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 Serenity Point Hospice, LLC

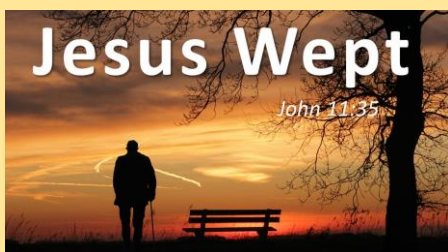


Issue
Six

Insight Into All Things Hospice

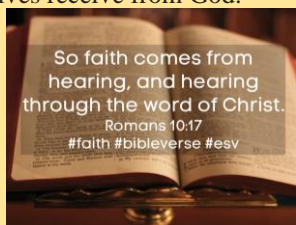
Celebrating The JOURNEY

current topics >>>



[2 Corinthians 1:3-4 NIV](#)

3 Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, **4** who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God.



[Philippians 4:6-8 NIV](#)

6 Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God. **7** And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus. **8** Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things.

Regular Grief vs. Anticipatory Grief

Whether it is disenfranchised grief, prolonged grief disorder, or even pet grief, everyone experiences grief at some point in their life. It's a normal emotion, often in response to the death of a loved one or another significant loss. What happens, though, if you're experiencing grief before you've gone through a loss? Anticipatory grief is the term used to describe when someone feels like they're grieving even before they've actually faced any sort of loss.

What is anticipatory grief?

Anticipatory grief means a caregiver or loved one is aware of someone's terminal prognosis and has time to prepare for the loss. That said, while they may have time to prepare, the feeling of the upcoming loss can still be overwhelming. People with preparatory grief often have the same symptoms as normal grief. It's generally assumed that it's the caregivers who are most affected by anticipatory grieving, but according to some research, an estimated 25% of patients themselves might also experience it.

Anticipatory grief is the entire combination of all the reactions — affective, cognitive, social, and cultural — that both patients and families might feel as they are expecting loss.

Signs of Anticipatory Grief

Another way of further understanding anticipatory grief is to know the signs beforehand. Someone with signs of anticipatory mourning may feel some or all of the following: Anger and irritability, Uncontrollable emotion, Anxiety, fear, dread, denial, desperation, Guilt, Lethargy, lack of motivation, anti-social, Loneliness, Sadness, tearfulness.

How to Cope with Anticipatory Grief?

There are several ways you can learn to cope with anticipatory grief. Understanding what you're feeling is the first step — then you can implement any of the following coping skills.

Educate yourself about what to expect

Learn all you can about your loved one's condition. Share feelings with someone else experiencing anticipatory grief. A support group is a safe place for you to vent your frustrations and feelings.

Ask for help from family and friends. People are eager to help, so don't hesitate to ask friends or family for love, understanding, and support if you need it. It's important not to put your life on hold.

Create memories your family members can enjoy. Even though your loved one isn't able to do the activities they once enjoyed, try to involve them as much as possible in small, simple joys. Talk about unresolved feelings. It's so important to resolve any issues between you and your loved one while you have the time. If they can, try to settle any financial or legal matters and discuss their end-of-life wishes. Have the tough conversations, make amends, or just let them know how special they are. You won't have regrets by sharing more with them.

set the stage >>>

Can Hospice Patients utilize the Emergency Room?

The philosophy of hospice is clear: Focus on the quality of life primarily through pain & symptom management, and stop curative and invasive treatments.?



While some 911 calls and hospitalizations are reasonable and unrelated to the patient's terminal diagnosis, many hospitalizations are the result of well-meaning loving choices by people who do not know what to do.

By Enrolling in the hospice program the patient (or POA) has made their wishes clear, they want to focus on their quality of life and not pursue invasive treatments.

Furthermore, most patients on hospice either already have POLST/DNR. If a patient is enrolled in hospice and does not yet have a POLST or DNR, the hospice agency will educate and work with the patient and family and caregivers to arrange for those forms to be completed.

Educating family members and caregivers on the nature of the patient's disease and treatment is important. When faced with the urgent and immediate development in their loved one such as a change in breathing or breakthrough pain, almost no amount of education the hospice agency provides can overcome the lifetime of 'call 911. Anyone can call 911 and the first responders will respond. That's their job.



EMERGENCY INTERVENTIONS

and subsequent hospitalization for an issue related to the patient's hospice diagnosis is not only problematic for the patient, it can create difficulties for the hospice agency as well. The patient needs to be discharged, team members will need to be rescheduled, the patient's chart and billing need to be updated, it can be a hassle. Most hospice patients who go to the hospital eventually return to hospice. Make it easy for them to return and make it easy on your team for the patient to be readmitted.



On-Call Service

For after-hours needs, Serenity Point Hospice provides 24-hour telephone access to hospice clinicians who can answer questions, support caregivers over the phone or dispatch a team member to the bedside, if needed.

