Wiremu help sheet

Nina is asking what she should expect as Wiremu gets worse. How could you respond?

- Wiremu will likely experience an increase in symptoms of fatigue and breathlessness. Oedema may be more difficult to manage, and medications may require adjusting.
- He may need more assistance with ADLs due to his fatigue and SOB and may be less interested in leaving the rest home because of this.
- He may have increased episodes of exacerbation of his heart failure, and might even end up back in hospital for IV diuretic treatment.
- He might require oxygen if he is chronically hypoxic.



How will she know when he is dying?

- Wiremu may be sleepier and spend longer periods of time in bed.
- He may have less interest in eating and drinking.
- He may find it difficult to swallow.
- Medicines may be less effective.
- He may develop worsening oedema and increasing shortness of breath.

What should she be telling the whānau?

- Nina might wish to share Wiremu's goals of care with the wider whānau, if he wants this, so that everyone is aware of his wishes.
- That Wiremu has a chronic condition that worsens over time.
- That they should encourage him to be as independent as possible, but be mindful of his changing functional status.
- That his oral intake will decrease as he becomes more unwell, and that eating 'little and often' is often the best approach.
- That he can still hear them, even when he is approaching end of life, and that they should continue to talk to him, tell him stories, share special memories and use karakia and waiata if they wish.

What pharmacological treatments would you consider to assist Wiremu in managing breathlessness and anxiety? Use the Palliative Care Handbook to support your answer.

- Low-dose morphine elixir 2.5–5 mg PO PRN QID oral, as required up to four times a day – consider using 20–30 minutes prior to activities, such as showering or dressing. If using frequently, he may benefit from a slow release opiate to assist with dyspnoea.
- Anxiety might be addressed with an anxiolytic, such as clonazepam, midazolam or lorazepam – always utilise non-pharmacological measures alongside any pharmacological measures.