should be applied with a different tool.
- g) The wound should be cleaned from the center outward, starting with the
- h) part that is the cleanest.
- i) To get rid of stuck-on dressings, apply saline.
- j) The amount of drainage from the wound should be assessed, reported, and
- k) noted.
- l) Drains should be cut back on or removed as directed by a doctor.
- m) Only when prescribed by a doctor are medications administered or applied.

**8. What are the wound dressing tools and equipment?**

**Answer:** The wound dressing tools and equipment-

- a) Hand Sanitizer
- b) Kidney tray
- c) Gally Pot
- d) Gloves
- e) Sterile Gauze piece
- f) Micropore
- g) Scissors
- h) Artery forceps
- i) Povisep
- j) Syringe
- k) Sterile saline solution
- l) Cotton Ball
- m) Rubber Sheets
- n) Roller bandage

**9. Write down the procedure of wound dressing.**

**Answer:** The procedure of wound dressing is-

- a) Wash your hands.
- b) Stop the bleeding.
- c) Clean the wound.
- d) Apply an antibiotic or petroleum jelly.
- e) Cover the wound.
- f) Change the dressing.
- g) Watch for signs of infection.

## **Job Sheet-1.1: Assist in basic wound care**

**Job Name:** Apply dressing to a pressure sore and position the patient in a side lying position.

**Scenario:** 62 years old bedridden client has been suffering from pressure sore on her buttock for a long time. Recently, her doctor has suggested routine dressing once a day along with changing-maintenance of proper positioning every two hours. Now, prepare a dressing tray/ trolley with required equipment/ materials and take necessary measurements following occupational health and safety standard.

**Time: 10 minutes**

### **Working Procedure:**

1. Greetings, self-introduction
2. Consent taking.
3. Wear appropriate PPE for the Job.
4. Read the Job sheet and Specification sheet provided.
5. Collect and prepare all needed materials, supplies and equipment.
6. Position the patient comfortably & perform hand hygiene.
7. Prepare patient comfortably and expose the wound to check the area.
8. Prepare sterile field and assess wound.
9. Clean the wound and clean around drain (if present).
10. Apply inner dressing with forceps to the wound, then drain site.
11. Apply outer dressing, keeping the inside of the sterile dressing touching the wound.
12. Lower patient's bed.
13. Dispose all the used disposable used items.
14. Follow hygiene and safety requirements through out the demonstration process.
15. Clean tools, equipment, materials and work area.
16. Store tools, equipment, materials as per instructions.
17. Submit needed output to the Competency Assessor.

Note: During the assessment event prepare and submit the output for the job to the accredited assessor.

## Specification Sheet -1.1 Assist in basic wound care

**Job Name:** Apply dressing to a pressure sore and position the patient in a side lying position.

**Condition for the job:** Work must be carried out in a safe manner and according to Caregiving standards.

### Specific Instruction:

1. Apply inner dressing (4x4gauze) with forceps to the wound area, then drain site.
2. Clean wound using one [2x2gauze] per stroke. Strokes should be from clean to infected side.
3. Use 2.5" micropore as adhesive.

### Required Equipment:

1. Gloves
2. Apron
3. Facemask

### Required Equipment:

S/N	Tools & Equipment	Quantity
1	Kidney tray	1
2	Gully Pot	1
3	Artery Forceps	1
4	Patient Bed	1
5	Pneumatic Mattress	1
6	Dressing Tray/Trolley	
7	Pillow with Cover, cover sheet for the patient.	

### Required Materials:

1. Iodine Solution
2. Hand sanitizer
3. Sterile gauze
4. Cotton Balls
5. Micropore

## Learning Outcome 2: Apply Hot and Cold Therapy

Assessment Criteria	<ol style="list-style-type: none"> <li>1. The goals and benefits of hot and cold therapy in pain management is explained to the client as prescribed by the doctor.</li> <li>2. Possible risks and complications of hot and cold therapy on the client are understood</li> <li>3. Appropriate hot/cold therapy techniques are applied to the client</li> <li>4. Risks and limitations are identified and reported based on established standard procedures</li> <li>5. Progress is monitored and recorded based on established standard procedures</li> </ol>
Conditions and Resources	<ol style="list-style-type: none"> <li>1. Real or simulated workplace</li> <li>2. CBLM</li> <li>3. Handouts</li> <li>4. Laptop</li> <li>5. Multimedia Projector</li> <li>6. Paper, Pen, Pencil, Eraser</li> <li>7. Internet facilities</li> <li>8. White board and marker</li> <li>9. Audio Video Device</li> </ol>
Contents	<ol style="list-style-type: none"> <li>1 Goals and benefits of hot and cold therapy</li> <li>2 Risks and complications of hot and cold therapy</li> <li>3 Hot and cold therapy techniques</li> <li>4 Identify and report the risk and limitations of hot/cold therapy</li> <li>5 Progress monitor and record of hot and cold therapy</li> </ol>
Activities/job/Task	2.1 Apply Hot and Cold Therapy
Training Methods	<ol style="list-style-type: none"> <li>1. Discussion</li> <li>2. Presentation</li> <li>3. Demonstration</li> <li>4. Guided Practice</li> <li>5. Individual Practice</li> <li>6. Project Work</li> <li>7. Problem Solving</li> <li>8. Brainstorming</li> </ol>
Assessment Methods	<ol style="list-style-type: none"> <li>1. Written Test</li> <li>2. Demonstration</li> <li>3. Oral Questioning</li> </ol>

## Learning Experience 2: Apply Hot and Cold Therapy

In order to achieve the objectives stated in this learning guide, you must perform the learning steps below. Beside each step are the resources or special instructions you will use to accomplish the corresponding activity.

