



Palliative Care Clinical Pearls

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Nursing Grand Rounds
June 11, 2007



DISCLOSURE STATEMENT

- ✓ Relevant Financial Relationships

- NONE

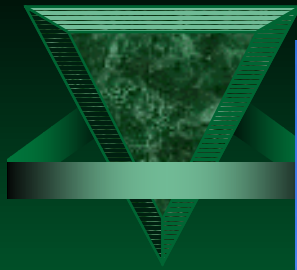
- ✓ Off Label Usage

- NONE



Learning Objectives

- Define Palliative Care
- Identify key points in patient's illness in which to discuss Palliative Care goals
 - Clarify treatment goals with the patient and family
 - Breaking Bad News
- Identify appropriate times to discuss comfort care and hospice
- Learn the signs of impending death





Palliative Care Definitions

- ✓ Comprehensive care of patients who are living with a chronic illness - -
 - Alleviate symptoms (physical, emotional, spiritual, social)
 - *START* at time of diagnosis
 - *BLEND* palliative tx with curative tx.
 - Focus on patient goals and QOL
 - Requires a team approach
 - Involve the family and close friends

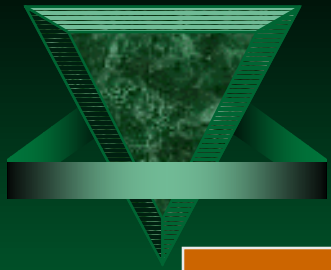


Palliative Care Descriptions

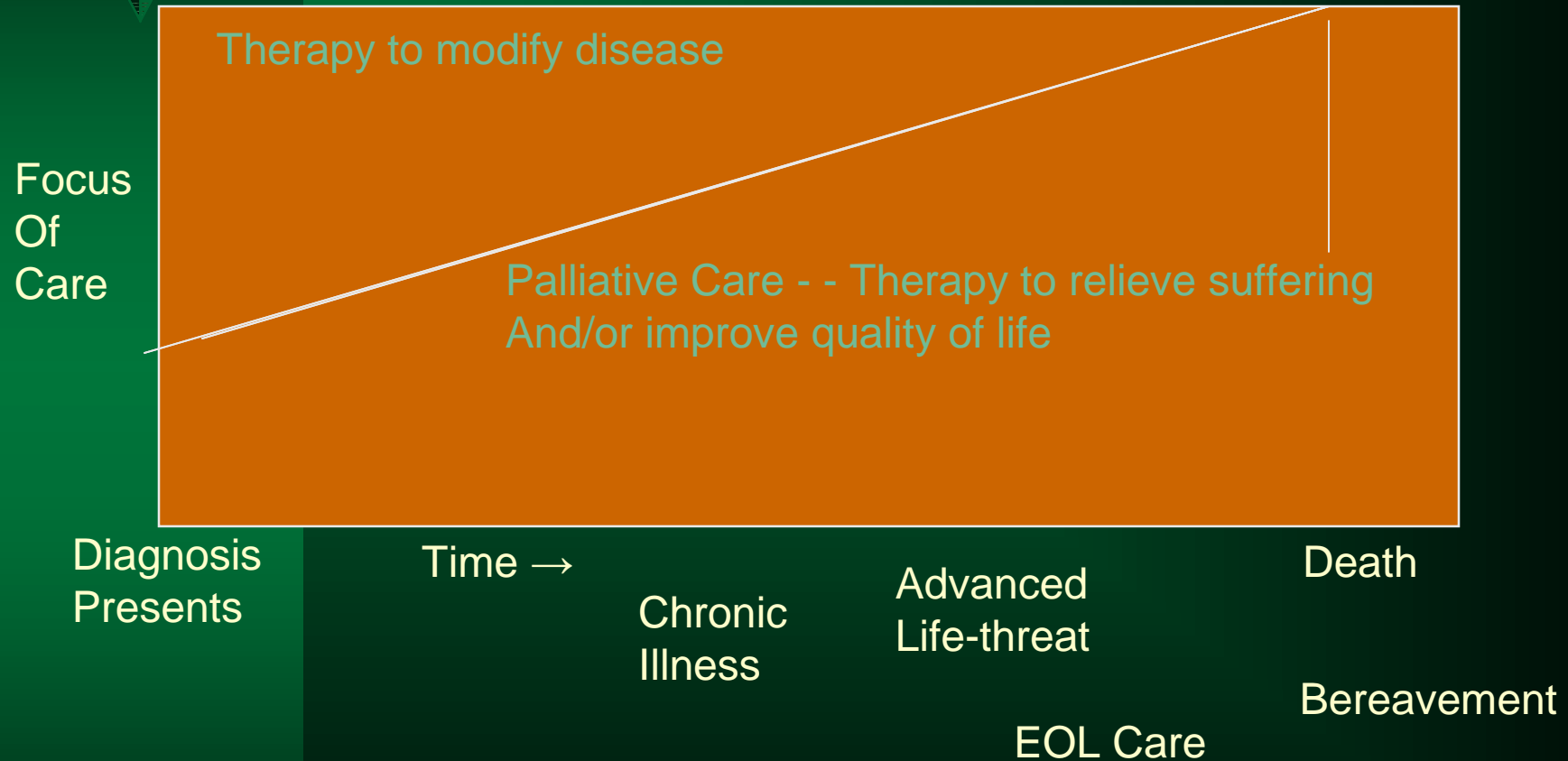
✓ Goals of Palliative Care

- Determined by patient goals, values and choices
- Primary Goal is to relieve the patient's symptoms and suffering whenever possible
 - Achieve the best possible quality of life for patient and family
 - Assist patient and family to live well with their illness during curative and palliative phases

