**Assessing Symptoms in ICU Patients**

- Perform a symptom assessment at least once per shift
- Assessment method guided by sedation level and mental status:

<table>
<thead>
<tr>
<th>Patient Status</th>
<th>Appropriate Assessment Methods</th>
</tr>
</thead>
</table>
| RASS = -1, 0, or +1 | - Verbal descriptor scale (None/Mild/Moderate/Severe)  
- Numeric rating scale: 0-10 (0=none, 10=worst) |
| Patient unable to rate, e.g. RASS < -1 or > +1, +CAM-ICU | - "Yes/No" Observation tool, e.g. Critical Care Pain Observation Tool  
- Treat symptom presumptively, e.g. pain during procedures |

**Evaluation & Treatment of Common Symptoms in ICU Patients**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Treatments / Work-Up</th>
</tr>
</thead>
</table>
| Pain                     | Non-opioid and opioid analgesics  
Nonpharmacological, e.g. Guided relaxation, massage, music |
| Tired                    | Assess and address sleep hygiene                                                   |
| Thirsty                  | Frequent mouth care  
Consider thirst bundle breach |
| Anxious                  | Nonpharmacological, e.g. Guided relaxation, music, massage, aromatherapy  
Consider medication, e.g. Benzodiazepines |
| Restless                 | Assess & treat delirium, discomfort  
Nonpharmacological: e.g. Physical therapy, massage |
| Hungry                   | Assess and adjust feeding method                                                   |
| Short of Breath          | Consider change in breathing support  
Nonpharmacological, e.g. Guided relaxation, music  
Consider medication, e.g. Opioids, benzodiazepines |
| Sad                      | Assess & treat depression  
Nonpharmacological, e.g. Frequent reassurance, music |
| Scared                   | Assess & treat delirium  
Nonpharmacological, e.g. Frequent reassurance, massage |
| Confused                 | Assess & treat delirium  
Nonpharmacological, e.g. Frequent orientation, family visits |
| Nauseated                | Nonpharmacological, e.g. Aromatherapy, limit smells  
Antiemetic medications |
| Constipated              | Bowel regimen                                                                     |

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**What is Palliative Care?**

- "specialized care for people with serious illnesses"  
- "relief from symptoms, pain, and stress"  
- "focuses on quality of life"  
- "for the patient and the family"  
- "provided by a team"  
- "an extra layer of support"  
- "provided together with curative treatment"

---

**Daily ICU Primary Palliative Care Nursing Assessment**

1. **Patient Symptoms**: Does the patient have any uncontrolled symptoms?
2. **Family Distress**: Is the patient's family emotionally distressed or struggling to cope?
3. **Communication**: Do you have concerns about the quality of family-clinician communication about prognosis and goals of care?

**Resources for Addressing Palliative Care Needs**

- **ICU and/or Primary Physician Team**:  
  - Managing physical symptoms  
  - Clarifying prognosis and goals of care
- **Social Work**:  
  - Support for stress and adapting to illness  
  - Financial, insurance, legal issues  
  - Counseling children and families
- **Spiritual Care Services**:  
  - Counseling & comfort about meaning of illness  
  - Guided relaxation for symptom management  
  - Prayer, religious rituals, and resources
- **Palliative Care Nurse and/or Consult Service**:  
  - Managing physical symptoms  
  - Emotional support of patients and families  
  - Counseling about prognosis and goals of care

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*Puntillo et al Critical Care Med. 2010;38:1-6  
Puntillo et al Intensive Care Med. 2014;40:1295-302*
**ICU Communication Quality Bundle**

<table>
<thead>
<tr>
<th>by ICU Day 1</th>
<th>by ICU Day 2</th>
<th>by ICU Day 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identifying &amp; document surrogate decision-maker</td>
<td>• Offer social work &amp; spiritual support to family</td>
<td>• Multidisciplinary family meeting</td>
</tr>
<tr>
<td>• Determine &amp; document advance directive status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Establish &amp; document resuscitation status</td>
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</tr>
</tbody>
</table>

**Key Roles for Bedside Nurses in Communication about Prognosis, Goals of Care, and Palliative Care**

**The 3 Conversations**

- **Nurse-Family Conversation:**
  - Elicit family's goals and needs
  - Elicit understanding of prognosis
  - Provide emotional support

- **Family Meeting:**
  - Ensure key topics are discussed
  - Ensure family understands information
  - Provide emotional support

- **Nurse-Physician Conversation:**
  - Elicit physician perspective on prognosis and goals
  - Present family and nurse perspectives
  - Develop plan to address family needs

**The 4C's**

- **Convening**
  - Making sure multidisciplinary family-clinician communication occurs

- **Checking**
  - Identifying family needs for information
  - Ensuring that families clearly receive desired information
  - Ensuring that clinicians understand family perspectives

- **Caring**
  - Naming emotions and responding to feelings

- **Continuing**
  - Following up after discussions to clarify and reinforce information and provide support

**Core Communication Skills: Tools for Navigating Discussions with Families & Other Clinicians**

<table>
<thead>
<tr>
<th>Skill</th>
<th>Function</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open-ended questions</td>
<td>Elicit another person’s perspective</td>
<td>“What do you understand about your husband’s illness?”</td>
</tr>
<tr>
<td>Reflection statements</td>
<td>Show you want to understand another person’s perspective</td>
<td>“It sounds like this has been a really stressful week for you.”</td>
</tr>
<tr>
<td>NURSE</td>
<td>Demonstrate empathy in response to expressions of emotion</td>
<td>Name: “You sound frustrated.” Understand: “This must be so difficult.”</td>
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<td></td>
<td></td>
<td>Respect: “I respect how haven’t left your daughter’s side.”</td>
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<td></td>
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<td>Support: “I am here to help you through this.”</td>
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<td></td>
<td></td>
<td>Explore: “What is the hardest part?”</td>
</tr>
<tr>
<td>Tell me more</td>
<td>Learn more about another’s perspective</td>
<td>“Tell me more about what your mom liked to do with her time before she got sick.”</td>
</tr>
<tr>
<td>Ask-Tell-Ask</td>
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<tr>
<td></td>
<td>Start with family/physician understanding</td>
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<tr>
<td></td>
<td>Get permission to give information</td>
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<td></td>
<td>Present information clearly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Check understanding or agreement</td>
<td></td>
</tr>
<tr>
<td>Family:</td>
<td>“How is my daughter doing?”</td>
<td></td>
</tr>
<tr>
<td>Nurse: (Ask)</td>
<td>“That’s an important question. I’d be happy to discuss it. First, may I hear your sense of things?”</td>
<td></td>
</tr>
<tr>
<td>Family:</td>
<td>“She seems to be resting today – is that good?”</td>
<td></td>
</tr>
<tr>
<td>Nurse: (Tell)</td>
<td>“I see that too. But I’m worried she is sleepy because her kidneys are getting worse.”</td>
<td></td>
</tr>
<tr>
<td>Nurse: (Ask)</td>
<td>“I think we should discuss your daughter’s status with her doctors. Would it be ok if I arranged a time?”</td>
<td></td>
</tr>
<tr>
<td>Family:</td>
<td>“That would be good.”</td>
<td></td>
</tr>
<tr>
<td>Hope / worry statements</td>
<td>Honestly present information while aligning with family/physician</td>
<td>“We’re hoping that she gets stronger too. We’re also worried that her lungs are showing signs of worsening.”</td>
</tr>
</tbody>
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