

Palliative Care and Stroke Management: Life After a Stroke

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Learning Goals

- Enhance your understanding of the scope of Palliative Medicine.
- Enhance your knowledge of Palliative Medicine's role in the care of patients living with a stroke residual and their families.
- Understand the key Palliative Medicine Domains in the comprehensive care of the person living with post-stroke residuals.

Definition of Palliative Medicine

- Prevent and relieve suffering and promote and enhance the person's quality of life.
- WHO definition: "... an approach that improves the quality of life of patients and their families facing the problems associated with a life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual

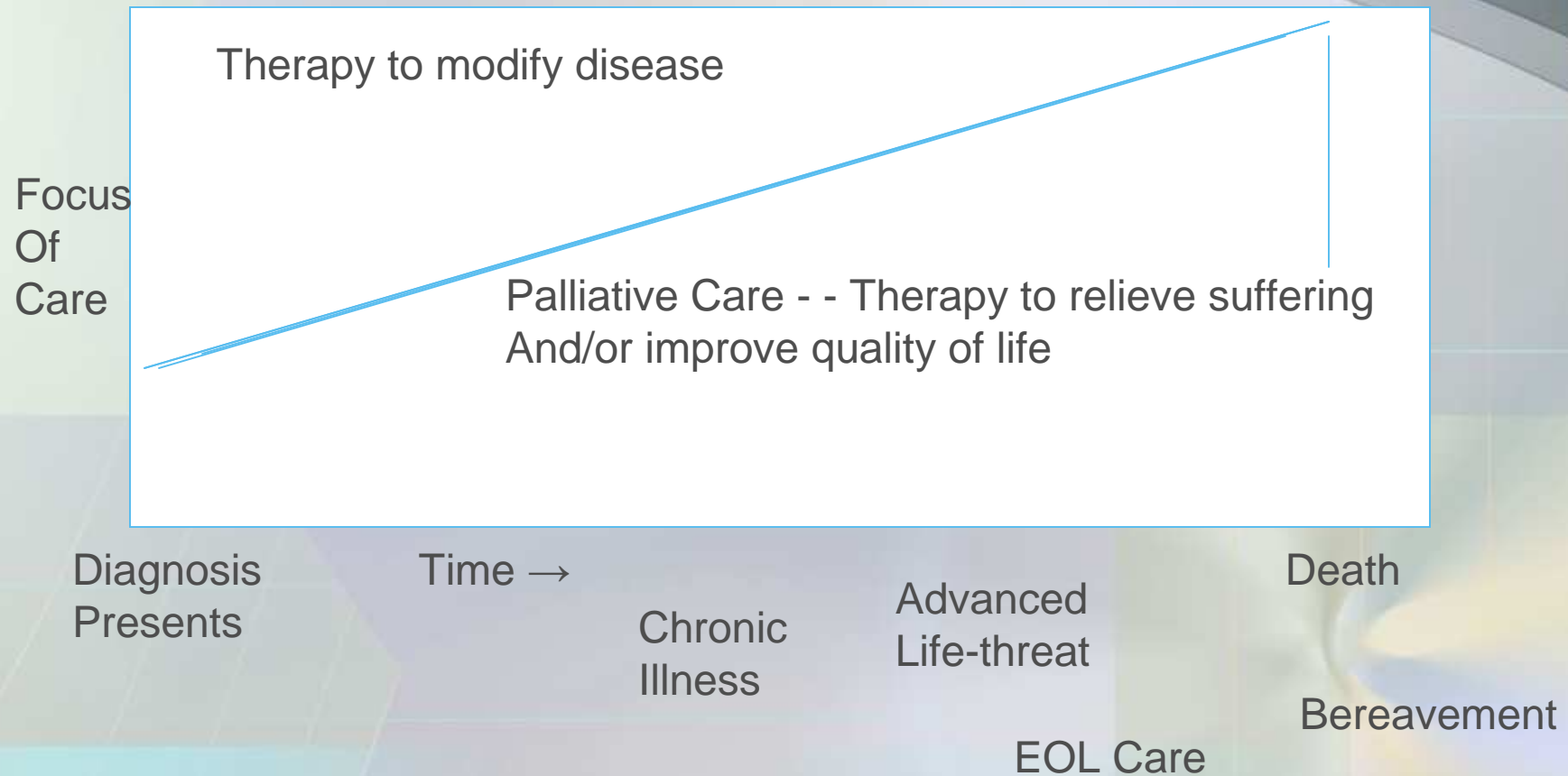
Definition of Palliative Medicine

- Palliative Care - - -
 - Provides relief from pain and other distressing sx
 - Affirms life and regards dying as a normal process
 - Intends neither to hasten or postpone death
 - Integrates the psychological and spiritual aspects of the person
 - Offers a support system to help the family cope during the patient's illness and in their own bereavement
 - Uses a team approach to address the needs of patients and their families, including bereavement counseling
 - Will enhance quality of life and may also positively influence the course of illness
 - Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life... and includes those investigations needed to better understand and manage distressing clinical complications.