Learning Steps	Resources specific instructions
1. Student will ask the instructor about perform palliative care	1. Instructor will provide the learning materials of apply hot and cold therapy
2. Read the <b>Information sheet/s</b>	2. Information Sheet No:2 Apply hot and cold therapy
3. Complete the <b>Self-Checks &amp; Answer key sheets.</b>	3. Self-Check No: 2.1- Apply hot and cold therapy  Answer key No. 2.1- Apply hot and cold therapy
4. Read the <b>Job/ Task sheet and Specification Sheet</b>	4. Job/ task sheet and specification sheet  Job Sheet No:2.1: Apply hot and cold therapy  Specification Sheet: 2.1Apply hot and cold therapy

## Information Sheet 2: Apply hot and cold therapy

### Learning Objective:

After completion of this information sheet, the learners will be able to explain, define and interpret the following contents:

- 2.1 Hot therapy
- 2.2 Risks and limitation of hot therapy
- 2.3 Limitations of hot therapy
- 2.4 Hot therapy techniques
- 2.5 Cold therapy
- 2.6 Risks of cold therapy
- 2.7 Limitations of cold therapy
- 2.8 Guideline in applying cold therapy
- 2.9 Documentation

### 2.1 Hot therapy

The use of heat to treat injured muscles, joints, or bodily tissues is referred to as hot therapy, sometimes known as thermotherapy. Its main function is to treat recurring aches brought on by stiffness, sensitivity, and cramping in the muscles.

#### 2.1.1 Types of hot therapy

There are two different types of hot therapy: dry heat and moist heat. The ideal temperature for both types of hot therapy should be "warm" rather than "hot."

- Dry hot therapy, often referred to as conducted hot therapy, can be administered via saunas, heating pads, heat packs, hot water bottles, and electrical heating pads.
- Moist hot therapy, often referred to as convective heat, can be achieved by using moist heating pads, hot baths, or steamed linens and towels.

You have the option of using local, regional, or whole-body treatment while using hot therapy. For localized areas of pain, such as one stiff muscle, local treatment works best. If you only need to treat a localized injury, try a hot water bottle or little heated gel packs. A steamed towel, a sizable heating pad, or heat wraps are all effective regional treatments for pain or stiffness that is more widespread. Options for a full-body therapy can include a hot bath or a sauna.

#### 2.1.2 Goals of hot therapy

Due to the elevated temperature, hot therapy increases blood flow and circulation to the affected area. Even a small increase in the temperature of the painful area can reduce discomfort and improve muscular flexibility. Hot therapy helps to heal injured tissue while calming and relaxing the muscles.

### 2.1.3 Benefits of hot therapy

- a. Increase blood flow
- b. Relieve pain
- c. Relax muscles
- d. Flush toxins
- e. Heal injured tissue

### 2.1.4 Apply Hot and Cold Therapy



### 2.2 Risks and limitation of hot therapy

Hot therapy should utilize “warm” temperatures instead of “hot” ones. You risk skin burns if you apply too much heat. There is a danger that hot therapy, if used while you are infected, could make the infection more likely to spread.

Never apply heat to a specific location for longer than 20 minutes at a time, such as with heating packs.

**If you experience increased swelling, stop the treatment immediately.**

Make an appointment with your doctor if hot treatment hasn't relieved any pain or discomfort after a week or if the pain worsens within a few days.

### 2.3 Limitations of hot therapy

In some circumstances, it's best to avoid using heat therapy. It could be preferable to utilize cold therapy if the affected area is either bruised or swollen (or both). Additionally, an area with an open wound should not get hot therapy.

Hot therapy increases the risk of burns and other consequences, so those with certain pre-existing conditions should avoid using heat therapy.

These ailments include-

- Diabetes,
- Dermatitis,
- Cardiovascular illness,
- Deep vein thrombosis, and
- Multiple sclerosis (MS)

Before utilizing hot therapy, check with your doctor if you have either heart disease or hypertension. Before using a hot tub or sauna while pregnant, consult your doctor.

### **2.3.1 Guideline in Applying Hot Therapy**

- Never apply hot water bottles directly to the skin. Towels should be used to wrap these. **DO NOT OVERFILL** or use boiling water when filling the hot water bottle.
- Apply the heat pack to the affected area. If you recline, sit, or sleep on the heat pack, you run the danger of getting burned.
- Heat should be applied for 15 to 20 minutes and then reapplied every 2 hours.
  - If the region becomes too hot, add an extra towel between the heat pack and your skin to cool it down.

### **2.4 Hot therapy techniques**

- Never apply hot water bottles directly to the skin. Towels should be used to wrap these. **DO NOT OVERFILL** or use boiling water when filling the hot water bottle.
- Apply the heat pack to the affected area. If you recline, sit, or sleep on the heat pack, you run the danger of getting burned.
- Heat should be applied for 15 to 20 minutes and then reapplied every 2 hours.
  - If the region becomes too hot, add an extra towel between the heat pack and your skin to cool it down.