✓ Maintain hope and reassess goals of care



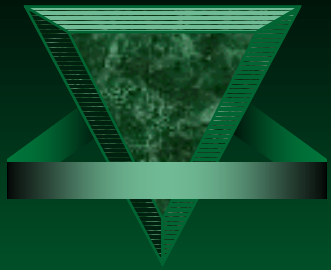
Integration Of Palliative Care





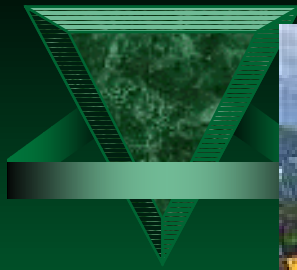
When To Discuss Palliative Care

- ✓ At the time of sharing diagnosis of a chronic illness
 - Relief of symptoms
 - Impact on person's lifestyle
 - Impact on person's self-image and concept of self
 - Uncover the meaning that patient places on how to live with their illness



When to Discuss Palliative Care

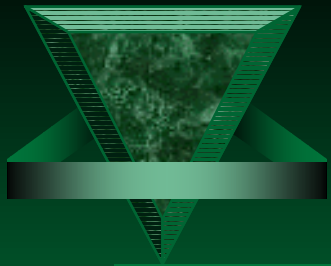
- ✓ Major Changes in Course of Disease
 - Lack of benefit of standard treatments
 - Change in patient's personal experience of illness -
- change in patient's goals
 - Disease changes that affect family dynamics
- ✓ Physicians: "Would you be surprised if this patient died within the next year?"
- ✓ Patients: "Tell me – what is it like to live with your illness, now?"





Spectrum of Palliative Care

- ✓ **ACUTE CARE:** Focus on aggressive treatments for cure.
 - May relieve symptoms within hours, days or weeks
- ✓ **PALLIATIVE CARE:** Focus on relief of symptoms for comfort and improvement of QOL.
 - Active, comfort and urgent palliation



Spectrum of Palliative Care

- ✓ Active: active investigations and treatments that modify the disease and relieve symptoms
 - Chemotx, hormonal tx, antibiotic therapy, steroids for tumor edema
- ✓ Comfort: Tx goal is comfort and relief of suffering
 - Opioids, benzos, NSAIDS, antidepressants
 - Relaxation tx, meditation, prayer and counseling



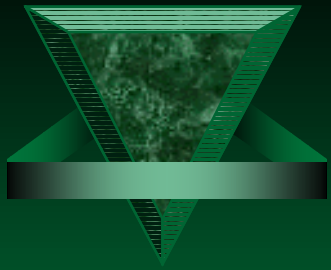
Spectrum of Palliative Care

- ✓ Urgent: Symptom emergencies
 - Pain crises ($\geq 5/10$)
 - Sudden complications: severe dyspnea, anxiety, restlessness, severe nausea, seizures, severe mental status changes, etc
- ✓ Treat with appropriate doses of meds for relief of symptoms
- ✓ Use of non-pharmacologic approaches for symptomatic relief



Sharing Bad News

- ✔ Getting Started
- ✔ Assessing patient's knowledge
- ✔ Assessing how much patient wants to know
- ✔ Sharing the information
- ✔ Responding to the patient and family's feelings and responses
- ✔ Follow-up Plans



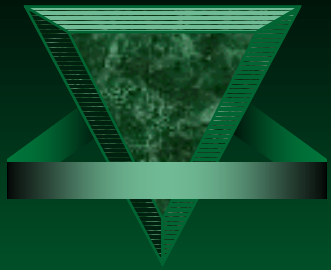
Clarification of Treatment Goals

- ✓ Prepare for the Conversation
 - Review the case facts, identify concerns of patient, family, nurses, doctors
 - Know family dynamics
- ✓ Prepare the Interview Atmosphere
 - Arrange for uninterrupted time in a private room
 - Silence phones, beepers, radio, t.v., mp3...
 - Include appropriate family members
 - Sit close to patient and use appropriate touch during interview discussions



Clarification of Treatment Goals

- ✔ Arrange Emotional Atmosphere
 - **SIT DOWN**
 - Make appropriate introductions
 - Be sure facial tissues are in the room
- ✔ Assess the patient's knowledge and emotional response to current illness and treatments
- ✔ Assess how much the patient wants to know



Clarification of Treatment Goals

- ✓ Sharing Information:
 - Use plain language
 - Adapt to patient's communication style
 - Fire "warning shots" – "I was hoping that I had better news to share with you today.."