Palliative Medicine's Scope

- Available to persons of any age
- For anyone with a diagnosis that causes suffering
 - CHF, COPD, hepatic failure, renal failure, stroke, ALS, AIDS, Cancers, Arthritis, etc
- At any time patients or families have a need and are willing to integrate palliative care with therapies to manage the disease process
- In any setting where patients receive care - -
 - Home, palliative units, hospice units, LTC, SNF, OP Palliative Care Clinic, etc.
- With the patient's primary health team - -
 - Family Physician, Internist, Geriatrician, Cardiologist, Pulmonologist, Intensivist, Nurses, NP's, etc.

Integration Of Palliative Care



Palliative Care Scope



Patient Story

- Ms. Aruba is a 56 y/o third generation American woman with British and Columbian roots; was admitted to the hospital with acute symptoms of a stroke: Lt. sided weakness, impaired thinking, and Broca's aphasia, unilateral neglect, eyes deviate to right.
- She is a Professor of Anthropology at a local university.
- She is married with 2 grown children. She and her Life Partner are also grandparents and have 3 grandchildren.
- She arrives in the E.D. one hour after the onset of her symptoms. Her CT Scan shows a non-hemorrhagic infarct in the Rt. MCA.
- She is evaluated by the Stroke Team and agrees to receive rtPA treatment.
- She is transferred to the NICU and during her stay has several complications including an acute MI and progression of her stroke symptoms.

Patient Story

- She undergoes appropriate risk factor evaluation during her hospitalization.
- Studies reveal that she has a mural thrombus in her Lt. atrium and is in A. Fib. ECG shows NQMI and her Troponins were 0.05. Cardiology consultation is obtained and recommendations are left by the consultant.
- The patient is “recovering well” per the Neurology note on day 5.
- The patient asks the Neurology NP – “Am I going to be o.k.? What’s my life going to be like after I leave the hospital?”
- A Palliative Care consult is requested....



The Palliative Care Consultation

- Meet with the Neurology NP and Physician
- Meet with the primary nurse
- Read the chart (!)
 - Read the H&P, consults, nurses notes, PT/OT/Speech notes, SW notes, CM notes.
 - Review labs, CT, ECHO results, etc.
- Explore/Assess from current caregivers, the patient's current affect, interactions with staff, family dynamics.
- Confirm the reason(s) for the consultation!

The Palliative Consult

- The Conversation - - - with the patient and significant family members. . .
 - Help me understand . . . What have the last few days been like for you?
 - What do you currently understand about your diagnosis and treatment plans?
 - Has anyone talked with you about your specific goals when you start stroke rehab? What are they?
 - What are your current concerns, hopes, fears?
- The Domains of Palliative Care

Palliative Care Domains and Approach to Care of Patients with a Serious Illness

- Multidisciplinary Team Approach
 - NP, Physician, SW, Chaplain, Pharmacist
- Palliative Performance Scale
- National Consensus Project for Clinical Practice Guidelines for Quality Palliative Care

Palliative Performance Scale

PPS	Ambul	Activity/Dz	Self-Care	Intake	LOC
100%	Full	NI Act/Work No Dz Evid	Full	NL	Full
90%	Full	As Above, Some Dz	Full	NL	Full
80%	Full	NL Act w effort	Full	NL/↓	Full
70%	Red	Unable to work Signif Dz	Full	NL/↓	Full
60%	Red	Unable HW housework Signif Dz	Occl Assist	NL/↓	Full or conf'n
50%	Sit/Lie	No Work ↑Dz	Considerable	NL/↓	Full or conf'n