For more information go to www.serenitypointhospice.care

hospice advice >>>

Making Memories....

One of the most painful parts of grief is facing a string of tomorrows without your loved one. Whether you lost the love of your life last month or were in utero when your dad was killed, your older brother lost his battle with depression or post-traumatic stress three years ago or your mother slipped quietly away while in hospice care, the past is all you have with them. Or is it?

Whether you believe in life after death or not, whether you knew your loved one or not, here are a few steps to help you capture a precious relationship and continue to create memories that keep love alive beyond the grave.

Ask battle buddies, family and friends from all chapters of his/her life to share who he/she was.

Don't be afraid to reach out to those who knew and loved your hero. Honor their decision to share or not. It may be hard and they may not share, but if they do, the memories will be priceless.

Find a sacred place to "visit" your loved one.

Go visit with and talk to your loved one. Be open to peace and connection you are entitled to, no matter where you choose to "visit."

Pick up one of your loved one's hobbies and "go there" with him or her.

If your mom loved Broadway shows, go watch one with her. Invite your loved one into your thoughts as you do the activities he or she loved and build beautiful memories together.

Incorporate them into family traditions, whether old or new.

Incorporating traditions around special days to include your loved one can take away some of the sting from his or her obvious absence.

Memories are made naturally throughout life and are created from attending special occasions, outings and sometimes simply through daily, spontaneous funny or moving moments. Do little things for them to show how much you love them. Massage their feet, read to them, climb onto the bed and snuggle. Don't hold back, love on them all you can while you can.



Coping with Anxiety & Agitation



When someone faces a terminal diagnosis, they also face the fear, grief, and uncertainty that comes with their condition. Anxiety is common among hospice patients as they face something they've never dealt with before. Feelings of stress and nervousness can turn into agitation, restlessness, and even panic. Hospice caregivers work to understand each individual patient's anxiety—where it stems from, how it manifests, and which treatments offer relief. Soothing anxiety offers both physical and emotional relief and helps improve overall quality of life. Learn more about where end-of-life stress comes from and how to manage it with these ways to ease anxiety in hospice patients.

People who are in the final stage of their life and their loved ones face many challenges, and anxiety is often one of those challenges present during this phase of life. It's natural for people to feel anxious because of the uncertainty or fear of dying.

Anxiety is a natural response to factors that create stress in our lives. It's a feeling of worry or fear that is expressed differently by each person. Some people can verbalize how they are feeling, and others can't. Anxiety can range from mild to panic attacks. When someone feels anxious, the body goes into high alert and the flight or fight responses are activated.

What to know:

- Anxiety and agitation are normal, expected, and healthy responses to facing end of life.
- However, anxiety can be very subtle and difficult to recognize.
- Anxiety can be worse than pain and is sometimes not well-managed.
- Pain and anxiety often feed off each other and may need to be treated simultaneously.
- Loss of mental ability with forgetfulness, periods of confusion, and even hallucinations, are normal and expected, but can be distressing for patients and families.
- Sleeping pattern disruptions and disturbances often arise.

Signs of Anxiety:

Talking about the same subject over and over. Looking "worried" with a furrowed brow and physically tense. Increased difficulty tracking conversations with decreased memory. Not being themselves: quiet, withdrawn, irritable, crying, fretting, increased confusion. Not sleeping consistently during the night.

Signs of Agitation:

Can't sit still, restless, pacing, or unable to stay positioned in bed or chair for more than 5 minutes. Calling out repeatedly, reaching, trying to sit up. Having hallucinations or dreams that are distressing. Wandering in the home and falling.

WHAT TO DO:

1. Ask questions, stand back and look: Do they need to pee or have a bowel movement? Do they have a dirty brief? Is there worry about something? Is something needed – are they hungry or thirsty? Are they too hot or too cold? Often agitation and anxiety can be due to pain that can't be verbalized. Are they sleep deprived?
2. Patiently sit, listen, and ask open-ended questions: Give time for difficult, scary thoughts or feelings to arise and be spoken. Repeat what you are hearing and ask for clarification. Use the opening phrases: "I wish.... You weren't feeling so sad and worried" You may never discover what is causing their anxiety and agitation, but it is important to give the opportunity to explore and deepen the conversation

Medication:

When the interventions above haven't worked, it is time to give the medications instructed by your hospice team. Please do not wait too long to do this. Like pain, the goal is comfort, and sometimes a regularly scheduled medication is necessary to obtain and maintain calm.

Q: Is it true that hospice is for the very end-of-life with days or hours left?
A: No, hospice care is available to patients with a life limiting diagnosis who want medical care for comfort rather than curative care.



Coping with loss of a child.....

