

# PRIMER OF PALLIATIVE CARE



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# **ELABORATION**

#### **PRODUCTION**

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"PALIATIVE CARE IS NOT A TREATMENT ALTERNATIVE ANDYEA A

COMPLEMENTARY PART AND VITAL AT ALL

FOLLOW-UP OF PATIENT".

Cicely Saunders

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# **PREFACE**

THE primer what you they are about to The to read he was developed for the biologist ROSANGELA ESTELA PRATTI DA SILVA and became material to be distributed The patients in Palliative care.

In simple language and accessible to the lay population, this booklet clarifies, guides and teaches, Good reading!

#### **PRESENTATION**

We observed throughout this research that patients and family members need guidelines most specific about O what are care palliatives and which care must to be adopted in day The day, far away of institutions in health and in we professionals.

Because of this, and thinking about improving the attention given to you, we created this booklet, containing information and guidance necessary for your well-being be, in order to reduce common doubts and highlight essential care that should be adopted.

"WE CANNOT ADD DAYS TO OUR LIFE, BUT WE CANADD LIFE TO OUR DAYS."

Cora Coralina

# INTRODUCTION

This booklet presents relevant information for patients and families of care palliatives.

Palliative care offers you the outpatient service, the hospitalization and O Program in hospitalization home in care palliatives. It has one team multi-professional Special, available for collaborate in this time important in your life.

Circumstances in health and in illness do part gives life in all. We will join our forces and knowledge for the your welfare and comfort.

" TAKE CARE IT IS TO GIVE PLACE INSIDE OF ME TO SUFFERING OF OTHER ."

Donald W. Winnicott

# You You know O what It is palliative care?

Palliative care is a treatment that aims to improve the quality of life in patients and relatives against in illnesses what threaten The continuity gives life.

You professionals what do part gives team for serve you are:

- assistants social;
- Nurses;
- Pharmaceuticals;
- Physiotherapists;
- speech therapists;
- Doctors specialists;
- Nutritionists;
- Psychologists;
- Technical in Nursing;

# Who does use From care palliatives?

Those ones patients, whose illness, has became resistant and incurable to treatment, that is, patients diagnosed with incurable pathologies, no only in phase terminal, but during all O route gives illness, what present limitations and weaknesses, causing disorder physical, Social, psychological and spiritual.

#### Which O time in start the Caution Palliative?

After O start of diagnosis in one illness incurable.

# O paper From care palliatives during The illness

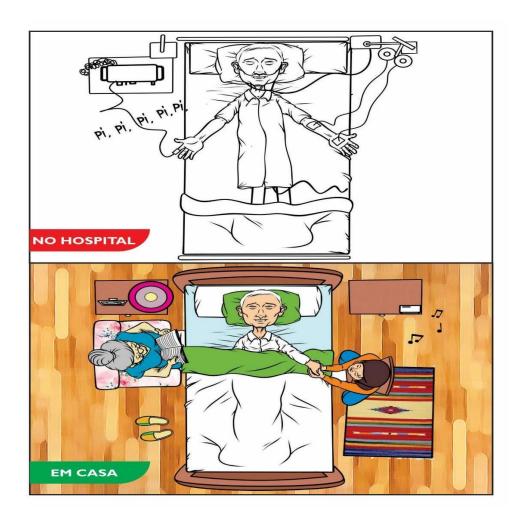
Promote The improvement gives quality in life of patient and their relatives, per quite gives prevention and of relief of Suffering, Prioritizing O control gives pain and you other symptoms physical, social, psychological and spiritual.

# **Caring From relatives**

Death is part of everyone's life, but we are not prepared for her. Faced with the suffering caused by the disease, many times It is hard to accept the your arrival.

So the greatest care that you relative can have with yourself is recognize yourself, know your fears, understand what it means to live and O to die. divided your tasks with others people, if feed well, rest at regular intervals. And, if necessary, seek help with the team multidisciplinary to talk and resignify The your pain!

# An approach to the main care from the perspective of patients/family members.



#### COMFORT OF FAMILY

O first caution what we will go approach It is O Comfort of Familiar. In thismoment it is important that you comfort your relative, demonstrating kindness, affection and allowed what That person express their fears and troubles.

#### CAUTION WITH THE FOOD

One of the goals of nutritional care in palliative care is to reduce the impact caused by the presence of disease symptoms and the effects side effects of treatment, what they can to affect negatively Thequality in life, at activities everyday, The ingestion feed, O statenutritional, in addition in harm the relations social and relatives.

Some care is important for your food. read them with Warning:

- Sanitize at hands before meals;
- Perform hygiene gives mouth before and after at meals;
- In priority to the foods what he likes in eat;
- Even if you don't feel like eating solid food, try drinks during the day such as fruit juices, fruit with vegetables, vitamins, soups and other liquids;
- vary at Colors and you types in foods at the your dish, that you help to The eat best:
- Knife your meals ever what possible at presence in friends/family;
- avoid foods fried, fatty, Canned, with dyes and Spice;
- avoid O consumption in drinks alcoholics;
- Drink it quite Water;

The patient may refuse to eat and drink, it is important that you do not force, then there is risk what The person if choke with The food, causing

complications. Respect and allow what The person with the small quantities is that that she Wish!



