End of Life Nursing Care Tool
3NE nurses are leaders in excellent patient care & research.
RE: communication & cultural sensitivity in EOL care
3NE nurses LEAD CARE

L - Listen - Listen to patients/families experiences - their worries, fears, hopes, confusion, burdens, etc. Patients & the important persons in their lives are our unit of care. Listen with empathy, openness, compassion, hope & a nonjudgmental attitude using culturally appropriate verbal & nonverbal behaviors. Before entering a pt. room, take 10 sec, center yourself. Prepare to be fully present & take time.

E - Engage - Engage the interdisciplinary team – advocate for patients receiving preferences, symptom management & plan of care. Ensure patients are heard & respected. Request frequent care conferences for team, family & patient. Request a Pain & Palliative Care Team consult.

A - Ask - Ask patients & families about their understanding of their condition, their decisions, anxieties & needs regarding hospice/EOL care. What are their goals for care at this point? What is important to them? What would they like to accomplish? Do they feel in control of their care? Is their dignity respected? What role would family members like to play in pt.’s care going forward?

D - Discuss - Discuss coordination of their care & decisions to be made. Address the uncertainty of prognostic info in terms of time left. Discuss social support resources available, unfinished business, plans, family information needs. Address worries about abandonment. Use good communication techniques:

- Give only 3 pieces of info at a time:
- Clarify information;
- Validate feelings. Help pts/families articulate their grasp of info regarding the pt’s condition & their feelings about it. Educate family about the dying process.

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C - Cultivate - Cultivate cultural understanding. What are the traditions & practices of the patient regarding EOL decision making, information sharing & care? What are their practices around dying & death? Continue to learn about cultures that are new to you. Be aware of your own culture(s) - values, health beliefs, practices, family structures, spirituality, etc.

A - Avoid Stereotyping - Learn about cultures & generalizations, about traditions, behaviors, roles & practices BUT never assume your pt. will be exactly the same. Act as advocate for patient’s choices regarding cultural care. Ask patient/family what is culturally important to them.

R - Respect - Respect the religious & spiritual beliefs & practices of patients & families/caregivers. Try to provide support for this aspect of care. Ask if they would like a visit from their personal religious representative (pastor, rabbi, imam, etc) or a chaplain.

E - Enhance - Enhance your spirit by doing self-care. EOL care is stressful & the transition from acute to EOL takes an additional toll on the emotional, spiritual, psychological & physical well being of nurses. Find ways that are healthy, stress relieving & life giving to you. Make use of Clinical Center resources (EAP, Pastoral Care, Labyrinth, relaxation chairs, guided imagery). Before we leave 3NE we need to say, “I’ve done a good job, I’ve done everything I can & now I am leaving my work. As much as I care for my patients, I am done a good job, I’ve done everything I can & now I am leaving my work. As much as I care for my patients, I am leaving my work. As much as I care for my patients, I am leaving my work. As much as I care for my patients, I am leaving my work. As much as I care for my patients, I am leaving my work. As much as I care for my patients, I am leaving my work. As much as I care for my patients, I am leaving my work. As much as I care for my patients, I am leaving my work. As much as I care for my patients, I am leaving my work. As much as I care for my patients, I am leaving my work. As much as I care for my patients, I am leaving my work. As much as I care for my patients, I am leaving my work. As much as I care for my patients, I am leaving my work. As much as I care for my patients, I am leaving my work. As much as I care for my patients, I am leaving my work. As much as I care for my patients, I am leaving my work.


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Bibliography & Table of Evidence available upon request.
For more information contact: meegen.white@gmail.com