

D — End of life

5 statements · Recommended tool: CP-END End-of-Life Comfort Check · Validated scales: ESAS

D1 Needs comfort near death

Group: End of life | Type: Actual problem

Definition: The dying person needs relief of symptoms and calm, dignified care.

Possible causes: Terminal illness; pain; breathlessness; anxiety

Signs and symptoms: Moaning; restlessness; grimacing; fear

Scenario. A dying patient needs comfort and calm.

S: "I'm so tired. I just want to be comfortable."

O: Terminal illness; restless; pain 6/10; shortness of breath.

Tools: CP-END, CP-PAIN · ESAS, NRS 0–10, FLACC, PAINAD ****CarePath diagnosis:**** Needs comfort near death related to terminal illness, as evidenced by moaning and restlessness. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Control symptoms. | Untreated pain and breathlessness cause suffering and fear near death. Giving ordered medicines and measures promptly relieves symptoms and keeps him comfortable. | | Give mouth care. | A dry mouth is common near death and very uncomfortable. Regular mouth care keeps the lips and mouth moist, clean and more comfortable. | | Reposition gently. | Gentle position changes ease pressure and stiffness and can help breathing, but slow, supported movement avoids causing extra pain. | | Keep the room calm. | A quiet, softly lit room with few interruptions reduces stress and agitation, and helps him rest peacefully. | | Stay present. | Staying present reassures him that he is not alone, which eases fear and anxiety and honors his dignity. | | Involve the family. | Family involvement gives comfort to both patient and relatives, and helps them take part in care and feel they can still do something meaningful. | ****Expected outcomes**** - Comfortable and peaceful. - Symptoms controlled. - Family present. - Pain 3/10 or lower. ****Linking the data to the diagnosis**** This is an actual problem because he is already suffering. The dying patient has a terminal illness, is restless, reports pain 6/10 and has shortness of breath. He says, "I'm so tired. I just want to be comfortable." The focus is comfort and dignity, not cure, which is why this statement fits better than a treatment-focused problem. The plan controls symptoms, gives mouth care, repositions gently, keeps the room calm, stays present and involves the family. The aim is that he is comfortable and peaceful, symptoms are controlled, family are present and pain is 3/10 or lower.

CarePath diagnosis: Needs comfort near death related to terminal illness, as evidenced by moaning and restlessness.

Intervention	Rationale
Control symptoms.	Untreated pain and breathlessness cause suffering and fear near death. Giving ordered medicines and measures promptly relieves symptoms and keeps him comfortable.
Give mouth care.	A dry mouth is common near death and very uncomfortable. Regular mouth care keeps the lips and mouth moist, clean and more comfortable.
Reposition gently.	Gentle position changes ease pressure and stiffness and can help breathing, but slow, supported movement avoids causing extra pain.
Keep the room calm.	A quiet, softly lit room with few interruptions reduces stress and agitation, and helps him rest peacefully.
Stay present.	Staying present reassures him that he is not alone, which eases fear and anxiety and honors his dignity.
Involve the family.	Family involvement gives comfort to both patient and relatives, and helps them take part in care and feel they can still do something meaningful.

Expected outcomes: Comfortable and peaceful. · Symptoms controlled. · Family present. · Pain 3/10 or lower.

Linking the data: This is an actual problem because he is already suffering. The dying patient has a terminal illness, is restless, reports pain 6/10 and has shortness of breath. He says, "I'm so tired. I just want to be comfortable." The focus is comfort and dignity, not cure, which is why this statement fits better than a treatment-focused problem. The plan controls symptoms, gives mouth care, repositions gently, keeps the room calm, stays present and involves the family. The aim is that he is comfortable and peaceful, symptoms are controlled, family are present and pain is 3/10 or lower.

D2 Family grief before death

Group: End of life | Type: Actual problem

Definition: Relatives are grieving while the person is still alive.