### **2.5 Cold therapy**

Cryotherapy is another name for cold therapy. It functions by decreasing blood flow to a specific area, which greatly reduces swelling and inflammation that cause pain, particularly around a joint or tendon. It may momentarily lessen nerve activity, which eases pain.

#### **2.5.1 Types of Cold Therapy**

There are a number of different ways to apply cold therapy to an affected area. Treatment options include:

- Ice packs or frozen gel packs
- coolant sprays
- Ice massage

- Ice baths

### 2.5.2 Goals of cold therapy

The purpose of cold therapy is to reduce swelling associated with pain. In addition, the sensitivity to pain is also reduced. Cold therapy is very helpful in treating pain and swelling, especially around joints and tendons.

### 2.5.3 Benefits of cold therapy

- Reduce sensitivity to pain
- Reduce swelling
- Slow hemorrhage
- Provide pain relief
- Lower inflammation
- Decrease metabolic activity in cells

### 2.5.4 Cold Therapy Paraphernalia



### 2.6 Risks of cold therapy

If you don't take precautions, cold therapy given too frequently or too directly can harm your skin, tissues, or nerves. Before utilizing cold therapy if you have heart disease or cardiovascular illness, talk to your doctor. Call your doctor if cold therapy doesn't reduce swelling or an injury within 48 hours.

### 2.7 Limitations of cold therapy

Cold therapy should not be used at home by people who have sensory abnormalities that make it impossible for them to experience certain sensations because they might not be able to tell if any harm is being done. This includes diabetes, which may impair sensitivity and cause nerve damage.

On stiff muscles or joints, cold therapy should not be used. Cold therapy should not be used if you have poor circulation.

## **2.8 Guideline in applying cold therapy**

When applying ice packs, a wet thin cloth should always be applied over the area or around the ice pack to prevent ice burns.

A frozen object should never be applied directly to the skin since it can harm the skin's tissues. As soon as possible after an injury, use cold therapy.

The ice pack can be re-applied every 2 hours. To prevent nerve, tissue, and skin damage, cold therapy should only be applied for 10 to 15 minutes at a time and not longer. You can elevate the affected area for best results.

The area should feel very cold and may feel numb / uncomfortable. The area should be very pink when checked, and should never have a bluish tinge.

### **2.8.1 When to use heat and ice?**

- Keep in mind that heat isn't recommended for every type of back pain. It can relieve chronic pain and stiffness, such as those associated with arthritis and other muscle or joint ailments.
- However, if your back injury is recent, cold therapy is more effective because it restricts blood vessels and reduces swelling, which can dull pain.
- Note: Use cold therapy for the first 24 to 48 hours after an injury, and then switch to heat therapy to stimulate blood flow and healing.

### 2.8.2 Progress monitor and record of hot and cold therapy

Comparison of Hot and Cold therapy	
Hot Therapy	Cold Therapy
Increases blood flow to the area by enhancing circulation. Because of the increased oxygen and nutrients, muscles have higher energy.	Reduces blood flow to the affected area to aid in reducing swelling and bleeding
Warmth helps connective tissue (muscles, tendons, and ligaments) expand and move more readily, reducing the risk of injury.	Helps in reducing the discomfort of delayed-onset muscular soreness, which occurs 24 to 48 hours after activity.
Provides pain relief	Provides pain relief
Used to aid in tissue remodeling and hasten healing after wounds have healed	Used after exercise to assist with a cool down routine
Not used in acute injury	Used after exercise to assist with a cool down routine
Never use in an inflammatory area because it will cause blood flow to increase.	Not used before or during sport

### 2.9 Documentation

Make sure to write down all the things' doctors do and any results or responses in the medical record. This means we need to know how long you used the product, where you used it on your body, and if it caused any skin problems after you used hot and cold therapy.

Hot Therapy	Cold Therapy

## Self-Check Sheet - 2: Apply Hot and Cold Therapy

### Questionnaire:

1. What is hot therapy?

**Answer:**

2. What are the benefits of hot therapy?

**Answer:**

3. Write down the limitations of hot therapy.

**Answer:**

4. How to apply hot therapy?

**Answer:**

5. Define cold therapy?

**Answer:**

6. Write down the benefit of cold therapy.

**Answer:**

7. Write down the limitations of cold therapy.

**Answer:**

8. How to apply cold therapy?

**Answer:**

9. When to use hot and cold therapy?

**Answer:**

## **Answer Key - 2: Apply Hot and Cold Therapy**

### **1. What is hot therapy?**

**Answer:** The use of heat to treat injured muscles, joints, or bodily tissues is referred to as hot therapy, sometimes known as thermotherapy. Its main function is to treat recurring aches brought on by stiffness, sensitivity, and cramping in the muscles.

### **2. What are the benefits of hot therapy?**

**Answer:** The benefits of hot therapy are-

- a) Increase blood flow
- b) Relieve pain
- c) Relax muscles
- d) Flush toxins
- e) Heal injured tissue

### **3. Write down the limitations of hot therapy.**

**Answer:** Hot therapy increases the risk of burns and other consequences, so those with certain pre-existing conditions should avoid using heat therapy.

