

CareCertify LLC

Hospice & End-of-Life Training Series

HOS-04

Pain & Symptom Management Support

Participant Guide

Hospice & End-of-Life Training Series · Audience: Hospice Aides · Nurses · Volunteers · Social Workers · Chaplains · CE
Hours: 1.0

No One Should Suffer Needlessly

Relieving pain and distressing symptoms is at the heart of hospice. No one should suffer needlessly at the end of life, and the hospice team works hard to keep patients comfortable. Front-line team members — especially aides — are often the first to notice that a patient is uncomfortable, which makes recognizing and reporting symptoms a vital contribution.

This guide covers recognizing pain and common symptoms, providing comfort measures within your role, and reporting changes. Your job is to notice, support, and report; clinicians prescribe and manage the medical care.

Learning Objectives — by the end of this module you will be able to:

- Explain why symptom management matters in hospice
- Recognize pain, including in nonverbal patients
- Identify common end-of-life symptoms
- Provide non-medication comfort measures
- Recognize and report changes to the nurse

Section 1: Why Symptom Management Matters

Relieving pain and distressing symptoms is central to hospice — it's much of what makes comfort and quality of life possible at the end of life. Untreated suffering harms patients and distresses families. Because front-line team members spend time with patients, they often notice symptoms first. Recognizing and reporting symptoms is part of providing comfort, even though clinicians manage the treatment.

Section 2: Recognizing Pain, Including in Nonverbal Patients

When patients can communicate, ask about their pain and believe what they tell you — pain is whatever the patient says it is. Many hospice patients, though, can't communicate verbally near the end of life. Watch for nonverbal signs: grimacing, frowning, restlessness, moaning, guarding a body part, tension, rapid breathing, or changes in behavior. Never assume that a nonverbal or sleeping patient is comfortable. Report signs of pain promptly so the team can respond.

Believe the patient

Pain is whatever the patient says it is, and a nonverbal patient's behavior speaks for them. When in doubt, report — relief is the goal.

Section 3: Common End-of-Life Symptoms

Beyond pain, common end-of-life symptoms include shortness of breath (dyspnea), nausea, constipation, agitation or restlessness, anxiety, and noisy breathing from secretions. Each can be distressing for patients and families. You don't need to treat these — you need to recognize and report them so the nurse and team can manage them. Knowing what to watch for helps you catch and report distress early.

Section 4: Comfort Measures and Non-Medication Approaches

Comfort isn't only medication. Non-medication measures — careful positioning, a calm and quiet environment, mouth and skin care, gentle touch, reassurance, favorite music, and familiar comforts — can ease symptoms and distress significantly. Reduce noise and harsh light, and support presence and connection. These approaches complement medical symptom management and are within the front-line role; provide them generously.

Section 5: Supporting Medication Within Your Scope

Clinicians — physicians and nurses — prescribe and manage symptom medications, including opioids for pain and breathlessness, which are safe and appropriate in hospice when used correctly. Support medication within your role and the plan of care; never change a dose or make clinical decisions. Importantly, don't withhold ordered comfort medication out of misplaced fear — undertreated pain is a real harm. Report pain, refusals, and side effects to the nurse so the plan can be adjusted.

Don't fear comfort medication

Opioids and other comfort medications, used as ordered in hospice, relieve suffering safely. Withholding them out of fear causes needless pain. Report concerns to the nurse.

Section 6: Recognizing and Reporting Changes

You are the team's eyes and ears at the bedside. Watch for new or worsening symptoms and any change in a patient's comfort, and report promptly to the nurse, describing objectively what you observed. Don't wait for symptoms to become severe — early reporting means faster relief. Document changes per policy so the team has current information and can keep the patient comfortable.

Section 7: When to Get Help Urgently

Some situations need an urgent response: severe or uncontrolled pain, severe shortness of breath, severe agitation, or any symptom crisis that's distressing the patient. Contact the hospice nurse or on-call line per your agency's procedure — hospices provide 24/7 support precisely for these moments. Stay with the patient and provide comfort and reassurance while help comes. Quick action relieves suffering.

Section 8: Relief Is the Goal

The goal of symptom management is simple and profound: a comfortable patient, free of needless suffering, able to spend their final time as well as possible. Your role — recognizing pain and symptoms, providing comfort measures, and reporting promptly — makes that relief possible. Comfort is a shared team effort, and every observation you report can ease someone's suffering at the most important time.

Key Terms

| Term | What it means |
|----------------------|---|
| Symptom management | Relieving pain and distressing symptoms — central to hospice. |
| Nonverbal pain signs | Grimacing, restlessness, moaning, guarding, tension. |
| Dyspnea | Shortness of breath. |
| Comfort measures | Non-medication approaches that ease symptoms and distress. |
| On-call line | The hospice's 24/7 support for symptom crises. |
| Undertreated pain | Pain left unrelieved — a real and preventable harm. |

Check Your Understanding

1. Why is symptom management central to hospice?
2. How do you recognize pain in a nonverbal patient?
3. Name three common end-of-life symptoms.
4. Give three non-medication comfort measures.
5. When should you get help urgently?

What's Next

Looking ahead

Next, HOS-05: Communication at the End of Life covers communicating with dying patients and their families.