Possible causes: Expected death; fear; guilt; anticipatory loss

Signs and symptoms: Crying; sleeplessness; withdrawal; sadness

Scenario. A family weeps at the bedside of a patient with days to live.

S: "I can't bear to see him like this."

O: Family weeping; not sleeping; asks what to expect.

Tools: CP-END · ESAS ****CarePath diagnosis:**** Family grief before death related to expected death, as evidenced by crying and sleeplessness. ****Interventions and rationale**** | Intervention | Rationale | |---|---|
| Listen. | Listening lets family express fear, guilt and sadness without judgment, which eases emotional pain and shows that their feelings are valid. | | Encourage goodbyes. | Saying goodbye, thanks and sorry while the patient is alive can reduce later regret and help the family begin to find peace. | | Explain changes. | Knowing what changes to expect, such as sleepiness or altered breathing, lowers fear and helps them recognize these as normal parts of dying. | | Allow presence. | Being able to stay at the bedside lets the family feel useful and close to him, which supports their grieving and the patient's comfort. | | Offer a chaplain. | A chaplain can offer spiritual and emotional support and rituals that matter to the family, which many people find a comfort during loss. | ****Expected outcomes**** - Understands what to expect. - Says goodbyes. - Feels supported. ****Linking the data to the diagnosis**** This is an actual problem because the family is already grieving while the patient is alive. They are weeping at the bedside, are not sleeping and ask what to expect. A relative says, "I can't bear to see him like this." This fits family grief before death, rather than bereavement support, because the patient has not died. The plan gives them a chance to talk, say goodbye, understand changes and receive spiritual support. The aim is that they understand what to expect, say their goodbyes and feel supported.

CarePath diagnosis: Family grief before death related to expected death, as evidenced by crying and sleeplessness.

Intervention	Rationale
Listen.	Listening lets family express fear, guilt and sadness without judgment, which eases emotional pain and shows that their feelings are valid.
Encourage goodbyes.	Saying goodbye, thanks and sorry while the patient is alive can reduce later regret and help the family begin to find peace.
Explain changes.	Knowing what changes to expect, such as sleepiness or altered breathing, lowers fear and helps them recognize these as normal parts of dying.
Allow presence.	Being able to stay at the bedside lets the family feel useful and close to him, which supports their grieving and the patient's comfort.
Offer a chaplain.	A chaplain can offer spiritual and emotional support and rituals that matter to the family, which many people find a comfort during loss.

Expected outcomes: Understands what to expect. · Says goodbyes. · Feels supported.

Linking the data: This is an actual problem because the family is already grieving while the patient is alive. They are weeping at the bedside, are not sleeping and ask what to expect. A relative says, "I can't bear to see him like this." This fits family grief before death, rather than bereavement support, because the patient has not died. The plan gives them a chance to talk, say goodbye, understand changes and receive spiritual support. The aim is that they understand what to expect, say their goodbyes and feel supported.

D3 Unfinished affairs or wishes

Group: End of life | Type: Actual problem

Definition: The person has legal, family, or personal matters to settle.

Possible causes: Short time left; unresolved conflicts; legal matters

Signs and symptoms: Asks to see family; wants to make a will; restlessness

Scenario. A dying father wants to speak with his estranged son.

S: "I want to see my son before I die."

O: Wants to settle family matters; restless; legal matters unfinished.