Palliative Performance Scale

PPS	Amb	Act/Dz	Self-care	Intake	
LOC					
40%	Mainly Bed Drowsy	↓↓active	↑↑assist	NL/↓	
	conf'n	Ext Dz			+/-
30%	Bed-Bound Drowsy	(-) active	Total Care	NL/↓	
	conf'n	Ext Dz			+/-
20%	Bed Bound Drowsy	(-) active	Total Care	Min/sips	
		Ext Dz			+/-



Palliative Medicine and Stroke Care

- Integrated into routine disease-modifying therapies.
- Prevent and relieve suffering of the stroke patient.
- Provide therapies and approaches to care that enhance the quality of life of the patient and the family.
- Optimize daily functional capacity of the patient.
- Create a comfortable space for conversations which explore treatment options.
- Create a comfortable space to discuss advance directives and other EOL treatment decisions.

Core Elements of Palliative Care – National Quality Consensus Guidelines

1. Patients of all ages who experience a debilitating chronic or life-threatening illness, condition or injury.
2. Patient and family-centered care.
3. Timing: begins at the time of diagnosis, continues through cure or until death, and through the family's bereavement period.
4. Comprehensive Care: multidimensional assessment - - relieve or diminish the physical, psychological, social, spiritual dimensions of suffering.
5. Interdisciplinary Teams: physicians, NP's, nurses, social workers, chaplains, pharmacists, volunteers, music therapists, etc, etc.
6. Attention to relief of suffering: Multi-modal approaches, pharmacologic and non-pharmacologic therapies for distressing symptoms.

Core Elements of Palliative Care

7. Excellent communication skills:

- active listening
- determine goals and preferences
- assist with medical decision-making
- effective communication with other health providers, family members, caregivers.

8. Skills in the care of the dying and bereaved

- S/S of imminent death
- Prognostication
- Care and support of the dying patient and family
- Understanding normal and aberrant grief
- Understand normal bereavement processes

9. Continuum of Care Processes

10. Equitable Access to Palliative Services

11. Quality Improvement of Palliative Care

Persons Living with a Stroke Residual

- Remember Ms. Aruba ??
- During this hospitalization, she has had a R MCA infarct and an AMI.
- She has residual numbness and motor weakness in her L leg, gait difficulty, mild speech impairment, and slowed thinking.
- She is worried about her ability to have a full recovery from these acute illnesses.
- She is worried about her ability to ever return to her academic career in Anthropology.
- She admits to the Palliative Care consultant that she is depressed and mad at God.

Stroke Recovery and Health-Related Quality of Life

- Stroke survival is now about 85% in the U.S.
- Quality of Life vs. Quantity of Life
 - If “1” represents perfect health, most people in studies place quality of life as - -
 - “mild stroke” as 0.8
 - “mod stroke” as 0.4
 - “major stroke” as 0.3 - 0.2
- QALYs: Quality-Adjusted Life-Year
 - If you lived for 10 years after a major stroke, that would be 3 QALYs.
- Caution! QOL scores are based on research subjects choices using numeric scales to quantify their assessment of what they think their QOL would be after a stroke.
- Studies rarely report the timing of the assessment relative to the stroke event.

Tengs TO, Yu M, Luistro E, Bosworth HB Health-Related Quality of Life After Stroke: A Comprehensive Review. Stroke 2001;32: 964-972.

Palliative Issues For Patients After A Stroke

- Living with a chronic illness
- Guilt about risk factor reduction and life-style
- Body Image
 - Speech, PT/OT recovery issues
 - Cognitive recovery
- Personal Image
- Post Stroke Depression – 34%
- Life-Style Issues
- Work Issues
- Existential or Spiritual Issues



Outcomes After a Stroke

- More Severe Stroke
 - Heart failure, a. fib, dementia
- Hazard Ratios
 - Death
 - (age): 1.07 (living alone): 1.5 (pre-stroke dementia): 4.0 (ischemic heart dz): 1.2 (CHF): 2.2 (AFIB): 2.7
 - Stroke Recurrence
 - (age): 1.12 (living alone): 1.2 (pre-stroke dementia): 5.1 (ischemic heart dz): 2.5 (CHF): 1.5 (AFIB): 2.1 (periph atherosclerosis): 2.5

Appelross P, Ingegerd N, Viitanen M Poor Outcome After First Stroke Stroke. 2003;34: 122-126.