- ✓ Stop frequently to assess patient and family's understanding of shared info

- ✓ Discuss prognosis in context of patient's current understanding and experience of her illness.



Clarification of Treatment Goals

- ✔ Elicit and respond to patient's feelings
- ✔ Use therapeutic silence and touch appropriately
- ✔ Provide reassurance, support and hope
- ✔ Make a follow-up plan



Clarification of Treatment Goals

- Identify key concerns of patient and surrogate/family members concerning the disease progress, current sx, and need for rethinking tx goals
- Work on an interdisciplinary treatment plan
- Provide ongoing guidance and support





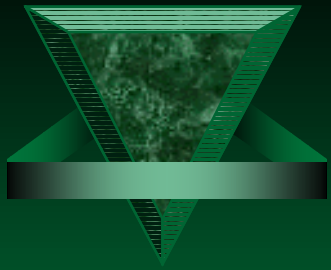
Comfort Care and Hospice Discussion Points

- ✓ Relief of symptoms and patient comfort are goals throughout the illness
- ✓ Clues for doctor to switch from aggressive curative to palliative care approach:
 - E.g. “Would I be surprised if this patient died within the next year?”



Comfort Care and Hospice Discussion Points

- When the patient is exhibiting physical signs of end-stage illness, significant physical decline, or is not responsive to curative treatments....
- Discuss Palliative Care
- Discuss comfort care and hospice care
 - best path of comprehensive and compassionate care
 - for the patient and family at this point of their illness journey.



Comfort Care and Hospice Discussion Points

✓ CHF:

- recurrent episodes of HF or angina at rest, symptoms with any activity
- optimal treatment with ACEI/ARB's, Aldactone, diuretics, β -blockers, etc

✓ COPD:

- disabling dyspnea at rest
- Increasing ED visits or ICU admits, Vents
- $pO_2 \leq 55$ or $O_2 \text{ sat} \leq 88$ on O_2 or $pCO_2 \geq 50$



Symptoms Of Impending Death

- ✓ Progression to terminal phase:
 - Repeated ED visits/admits
 - Wt. loss – 5% in 1 month/ 10% in 6 months
 - Multiple stage 3 or 4 decubiti
 - Serum Albumin <2.5 g/dl
 - Recurring life-threatening infections; pneumonia, pyelonephritis, sepsis





Symptoms of Impending Death

- Increase in fatigue or weakness
- Decrease in fluid and food intake
- Appetite and thirst sensations decrease
- ↓ C.O. and intravascular volume:
 - Tachycardia, hypotension, peripheral cooling, cyanosis, skin mottling
 - ↓ U.O. , eventual anuria
- Tachypnea, breathlessness
- ↓ LOC, eventual coma



Symptoms of Impending Death

- ✓ Breathlessness
- ✓ Excessive oral secretions
- ✓ Restlessness
- ✓ Terminal Delirium
- ✓ Re-evaluate current drugs
- ✓ Re-evaluate use of PEG tube
 - Artificial nutrition vs. med route



Hospice Discussion Points

- ✔ **Demystify hospice** - - not a place to die, it is a comprehensive program of coordinated and compassionate care for the patient and family for patients with a life-limiting illness
- ✔ Hospice recognizes the patient as a complex human person with many dimensions – spiritual, physical, emotional and social.



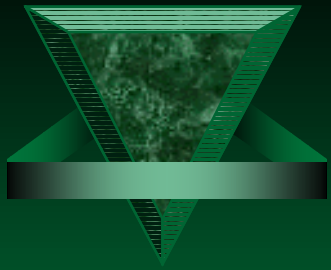
Discussion Points

- ✔ Demystify and correct misconceptions regarding diagnosis, prognosis and beneficial treatments
 - REMEMBER, CPR is a treatment!!
 - Use reframing to help the family or patient recognize other perspectives
- ✔ Help the family and patient identify sources of personal and spiritual strength



Summary Points

- ✓ Palliative care is the comprehensive care of patients living with a chronic illness and their families.
- ✓ Hospice is a comprehensive program of compassionate services to assist the patient with a life-limiting illness and their families.
- ✓ Both focus on relief of symptoms and improving the QOL of the patient
- ✓ Both recognize the importance of an interdisciplinary team
- ✓ Both recognize that human persons is the focus, in all our complexity, not a physical disease to be "conquered".
- ✓ Importance of recognizing signs of impending death.



How to Contact Us

- ✓ Palliative Care Intranet Website
 - <https://hch.palliativecare.webexone.com>
 - Lakeesha Matthews, Exec Admin Asst
 - 301-754-7253
 - New Toll Free No: 866-952-5550
 - Dr. Supanich: 301-754-7910
 - Cell: 301-828-0748
 - Palliative Care E-mail: hch.pc@onebox.com



Palliative Care Websites

- ✓ CAPC: www.capc.org
- ✓ AAHPM: www.aahpm.org
- ✓ Supportive Care Coalition:
www.supportivecarecoalition.org
- ✓ www.eperc.mcw.edu
- ✓ www.nationalconsensus.org