These ailments include-

- a) Diabetes,
- b) Dermatitis,
- c) Cardiovascular illness,
- d) Deep vein thrombosis, and
- e) Multiple sclerosis (MS)

Before utilizing hot therapy, check with your doctor if you have either heart disease or hypertension. Before using a hot tub or sauna while pregnant, consult your doctor.

### **4. How to apply hot therapy?**

**Answer:** We should follow the guidelines while applying hot therapy-

1. Never apply hot water bottles directly to the skin. Towels should be used to wrap these. DO NOT OVERFILL or use boiling water when filling the hot water bottle.
2. Apply the heat pack to the affected area. If you recline, sit, or sleep on the heat pack, you run the danger of getting burned.
3. Heat should be applied for 15 to 20 minutes and then reapplied every 2 hours. - If the region becomes too hot, add an extra towel between the heat pack and your skin to cool it down.

### **5. Define cold therapy?**

**Answer:** Cold therapy functions by decreasing blood flow to a specific area, which greatly reduces swelling and inflammation that cause pain, particularly around a joint or tendon. It may momentarily lessen nerve activity, which eases pain.

### **6. Write down the benefit of cold therapy.**

**Answer:** The benefits of cold therapy are-

- a) Reduce sensitivity to pain
- b) Reduce swelling
- c) Slow hemorrhage
- d) Provide pain relief
- e) Lower inflammation
- f) Decrease metabolic activity in cells

### **7. Write down the limitations of cold therapy.**

**Answer:** Cold therapy should not be used at home by people who have sensory abnormalities that make it impossible for them to experience certain sensations because they might not be able to tell if any harm is being done. This includes diabetes, which may impair sensitivity and cause nerve damage.

On stiff muscles or joints, cold therapy should not be used. Cold therapy should not be used if you have poor circulation.

### **8. How to apply cold therapy?**

**Answer:** We should follow the guideline while applying cold therapy-

- a) When applying ice packs, a wet thin cloth should always be applied over the area or around the ice pack to prevent ice burns.
- b) A frozen object should never be applied directly to the skin since it can harm the skin's tissues. As soon as possible after an injury, use cold therapy.
- c) The ice pack can be re-applied every 2 hours. To prevent nerve, tissue, and skin damage, cold therapy should only be applied for 10 to 15 minutes at a time and not longer. You can elevate the affected area for best results.
- d) The area should feel very cold and may feel numb / uncomfortable. The area should be very pink when checked, and should never have a bluish tinge.

### **9. When to use hot and cold therapy?**

**Answer:** Keep in mind that heat isn't recommended for every type of back pain. It can relieve chronic pain and stiffness, such as those associated with arthritis and other muscle or joint ailments.

However, if your back injury is recent, cold therapy is more effective because it restricts blood vessels and reduces swelling, which can dull pain.

Use cold therapy for the first 24 to 48 hours after an injury, and then switch to heat therapy to stimulate blood flow and healing.

## **Job Sheet-2.1: Apply Hot and Cold Therapy**

**Job Name: Apply hot therapy to a patient who has chronic back pain.**

**Scenario:** 50 years old patient suffering from chronic back pain due to degenerative disc disease. Physician has told him to apply hot therapy for 15 minutes daily. Now, prepare the patient and arrange required equipment/materials to apply hot therapy.

**Time: 10 minutes**

### **Working Procedure:**

1. Greetings, self-introduction
2. Consent taking.
3. Wear appropriate PPE for the Job.
4. Read the Job sheet and Specification sheet provided.
5. Collect and prepare all needed materials, supplies and equipment.
6. Position the patient comfortably & perform hand hygiene.
7. Never apply hot water bottles directly to the skin.
8. Towels should be used to wrap these.
9. Do not over fill or use boiling water when filling the hot water bottle.
10. Apply the heat pack to the affected area.
11. If you recline, sit, or sleep on the heat pack, you run the danger of getting burned.
12. Heat should be applied for 15 to 20 minutes and then reapplied every 2 hours.
13. If the region becomes too hot, add an extra towel between the heat pack and your skin to cool it down.
14. Dispose all the used disposable used items.
15. Follow hygiene and safety requirements through out the demonstration process.
16. Clean tools, equipment, materials and work area.
17. Store tools, equipment, materials as per instructions.
18. Submit needed output to the Competency Assessor.

**Note:** During the assessment event prepare and submit the output for the job to the accredited assessor.

## Specification Sheet – 2.1 Apply Hot and Cold Therapy

**Job Name:** Apply hot therapy to a patient who has chronic back pain.

**Condition for the job:** Work must be carried out in a safe manner and according to Caregiving standards.

**Specific Instruction:**

1. Never apply hot water bottles directly to the skin.
2. Towels should be used to wrap these.
3. Do not over fill or use boiling water when filling the hot water bottle.
4. Apply the heat pack to the affected area.
5. If you recline, sit, or sleep on the heat pack, you run the danger of getting burned.
6. Heat should be applied for 15 to 20 minutes and then reapplied every 2 hours.
7. If the region becomes too hot, add an extra towel between the heat pack and your skin to cool it down