Palliative Medicine Domains and Stroke Management

- Structure and Processes of Care
 - Comprehensive interdisciplinary assessment of patient and family
 - Patient and family interview
 - Review of medical records, discussions w docs and nurses and other care professionals
 - Pt examination
 - Review of labs, radiology, etc
 - Document disease status, dx, prognosis
 - Document comorbid conditions
 - Document biopsychosocial-spiritual and cultural issues
 - Document patient and family values, expectations and goals for care, treatments, and life after this hospitalization

Palliative Medicine Domains and Stroke Management

- Structure and Processes of Care
 - Emotional Support is available for palliative staff and other hospital staff and volunteers
 - Palliative Care is part of the continuum of care with hospice program
 - The hospital physical space facilitates excellent palliative environments throughout the hospital
- Physical Aspects of Care
 - Pain, nausea, restlessness, dyspnea, and other symptoms are managed with the best EBM approaches for treatment.
 - Regular, ongoing assessments and education of staff, pt and family members
 - Incorporate pharm and non-pharm approaches
 - Educate the family and patient regarding expected outcomes, SE's, impact on functional capacity, etc.

Palliative Medicine Domains

- Physical Aspects of Care
 - Appropriate referrals to other specialists in symptom management – PT and OT and Physical Medicine and Rehab, etc.
- Psychological Aspects of Care
 - Ongoing assessment of psych symptoms - - anxiety, restlessness, depression, stress, grief, etc.
 - Assess pt and family coping strategies
 - Pt and family understanding of impact and consequences of this illness on the pt and the family structure and dynamics
 - Approp pharm and non-pharm tx for sx
 - Approp referrals to MH professionals

Palliative Medicine Domains

- Social Aspects of Care
 - Family structure and dynamics
 - Relationships important to pt.
 - Communication styles
 - Cultural networks
 - Medical decision-making styles
 - Finances
 - Sexual issues
 - Living arrangements
 - Caregiver issues
 - Community resources
 - School and work issues

Palliative Medicine Domains

- **Spiritual/Religious Domain of Care**
 - Exploration and discussion of spiritual or religious or existential issues
 - Life review, assessment of hopes and fears, meaning, purpose, beliefs about life and death, guilt, forgiveness and life completion tasks
 - Sensitivity and response to symbols and other cultural expressions of spirituality
 - Facilitate religious or spiritual rituals
 - Appropriate referrals to pastoral care or other spiritual leaders as needed
- **Cultural Aspects of Care**
 - Address cultural needs of patient and/or family

Palliative Medicine Domains

- Cultural Aspects of Care
 - Respectful conversations with the patient and family
 - Disclosure, truth-telling and decision-making
 - Respect and accommodate cultural practices of patients
 - Appropriate use of interpreter services
- Care of the Imminently Dying Patient
 - Sensitively communicate the s/s of imminent death
 - Change in consciousness, social withdrawal, cool or cyanotic extremities, ↓↓BP and P, cheyne-stokes breathing, significant change in eating pattern
 - PPS of 10 %
 - EOL concerns and tx goals are discussed, identified, respected and carried out.

Palliative Medicine Domains

- Document patient and family preference for care setting for death
- Palliative Wean from Ventilator
- Appropriate and timely hospice referral
- Ethical and Legal Aspects of Care
 - Patients goals, choices and preferences are respected and form the basis for the plan of care
 - Include surrogate when necessary in decision making
 - Patient guides the care plans and input is sought on a regular basis
 - Educate and facilitate the patient regarding use of A.D.'s
 - i.e., 5 Wishes.

Palliative Care Domains

- Ethical and Legal Aspects
 - Able to address and facilitate discussions about complex ethical treatment issues
 - Obtains appropriate ethics consults
 - Care is consistent with professional codes of ethics and palliative care standards



Summary

- Palliative Care focuses on - - -
 - relieving suffering
 - working with persons living with a serious chronic illnesses to achieve their treatment goals and quality of life goals
 - integrate palliative therapies with disease-modifying txs
 - helping patient and family members achieve best quality of life per the patient's goals, values, and choices.
- Palliative Care has a interdisciplinary approach to care of patients with a Stroke and other serious and chronic illnesses.
- Palliative Care has 8 Domains of Care which guide the Palliative Care Team in their evaluation and approach to the care of the patient and their family/friends.

Summary

- Palliative Care can be involved from the time of diagnosis of a stroke through hospital recovery, rehab and re-entry into the community.
- At Holy Cross Hospital contact us through:
 - Intranet : <https://hch.palliativecare.webexone.com>
 - Phone: 301-754-7253
 - Page: 2-1686
- Thank You!