After losing a child, parents may find themselves experiencing shock, denial, anger, depression, hopelessness, guilt, isolation, disorganized thoughts, feelings of acceptance, and/or a host of other possible thoughts and feelings. Mothers and fathers may cling to each other more closely, give each other space to grieve independently, distance themselves from each other temporarily, blame each other, show disdain for the other's grieving style, etc. Feel your Feelings

When people grieve, they may naturally decide to suspend daily activities for a period of time to express grief privately. As with the overall grief process, the needed period of privacy varies greatly from individual to individual. Because the many ways of expressing grief are, in fact, personalized responses to great loss. When should a therapist be consulted? In general, consider contacting a marriage and family therapist if a grieving person: discusses harming themselves or another person isolates themselves (emotionally or physically) from dependent children refuses to eat, bathe, get out of bed, go to work, etc.~ refuses to believe that the loss occurred ~begins to engage in dangerous or unusual rituals ~ erupts (uncharacteristically) in fits of rage ~ suddenly threatens divorce ~ insists repeatedly that no one is listening or willing to understand his/her feelings refuses to talk about anything else. Join a support group. Whether located online or at a local church, groups of people with similar life experiences can offer encouragement to those who desire ongoing contact with others of like mind.

final thoughts....

Don't Wait – Hospice Provides Months of Care and Support

***Finding An Agent That's Right For You** While a loved one enters hospice, it's essential to be aware of common misconceptions about grief. People who are trying their best to be "helpful" will often repeat these misconceptions in an attempt to help grieving people "get over" their pain. However, these misconceptions can be harmful because they prevent grieving individuals from going through the full range of emotions necessary to heal.*



Little known facts about Hospice:

As hospice providers like to say, calling hospice is not giving up, it's speaking up about what you want at the end of life. Take a look at these surprising facts: With hospice, you may live longer. It's not unusual to feel better once the pain and symptoms of your illness are better controlled. According to a study in the Journal of Pain and Symptom Management, hospice extended life an average of 29 days. By careful management and treatment of symptoms, and care for physical and emotional well-being, patients felt better, which may have given them the will and fortitude to live longer. Signing up doesn't mean giving up all medical care. We can offer therapies that better manage symptoms and provide comfort. Hospice means shifting from the goal of a longer life through treatments, to creating the best quality of life for the days you have left. You may continue to see your regular doctor, and you remain in charge of your medical decisions. You can change your mind. Goals and needs may change over time. If you choose to seek aggressive medical treatment, hospice may not be for you.

You have to qualify for hospice, but you can opt out at any time for as long as you like. You can opt back in later, as long as you qualify. Time after time, we've seen patients and their families wait to sign on to hospice until their very last days. Why? Sometimes it's because they don't know about hospice; yet, more often it's because they fear the "H" word and all that it signifies. Death is just not a place people want to go — be they providers or patients. Death can be beautiful and peaceful at Serenity Point Hospice we strive to provide excellent care for individuals of all ages. Our goal is to show you the beautiful side of hospice. It is to help you maintain the highest quality of life in the comfort of your own home. Our team works together to help patients and their families cope with all the physical, spiritual and emotional aspects of dying. We understand the importance of family and we do our best to treat your family like our own. We are here to support, listen, and respond to your care with compassion and understanding.



coming soon >>>

In The Next Issue

- The Gift of Gratitude
- Personal Care & Safety
- Skin & Wound Care
- Relaxation Techniques



When life feels out of control and your heart is aching, "Finding Serenity Grief Support Group" helps you find spiritual peace, strength, and encouragement while celebrating life's journey.

Please call our office 309-435-7050 or the church 309-647-7771 for more information.

It is a FREE service provided by Serenity Point Hospice and is open to the public.



When: Every Wednesday at 4:00 PM
Where: Evangelical Free Church
1300 E Chestnut St Canton, IL 61520



Employee Spotlight

Congratulations to Laura for earning our DOVE Award. The Barbour Family shared this about Laura....

"Laura and the entire SPH team was wonderful. They were there in the beginning when help wasn't really needed but was helpful, to the very last second. They kept him comfortable in everything..."

More about Laura....

What is your response when people say, "Hospice must be a very difficult and challenging job?"

"It is a calling. It is a privilege to be able to make a positive impact on a patient and families lives during the most difficult times".

What aspect of your role do you enjoy the most?

"Teaching families and staff how to provide exceptional care".

What is your most valuable lesson learned from your career?

"Delegation. I cannot do everything for everyone. Working with a team is the only way to provide outstanding care for patients and families".

How do you unwind at the end of your day?

"Grandkids, Playstation and Puppies"

Dove Award....



Meet... Laura Patterson
RN/Administrator

About Laura...

Laura is a combination of many things that you want in a nurse. Her drive to serve and help is present in everything she does. She cares about her patient's and their needs. Countless pateint's and their families have benefited from working with Laura on personalizing their care plans to meet their needs. We are proud to have her as one of our Leaders.

Contact us at 309-435-7050 / www.serenitypointhospice.com