**Required Equipment:**

4. Gloves
5. Apron
6. Facemask

**Required Equipment:**

S/N	Tools & Equipment	Quantity
1	Hot water	1
2	Hot pack	1
3	Towel	1
4	Patient Bed	1
5	Trolley	1
6	Pillow with Cover, cover sheet for the patient	1

**Required Materials:**

1. Hand sanitizer
2. Hot Water

### Learning Outcome 3: Assist in providing palliative care

Assessment Criteria	<ol style="list-style-type: none"> <li>1. Concepts of death, dying and other related terminologies are explained.</li> <li>2. The Dying Person's Bill of Rights is followed according to established standard</li> <li>3. Principles of Palliative care is applied based on established standard</li> <li>4. Strategies to keep clean and comfortable is applied when discussing death and dying</li> <li>5. Precautions are used based on established standard</li> <li>6. Caregiver's responsibilities are applied based on established standard</li> <li>7. Benefits of Palliative Care is discussed based on established standard</li> <li>8. Client's response to palliative is documented</li> </ol>
Conditions and Resources	<ol style="list-style-type: none"> <li>1. Real or simulated workplace</li> <li>2. CBLM</li> <li>3. Handouts</li> <li>4. Laptop</li> <li>5. Multimedia Projector</li> <li>6. Paper, Pen, Pencil, Eraser</li> <li>7. Internet facilities</li> <li>8. White board and marker</li> <li>9. Audio Video Device</li> </ol>
Contents	<ol style="list-style-type: none"> <li>1 Palliative Care</li> <li>2 Concepts of death, dying and other related terminologies</li> <li>3 Dying Person's Bill of Rights</li> <li>4 Principles of Palliative care</li> <li>5 Strategies to stay comfortable when discussing death and dying</li> <li>6 Caregiver's responsibilities</li> <li>7 Benefits of Palliative Care</li> </ol>
Training Methods	<ol style="list-style-type: none"> <li>1. Discussion</li> <li>2. Presentation</li> <li>3. Demonstration</li> <li>4. Guided Practice</li> <li>5. Individual Practice</li> <li>6. Project Work</li> <li>7. Problem Solving</li> <li>8. Brainstorming</li> </ol>
Assessment Methods	<ol style="list-style-type: none"> <li>1. Written Test</li> <li>2. Demonstration</li> <li>3. Oral Questioning</li> </ol>

### Learning Experience 3: Assist in providing palliative care

In order to achieve the objectives stated in this learning guide, you must perform the learning steps below. Beside each step are the resources or special instructions you will use to accomplish the corresponding activity.

Learning Steps	Resources specific instructions
1. Student will ask the instructor about perform palliative care	1. Instructor will provide the learning materials of Assist in providing palliative care
2. Read the Information sheet/s	2. Information Sheet No:1 Assist in providing palliative care
3. Complete the Self-Checks & Answer key sheets.	3. Self-Check No: 1- Assist in providing palliative care  Answer key No. 1- Assist in providing palliative care
4. Read the Job/ Task sheet and Specification Sheet	4. Job/ task sheet and specification sheet  Job Sheet No:3.1: Providing palliative care  Specification Sheet: 3.1 Providing palliative care

## Information Sheet 3: Assist in providing palliative care

### Learning Objective:

After completion of this information sheet, the learners will be able to explain, define and interpret the following contents:

- 3.1 Palliative Care
- 3.2 Concepts of death, dying and other related terminologies
- 3.3 Dying Person's Bill of Rights
- 3.4 Principles of Palliative care
- 3.5 Strategies to stay comfortable when discussing death and dying
- 3.6 Caregiver's responsibilities
- 3.7 Benefits of Palliative Care

### 3.1 Palliative Care

Palliative care is a type of specialist medical treatment needed for serious conditions like cancer or heart failure. Patients in palliative care may get medical treatment for their symptoms in addition to treatment intended to cure their serious illness.



Palliative care relieves symptoms such as pain, shortness of breath, exhaustion, constipation, nausea, lack of appetite, sleep issues, and many others. It can also help you deal with the side effects of your medical treatments. Perhaps most importantly, palliative care can help enhance your quality of life while also assisting your family.

At any age and stage of a serious illness, palliative care is acceptable for patients. Anytime the patient's symptoms need to be managed, palliative care should be applied.

### 3.1.1 Goals of Palliative Care

- Provide physical comfort
- Supports the patient and family
- Relieve pain and symptom management
- Improves quality of life
- Provide individualized symptom care
- Assist in daily activities\

### 3.1.2 Palliative Care is for whom?

The communication process requires active listening. More than just hearing, attentive listening involves more than just keeping quiet while hearing what is being said. It requires the caregiver to hear, process, and purposefully comprehend the client's words as well as to process those words in light of the client's situation and any nonverbal cues they may be using while speaking to the nurse.

### 3.1.3 Who is involved in the palliative care team?

Palliative care involves many health experts who provide a variety of abilities to assist you in providing care during your illness. Among these professions are, but are not limited to:

- Doctors
- Nurses
- Social workers
- Physiotherapists
- Occupational and speech therapists
- Psychologists
- Trained volunteers

### 3.1.4 Where is palliative care provided?

Palliative care is provided where the person and their family want, where possible. It may include

- At home
- In hospital
- In a hospice

In a residential aged care facility

## 3.2 Concepts of death, dying and other related terminologies

- Death

The irreversible end of all life-sustaining processes, such as the heartbeat, breathing, and brain activity.