Tools: CP-END · ESAS **CarePath diagnosis:** Unfinished affairs or wishes related to short time left, as evidenced by asks to see family and wants to make a will. **Interventions and rationale** | Intervention | Rationale | |---|---| | Listen. | Listening shows respect and lets him say what matters most, so the team understands his wishes and fears before time runs out. | | Help plan visits. | Dying people often have limited time and energy, so planning visits quickly helps a meeting with his son happen while he can still take part. | | Involve a social worker and chaplain. | A social worker can help with family contact and legal matters, and a chaplain with spiritual peace, covering needs the nurse cannot meet alone. | | Document wishes. | Recorded wishes make sure that others know and respect what he wants, which gives him reassurance and avoids confusion or disputes later. | **Expected outcomes** - Meets his son or arranges contact. - Wishes documented. - Reports peace. **Linking the data to the diagnosis** This is an actual problem because his unfinished matters are already weighing on him. He is restless, has unfinished legal matters, wants to settle family issues and says, "I want to see my son before I die." His time is short, so delay could mean the chance is lost. This fits better than general distress because the concern is specific: reconciliation and legal affairs. The plan listens, arranges contact, involves a social worker and chaplain and records his wishes. The aim is that he meets his son or arranges contact, his wishes are documented and he reports peace.

CarePath diagnosis: Unfinished affairs or wishes related to short time left, as evidenced by asks to see family and wants to make a will.

Intervention	Rationale
Listen.	Listening shows respect and lets him say what matters most, so the team understands his wishes and fears before time runs out.
Help plan visits.	Dying people often have limited time and energy, so planning visits quickly helps a meeting with his son happen while he can still take part.
Involve a social worker and chaplain.	A social worker can help with family contact and legal matters, and a chaplain with spiritual peace, covering needs the nurse cannot meet alone.
Document wishes.	Recorded wishes make sure that others know and respect what he wants, which gives him reassurance and avoids confusion or disputes later.

Expected outcomes: Meets his son or arranges contact. · Wishes documented. · Reports peace.

Linking the data: This is an actual problem because his unfinished matters are already weighing on him. He is restless, has unfinished legal matters, wants to settle family issues and says, "I want to see my son before I die." His time is short, so delay could mean the chance is lost. This fits better than general distress because the concern is specific: reconciliation and legal affairs. The plan listens, arranges contact, involves a social worker and chaplain and records his wishes. The aim is that he meets his son or arranges contact, his wishes are documented and he reports peace.

D4 Distressing symptoms near death

Group: End of life | Type: Actual problem

Definition: Breathlessness, agitation, pain, or secretions cause distress near the end.

Possible causes: Advanced disease; secretions; organ failure

Signs and symptoms: Noisy breathing; agitation; pain; nausea

Scenario. A patient has rattling breaths and is restless.

S: (Unable to speak.) Rattling breaths.

O: Noisy breathing; agitated; observed pain 7/10; poor intake.

Tools: CP-END, CP-PAIN · ESAS, NRS 0–10, FLACC, PAINAD **CarePath diagnosis:** Distressing symptoms near death related to advanced disease, as evidenced by noisy breathing and agitation.

Interventions and rationale | Intervention | Rationale | | Give comfort medicines as ordered. | Medicines for pain, breathlessness, agitation and secretions, given as ordered, relieve distress quickly when he cannot ask for help himself. | | Reposition. | Changing position helps secretions drain and eases pressure and discomfort, though movement should be gentle to avoid worsening pain. | | Give mouth care. | Mouth care keeps the mouth moist and clean, which relieves dryness and discomfort that he cannot report. | | Keep calm. | A calm, quiet environment lowers agitation and helps him rest more comfortably. | | Reassure the family. | Explaining that noisy breathing is usually not painful to the patient, and what is being done, eases the family's fear and distress. **Expected outcomes** - Calm and comfortable. - Secretions managed. - Family reassured. - No distress. **Linking the data to the diagnosis** This is an actual problem because distress is already present. The patient cannot speak, has rattling breaths, noisy breathing, agitation and observed pain 7/10, and intake is poor. Because he cannot say how he feels, the nurse relies on what is seen and heard. This fits better than a general comfort need because specific symptoms need targeted relief. The plan gives comfort medicines as ordered, repositions, gives mouth care, keeps the room calm and reassures the family. The aim is that he is calm and comfortable, secretions are managed, the family is reassured and there is no distress.

CarePath diagnosis: Distressing symptoms near death related to advanced disease, as evidenced by noisy breathing and agitation.

