



Continuous Care: A Home Hospice Benefit

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Hospice professionals are aware of the difficult transition that occurs when patients and their loved ones arrive at the end stages of metastatic cancer and desire to reach the end of life in their home. However, the actual practice of caring for someone who is dying at home requires specific skills and support from those trained in end-of-life care.

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Continuous care is a short-term benefit provided during periods of acute medical crisis when patients require symptom management and caregiver education and support, or if caregiver breakdown occurs, which may precipitate a period of crisis. A combination of RN, LPN, and home health aide (HHA) services are placed in the home for 8–24 hours per day, allowing patients to remain at home as acute symptoms require more frequent managing or monitoring to achieve palliation. Those services can be provided in the home or skilled nursing facility settings (Centers for Medicare and Medicaid Services, 2005).

Case Study

R.G. was a 64-year-old woman with breast cancer with metastases to the lung, bone, liver, and, most recently, brain. Her initial cancer diagnosis was five years prior to her hospice admission. She was discharged from a cancer treatment center after an admission for increased CO₂ levels where she was treated in the intensive care unit for five days. During that admission, positron-

emission tomography scans revealed brain metastases. The patient and family were aware that death was imminent and wanted a home setting for the end of life. Discharge planners initiated a home hospice referral and arranged for the family and caregiver to be supported by the component of the hospice benefit known as continuous or crisis care. R.G. would be home with her husband, who was an overwhelmed healthcare professional, and her three young adult children aged 18–32 years. It was determined that her family required education on end-of-life care and emotional support.

Continuous Care

Continuous care most commonly is provided for two to three days; however, it can remain for a longer period of time if the acute medical crisis continues and the goal is for the patient to remain at home. At times, patients in continuous care transition to inpatient hospice settings for more acute interventions than those that can be provided at home.

Continuous care LPNs frequently administer ordered medications and moni-

tor for their effectiveness while under the supervision of an RN. LPNs educate the family on the purpose of the administered medications, what to expect during the end stages of the disease, how and why to maintain good skin care, and how to monitor pain and anxiety. Hospice professionals regularly work with families who have the desire and ability to care for their loved ones when given the proper teaching and emotional support. A key component of hospice care is allowing patients to remain in their chosen environment, and continuous care provides the support and ability for patients to stay in the comfort of their own home.

Home Health Aides

HHAs are a key component when continuous care is initiated. They are trained to monitor for pain, shortness of breath, signs and symptoms of distress in the patient, as well as signs of caregiver fatigue and breakdown in the household. In addition, HHAs instruct caregivers in areas of personal care, turning and positioning for comfort, and skin care. Therapeutic touch is a nonpharmacologic intervention for management of pain and anxiety that HHAs may employ at times. All of that is done in collaboration with the interdisciplinary team that reports findings to the RN who then coordinates the episode of care.

A caregiver expressing concern and fear when administering medications such as morphine and atropine, which often are used at the end of life, is not uncommon. Therefore, LPNs provide a valuable service to patients and families when giving proper instructions regarding purpose, side effects, and methods of administration.