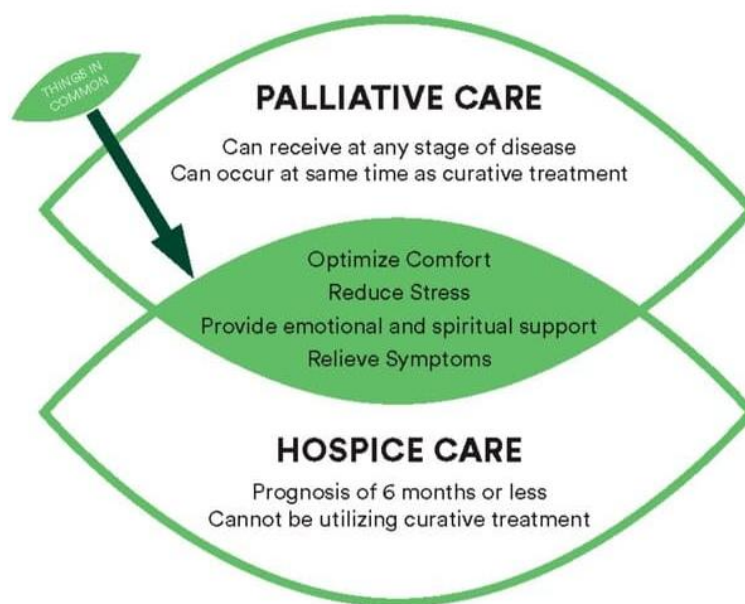
- Dying

All critical processes end completely and permanently when someone dies.

- Closed Awareness

Doctor/family are aware of condition, but the patient is not.

- **Mutual Pretense**  
Both parties know, but act as though nothing is wrong.
- **Open Awareness**  
Open awareness entails consciously paying attention to your present-moment thoughts, feelings, and sensory sensations.
- **Hospice**  
A person with a serious illness who is nearing the end of their life is the focus of hospice care, which focuses on their care, comfort, and quality of life.
- **Palliative Care**  
Palliative care is for persons who have a life-limiting or terminal illness and wants to live as comfortably as possible.



- **End of Life Care**  
Support for patients and their families on a physical, emotional, social, and spiritual level is part of end-of-life care. Controlling pain and other symptoms is the main objective of end-of-life care in order to maximize the patient's level of comfort.

### 3.3 Dying Person's Bill of Rights

- He has the right to be free of pain.
- He has the right not to die when he is alone.
- He should not be deceived.
- He has the right to die in peace and dignity.
- He has the right to get help from his family.
- He has the right to get his questions answered honestly.
- He has the right to be treated as a living human being until death.
- Participate in decisions concerning their care.
- He has the right to get religious assistance.

- He has the right to get respect for his body after death.
- He has the right to get medical and nursing care, till his death, for comfort.
- He has the right to be cared for by those who can maintain a sense of hopefulness.
- He has the right to express feelings and emotions about approaching death in his own way.
- He has the right to be cared for by caring, sensitive, knowledgeable people who will attempt to understand their needs and will be able to gain some satisfaction in helping them to face death.

### **3.4 Principles of Palliative care**

Palliative care is based on five concepts. These five guiding principles outline the kind of care that can and should be provided for anyone confronting the end of life. Although palliative care is not only for those who are nearing the end of their lives, these principles capture its spirit at every stage of a serious disease.

#### **3.4.1 Palliative care respects your goals and choices**

- We will take into consideration what you want and like, as well as what your loved ones want and like.
- We want to help you understand your sickness and what might happen to you in the coming days.
- We want to make sure that we meet your needs and desires regarding your healthcare, the location you prefer to reside, and the specific services you require.
- We can assist you in working with your health care provider and health plan to address any issues or problems.

#### **3.4.2 Palliative care looks after your medical, emotional, social, and spiritual needs**

- We provide ways to help you reduce pain and other physical symptoms.
- We are here to support you and your family in making necessary changes if the illness worsens.
- Making sure you have someone with you.
- We support you in dealing with problems, worries, and unpleasant emotions.
- We want to give you the opportunity to express and act on what is most important to you.
- Assisting you in reflecting on your life, finding acceptance, and providing an opportunity for personal development.

#### **3.4.3 Palliative care supports the needs of family members**

- Recognizing that families and loved ones also require assistance.
- Providing help to family caregivers by giving them time to take a break and offering guidance and support over the phone.
- Planning for the medical needs of caregivers, who could also become sick.

- Finding ways for family members to manage the money difficulties of taking care of someone, like when they lose income and have extra expenses.

#### 3.4.4 **Palliative care helps you access needed health care providers and appropriate care settings**

- Using the help of various people like doctors, nurses, pharmacists, clergy, social workers, and personal caregivers.
- Ensuring that if needed, someone is responsible for ensuring that your needs are fulfilled.
- We are here to assist you with using hospitals, home care, hospice, and any other services you may require.
- Adapting choices to fit the person and their family's needs.

#### 3.4.5 **Palliative care promotes high standards for care at the end of life**

- Assisting caregivers in understanding how to best care for individuals nearing the end of their lives.
- Supporting rules and regulations that encourage good palliative care.
- Encouraging the support of financial resources for care at the end of life from private health insurers, health plans, and government agencies.