#### **CAUTION WITH O SLEEP**

IT IS normal what in this stage of process O patient in care palliativesyou have sleep excessive. avoid stimulation excessive!

# **CAUTION WITH THE MOUTH**

Due to the use of certain medications, the glands in the mouth produce less saliva, making it difficult to eat, speak and clean teeth and mouth. Therefore, some specific precautions can assistant, as:

- feed yourself with foods in easy chewing and in temperaturecold or lukewarm;
- avoid foods dry and crunchy;
- In preferences for foods most liquids and pasty;
- Perform hygiene gives mouth;
- Inform The team in health about discomfort or injuries whatmay arise at mouth;

- use brushes in teeth soft;
- use wire dental;



#### **CAUTION WITH NAUSEA AND VOMITING**

At nausea and vomiting they can to occur fur use in determined prescription drugs, severe pain, patient's clinical condition, in between others. In that case, you he can to adopt some care:

- No consume foods against your will;
- With the in small amounts;
- take correctly you medicines prescribed;

#### **CARE FOR CONSTIPATION**

Due to the uses in some medicines, he can to occur The constipation, alsoknown as prison in womb. For to prevent the constipation It is required:

- ingestion in liquids, in average two to 3 liters per day;
- Consumption in foods rich in fibers, as fruits, vegetables and cereals;
- Accomplish some activity physical, in wake up with The your resistance and condition of health;

# **CARE WITH THE DIARRHEA**

Diarrhea, when it occurs, may be related to the use of medications. For avoid this grievance, it is important that you:

- take in average two The 3 liters of water by day;
- avoid fried food, derivatives of milk, foods sausages and spicy;

# CARE WITH O TIREDNESS PHYSICIST, MENTAL AND EMOTIONAL

Physical, mental and emotional tiredness is a feeling of having less energy for accomplish at activities everyday, interfering many times at quality in life of patient and us relationships. Is important what you:

- Tell the team or trusted people what you are feeling;
- Knife part in groups in support;
- Communicate to the doctor if tiredness makes your daily activities unfeasible daily;

# CARE WITH THE LACK OF AIR

THE lack in air also It is O time in what O patient it presents difficulty forbreathe. For what we can assistant in that time It is required what you:

- Keep The calm;
- position yourself in form what improve your conditions in health;
- communicate O what it is feeling for your familiar;

# CARE FOR THE HYGIENE CORPORAL

Body hygiene contributes to patient comfort and safety and improves The self esteem, so much at the hospital and home environments. For so much is required that you:

- use Water lukewarm or in temperature nice;
- Enjoy O time of bath for to do massages at the body;
- if you no get to do The hygiene of body, ask help.

#### REFERENCES BIBLIOGRAPHICS

BRAZIL. Ministry of Health. GM/MS Ordinance No. 19, of January 3, 2002. institute, at the scope of System Single in Health, O Program National in Assistance to pain and care Palliatives, 2002.

BRAZIL. Ministry of Health. GM/MS Ordinance No. 3150, of December 12,2006. Establishes the Technical Chamber in Pain Control and Palliative Care. Daily Official gives Republic Federation of Brazil, 2006 12 Dec; Section 1. P. 111.

MARIN, H. F.; GROSS, L. M.; PISA, i. T. Technology gives Information and communication in nursing audit. **Journal of Health Informatics**, v. 7, no. 1, 2015.

MACIEL, MGS et al. Quality criteria for palliative care in Brazil. Document prepared by the National Academy of Palliative Care –ANPC; River of January: **Diagraphic**, 2006.

MACHADO, JH et al. Patient requiring palliative care: perception of nurses . **Nurse focus**, v. 4, no. two, P. 102-105, 2013.

NASCIMENTO, LC et al. Spiritual care: essential component of practice gives nurse pediatric at oncology. **Minutes paulista in Nursing**, v. 23, P. 437-440, 2010.

PESSINI, LD How long to invest without harming? **Revista Bioética**, Brasilia, v. 4, n. 1, P. 31-43, 1996.

RODRIGUES, LF Modalities of action and assistance models in Palliative care. In: ANCP Palliative Care Manual. **enlarged and updated** . 2 ed. 2012.

SANTOS, FS Palliative Care: discussing life, death and dying. Are Paul. **Ed Atheneu**, 2009.

Santos FS. The historical development of Palliative Care and the philosophy hospice. In: saints FS, organizer. care Palliatives: guidelines, Humanization and relief From symptoms. Are Paul\o: **Atheneu**; 2011. P. 3-15.

DA SILVA, Marcelle Miranda et al. Analysis of nursing care and participation of family members in palliative oncology care. **Text & Context Nursing**, v. 21, n. 3, p. 658-666, 2012.

TRENCH, Sergio; PALACES, Marisa. THE finitude human and health public. **notebooks Public Health**, v. 22, P. 1755-1760, 2006.

UGARTE, O. Context normative From care palliatives at the SUS [monography]. [Brasília, DF]: **University federal River big of South**; 2014.