Intervention	Rationale
Give comfort medicines as ordered.	Medicines for pain, breathlessness, agitation and secretions, given as ordered, relieve distress quickly when he cannot ask for help himself.
Reposition.	Changing position helps secretions drain and eases pressure and discomfort, though movement should be gentle to avoid worsening pain.
Give mouth care.	Mouth care keeps the mouth moist and clean, which relieves dryness and discomfort that he cannot report.
Keep calm.	A calm, quiet environment lowers agitation and helps him rest more comfortably.
Reassure the family.	Explaining that noisy breathing is usually not painful to the patient, and what is being done, eases the family's fear and distress.

Expected outcomes: Calm and comfortable. · Secretions managed. · Family reassured. · No distress.

Linking the data: This is an actual problem because distress is already present. The patient cannot speak, has rattling breaths, noisy breathing, agitation and observed pain 7/10, and intake is poor. Because he cannot say how he feels, the nurse relies on what is seen and heard. This fits better than a general comfort need because specific symptoms need targeted relief. The plan gives comfort medicines as ordered, repositions, gives mouth care, keeps the room calm and reassures the family. The aim is that he is calm and comfortable, secretions are managed, the family is reassured and there is no distress.

D5 Needs bereavement support

Group: End of life | Type: Actual problem

Definition: Family members need support after a death.

Possible causes: Loss of a loved one; family; grief

Signs and symptoms: Crying; sleeplessness; guilt; isolation

Scenario. A widow cannot cope with funeral decisions.

S: "I can't think. I don't know what to do."

O: Widow cannot decide on funeral; tearful; sleepless.

Tools: CP-END · ESAS **CarePath diagnosis:** Needs bereavement support related to loss of a loved one, as evidenced by crying and sleeplessness. **Interventions and rationale** | Intervention | Rationale | |---| | Offer condolences. | Expressing sympathy acknowledges her loss and shows that the nurse cares, which helps her feel supported when she is overwhelmed. | | Give information on grief. | Knowing that sleeplessness, tears and poor concentration are normal in grief helps her feel less frightened about her reactions. | | Refer to counseling. | Trained counselors give ongoing help with grief that goes beyond what a nurse can offer in a short contact. | | Follow up. | Follow-up checks how she is coping over time and allows early help if grief becomes severe or she is struggling with daily tasks. | **Expected outcomes** - Receives support. - Decisions made with help. - Follows up with a bereavement service. **Linking the data to the diagnosis** This is an actual problem because the loss has already happened and she is struggling. The widow cannot decide on the funeral, is tearful and sleepless, and says, "I can't think. I don't know what to do." This fits bereavement support, not family grief before death, because her husband has already died. The plan offers condolences, information about grief, referral to counseling and follow-up. The aim is that she receives support, makes decisions with help and follows up with a bereavement service.

CarePath diagnosis: Needs bereavement support related to loss of a loved one, as evidenced by crying and sleeplessness.

Intervention	Rationale
Offer condolences.	Expressing sympathy acknowledges her loss and shows that the nurse cares, which helps her feel supported when she is overwhelmed.
Give information on grief.	Knowing that sleeplessness, tears and poor concentration are normal in grief helps her feel less frightened about her reactions.
Refer to counseling.	Trained counselors give ongoing help with grief that goes beyond what a nurse can offer in a short contact.
Follow up.	Follow-up checks how she is coping over time and allows early help if grief becomes severe or she is struggling with daily tasks.

Expected outcomes: Receives support. · Decisions made with help. · Follows up with a bereavement service.

Linking the data: This is an actual problem because the loss has already happened and she is struggling. The widow cannot decide on the funeral, is tearful and sleepless, and says, "I can't think. I don't know what to do." This fits bereavement support, not family grief before death, because her husband has already died. The plan offers condolences, information about grief, referral to counseling and follow-up. The aim is that she receives support, makes decisions with help and follows up with a bereavement service.