### 3.5 **Strategies to stay comfortable when discussing death and dying**

3.5.1 **Identify your personal feelings about death and how they may influence interaction with client:** When someone close to you is dying, it can frequently feel like an emotional rollercoaster, with sadness, love, fear, rage, hope, peace, and despair all having their moments. A range of feelings is common, but if you consistently feel numb, assistance is available.

3.5.2 **Focus on the client's needs:** Client focus describes the techniques you might do to give clients' requirements first priority and enhance their relationship with a brand. By utilizing relationship-building strategies, they frequently concentrate on developing a customer-centric culture and enhancing client happiness.

3.5.3 **Establish open communication:** Open communication is the capacity of people to freely express their opinions to one another. An organization can promote open communication within a workplace setting by actively encouraging all staff members to voice their suggestions and ideas.

3.5.4 **Provide caring touch:** Caring touch helps healthcare professionals connect with patients better by understanding their emotions and reading their body language.

3.5.5 **Respond with honesty and directness to the client's question about death:** It's crucial to respond someone know you're dying so they may make preparations and take care of the things that matter to them most. You should also inform the person's partners, friends, and family members, if they provide their consent. They may be able to maximize their remaining time as a result.

- 3.5.6 **Make time to be available to the client to provide support, listen and respond:** We need to have enough time for patient so they can share their feeling with us. If we do not give time to them, they may feel lonely and disappointed.

### 3.6 Caregiver's responsibilities

The main responsibility of a caregiver is to offer emotional support to both the patient receiving palliative care and their loved ones.

#### 3.6.1 Caregivers can Enhance Quality of Life:

By performing numerous duties on their behalf, caregivers can improve the quality of life for elderly patients receiving hospice care. The preparation of small, simple-to-swallow meals is beneficial since some people may have a meager appetite and may experience swallowing problems. Additionally, having excellent, loose clothing that they can readily wear can enhance their appearance and comfort.

#### 3.6.2 Getting and Staying Organized:

The caregiver's ability to get and maintain organization will be crucial. The more organized you are, the more fun you may have with the patient's family. Create a notebook where you may record crucial contact information, medication information, and patient notes. Use the notebook to record key caregiver chores, appointment times and places, patient daily habits, and more. A family will feel less of a burden if you are a caregiver who is more structured.

#### 3.6.3 Home Safety:

Caregivers can ensure that a patient's room and common areas are safe for them wherever they are. Whether a loved one is caring for the patient or the patient is living in their own home, caregivers can walk through and perform a general safety assessment to ensure it is safe for the patient.

### 3.7 Benefits of palliative care

- Assists the client achieved a dignified and peaceful death
- Provide relief from fear, loneliness and depression
- Maintains client's security, dignity and self-worth
- Maintain physiologic and psychological comfort
- Monitor vital signs
- Provide personal hygiene
- Provide pain control (psychologically)
- Provide relief of respiratory difficulties (elevate bed, deep breathing)
- Aid with mobility, nutrition, hydration and elimination)
- Provide spiritual support
- Ensure client's spiritual is attended
- Caregiver has ethical and moral responsibility not to impose their own religion or spiritual belief on a client

## Self-Check Sheet - 3 Assist in Providing Palliative Care

### Questionnaire:

1. What do you mean by palliative care?

**Answer:**

2. Who are for palliative care?

**Answer:**

3. Who is involved in the palliative care team?

**Answer:**

4. What is hospice care?

**Answer:**

5. Define end-of-life care,

**Answer:**

6. Write down the dying person's bill of rights.

**Answer:**

7. What are the principles of palliative care?

**Answer:**

8. Write down the benefits of palliative care?

**Answer:**

## **Answer Key - 3: Assist in Providing Palliative Care**

### **1. What do you mean by palliative care?**

**Answer:** Palliative care is a type of specialist medical treatment needed for serious conditions like cancer or heart failure.

### **2. Who are for palliative care?**

**Answer:** Palliative care is for persons of any age who have been diagnosed with a terrible, incurable illness. Palliative care helps people with cancer, multiple sclerosis, Parkinson's disease, rheumatoid arthritis, neurological disease, dementia, congenital anomalies and drug-resistant tuberculosis, AIDS, diabetes, and end-stage kidney or lung disease manage their symptoms and improve their quality of life.

### **3. Who is involved in the palliative care team?**

**Answer:** Palliative care involves many health experts who provide a variety of abilities to assist you in providing care during your illness. Among these professions are, but are not limited to:

- a) Doctors
- b) Nurses
- c) Social workers
- d) Physiotherapists
- e) Occupational and speech therapists
- f) Psychologists
- g) Trained volunteers

### **4. What is hospice care?**

**Answer:** A person with a serious illness who is nearing the end of their life is the focus of hospice care, which focuses on their care, comfort, and quality of life.

### **5. Define end-of-life care.**

**Answer:** End-of-life care is a form of assistance provided to individuals who are approaching the final stages of their life, typically within a span of a few months or years.

