

# No One Dies Alone

## Compassionate Companions



This program partners volunteers (compassionate companions) with patients who are at end of life. If you receive a call on the daytime or evening chaplain phone requesting a No One Dies Alone volunteer, please do the following:

- 1) Gather basic information (*referring staff member, contact number, patient name, room number*)
- 2) Pass referral on to Adrian Dixon (919-818-7145)

# No One Dies Alone

- Origin of the Program – Sacred Heart Hospital – Oregon
- Why Duke Raleigh?
- Managed by Chaplain Services & Education
  - Adrian Dixon – Director of Chaplain Services & Education
    - Phone: 919.818.7145 (mobile)
    - Email: [adrian.dixon@duke.edu](mailto:adrian.dixon@duke.edu)

# How The Program Works

1. NODA patient identified by nursing unit manager
2. On-call chaplain contacted / referral made to Adrian Dixon
3. *Compassionate Companions* contacted via text/email with opportunities to sign up for 3 hour shift (Google Calendar)
4. *Compassionate Companion* connects with Adrian Dixon to get basic information/room location of patient
5. After patient dies, a letter is sent to next of kin
6. *Compassionate Companions* provide feedback/thoughts/suggestions to Adrian Dixon

# When You Arrive On The Unit

- Make sure you are wearing your “NODA – Compassionate Companion” ID badge
- Introduce yourself to the staff, mainly the charge nurse and the patient’s primary nurse.
  - They should be expecting you.
  - If you have any questions about the patient, ask the nurse. You don’t need to know the specific medical condition of the patient.
  - Take all necessary contact precautions. Ask the nurse how to protect yourself!
  - Once in the patient’s room, assume the role of a compassionate companion.

# Ground Rules

- Treat the patient as you would one of your own friends or family members, with respect for the patient's individuality.
- Whatever your own beliefs, allow the patient to initiate any religious behavior, rather than initiating it yourself.
- Take all necessary contact precautions.
- If the phone rings, answer it.
- If family arrives, you should exit as quietly and gracefully as possible and contact Adrian Dixon.

# What TO DO With Patient

- During the vigil, simply be yourself.
  - Don't be afraid to cry, laugh, carry on conversations, and read.
  - The patient will feel comforted by your presence.
- Remember that hearing and touch are the two senses that remain until death.
- You may adjust pillows, add or subtract blankets, adjust room temperature as you think beneficial for the patient.
- You may wish to give the patient "permission" to die.

# What NOT To Do With Patient

- Don't try to evangelize or convert the patient.
- Don't sit on the patient's bed.

# Comfort

- You want your patient's experience of death to be peaceful.
- Please contact the nurse if the patient begins to:
  - Wince
  - Moan
  - Hold his or her body tense and stiff
  - Breathe in a labored manner
  - Show signs of restlessness or agitation



# How Will You Know If The Patient Has Died?

- No pulse or heartbeat
- No breathing
- Eyelids may be slightly opened and the eyes fixed
- The jaw may be relaxed

Please feel free to stay with  
the patient for a while.

*Call the nurse if you need assistance at anytime. If you or the patient needs spiritual support, please ask the nurse to contact the on-call chaplain.*

# Confidentiality

- In keeping with HIPAA no patient identity information can be disclosed.
- All outside volunteers will need to sign a confidentiality agreement and will be processed pursuant to “JCAHO” standards.
- It is important to respect the patient’s confidentiality. What the patient shares with you in confidence, stays with you.

# What We Need

- Your Commitment!
  - Minimum – 3 hour blocks
- Feedback from your experience  
(please sign in when you volunteer time)

Questions?