### **6. Write down the dying person's bill of rights.**

**Answer:** The dying person's bill of rights is-

- a) He has the right to be free of pain.
- b) He has the right not to die when he is alone.
- c) He should not be deceived.
- d) He has the right to die in peace and dignity.
- e) He has the right to get help from his family.
- f) He has the right to get his questions answered honestly.

- g) He has the right to be treated as a living human being until death.
- h) Participate in decisions concerning their care.
- i) He has the right to get religious assistance.
- j) He has the right to get respect for his body after death.
- k) He has the right to get medical and nursing care, till his death, for comfort.
- l) He has the right to be cared for by those who can maintain a sense of hopefulness.
- m) He has the right to express feelings and emotions about approaching death in his own way.
- n) He has the right to be cared for by caring, sensitive, knowledgeable people who will attempt to understand their needs and will be able to gain some satisfaction in helping them to face death.

### 7. What are the principles of palliative care?

- **Answer:** The principles of palliative care are- Palliative care respects your goals and choices
- Palliative care looks after your medical, emotional, social, and spiritual needs
- Palliative care supports the needs of family members
- Palliative care helps you access needed health care providers and appropriate care settings
- Palliative care promotes high standards for care at the end of life

### 8. Write down the benefits of palliative care?

**Answer:** The benefits of palliative care are-

- a) Assists the client achieved a dignified and peaceful death
- b) Provide relief from fear, loneliness and depression
- c) Maintains client's security, dignity and self-worth
- d) Maintain physiologic and psychological comfort
- e) Monitor vital signs
- f) Provide personal hygiene
- g) Provide pain control (psychologically)
- h) Provide relief of respiratory difficulties (elevate bed, deep breathing)
- i) Aid with mobility, nutrition, hydration and elimination)
- j) Provide spiritual support
- k) Ensure client's spiritual is attended
- l) Caregiver has ethical and moral responsibility not to impose their own religion or spiritual belief on a client

## **Task Sheet-3.1: Assisting in Providing Palliative Care**

**Task name:** Assisting in Providing Palliative Care

**Objectives:** The objective of this task is to equip participants with the knowledge and skills necessary to provide compassionate and effective support in palliative care settings. By the end of this task, participants should be able to:

- Understand the principles and goals of palliative care.
- Provide emotional and physical support to patients and their families.
- Assist in pain and symptom management.
- Communicate effectively with patients, families, and the healthcare team.
- Foster a compassionate and comforting environment for patients receiving palliative care.

### **Working Procedure:**

1. Develop effective communication skills to engage with patients and their families compassionately and empathetically.
2. Listen actively to patients' concerns, preferences, and needs, and acknowledge their emotions.
3. Work with healthcare professionals to conduct comprehensive patient assessments to identify their physical, emotional, and social needs.
4. Participate in developing care plans tailored to individual patient requirements.
5. Gain knowledge about end-of-life care and the appropriate practices when patients are nearing the end of their lives.
6. Support patients and their families during this sensitive time, providing comfort and guidance.
7. Offer emotional and psychological support to patients and their families, addressing anxiety, fear, and grief.
8. Engage patients in therapeutic activities, such as music, art, or companionship, to enhance their emotional well-being.
9. Accurately record patient interactions, care provided, and any observed changes in their condition.
10. Keep patient records up-to-date and maintain confidentiality.

## Review of Competency

Below is yourself assessment rating for module **Perform Palliative Care**

Assessment of performance Criteria	Yes	No
1. The purpose and scope of the activity is explained to the client utilizing therapeutic communication tools.		
2. Infection control technique is applied following standard procedure.		
3. Client's comfort and safety is ensured as per standard procedure.		
4. Wound is assessed as per standard procedure.		
5. Wound dressing techniques is applied following standard procedure		
6. Wound healing progress is monitored and recorded as per standard procedure		
7. The goals and benefits of hot and cold therapy in pain management is explained to the client as prescribed by the doctor.		
8. Possible risks and complications of hot and cold therapy on the client are understood		
9. Appropriate hot/cold therapy techniques are applied to the client		
10. Risks and limitations are identified and reported based on established standard procedures		
11. Progress is monitored and recorded based on established standard procedures		
12. Concepts of death, dying and other related terminologies are explained.		
13. The Dying Person's Bill of Rights is followed according to established standard		
14. Principles of Palliative care is applied based on established standard		
15. Strategies to keep clean and comfortable is applied when discussing death and dying		
16. Precautions are used based on established standard		
17. Caregiver's responsibilities are applied based on established standard		
18. Benefits of Palliative Care is discussed based on established standard		
19. Client's response to palliative is documented		

I now feel ready to undertake my formal competency assessment.

Signed:

Date:

## Development of CBLM:

The Competency Based Learning Material (CBLM) of ‘**Perform Palliative Care**’ (Occupation: Caregiving for Elderly Persons, Level-3) for National Skills Certificate is developed by NSDA with the assistance of SIMEC System, ECF consultancy & SIMEC Institute JV (Joint Venture Firm) in the month of June 2023 under the contract number of package SD-9A dated 07<sup>th</sup> May 2023.

SI No.	Name & Address	Designation	Contact number
1	Ko Kya Mya Marma	Writer	01785211141
2	Mohammad Sayful Islam	Editor	01955286553
3	Md. Amir Hossain	Co-Ordinator	01631670445
4	Mahbub ul Huda	Reviewer	01735490491