Palliative Care and End of Life Care

8/2012

Palliative Care

- Palliative care is specialized medical care for people with serious illness. This type of care is focused on providing patients with relief from the symptoms, pain and stress of a serious illness-whatever the diagnosis.
- The goal is to improve quality of life for both the pt. and the family. Provided by:
  - Medical Director
  - Advanced Practice Nurse
  - Nursing
  - Social Worker
  - Clergy
  - Others

Source: *The Case for Hospital Palliative Care, Improving Quality. Reducing Costs.*,1 (2009). Center of Advanced Palliative Care.

Palliative Care

- Palliative care works with other doctors to provide an extra layer of support.

- Palliative care is appropriate at any age at any stage in a serious illness. It can be provided together with curative treatment.

Source: *The Case for Hospital Palliative Care, Improving Quality. Reducing Costs.*,1 (2009). Center of Advanced Palliative Care.

Palliative Care can help provide quality care that increases patient/family satisfaction

- Vigorous treatment of pain and other symptoms
- Relief from worry, anxiety and depression
- Close communication about their care
- Well-coordinated care and transitions
- Support for family caregivers
- A sense of safety in the health care system

Source: *The Case for Hospital Palliative Care, Improving Quality. Reducing Costs.*,12-13 (2009). Center of Advanced Palliative Care.

Palliative Care is consulted for:

- Pain/other symptom management
- Assistance with goals of care/decision making
- Advanced directives
- Emotional support
- End of life discussion
- Identifying appropriate level of care

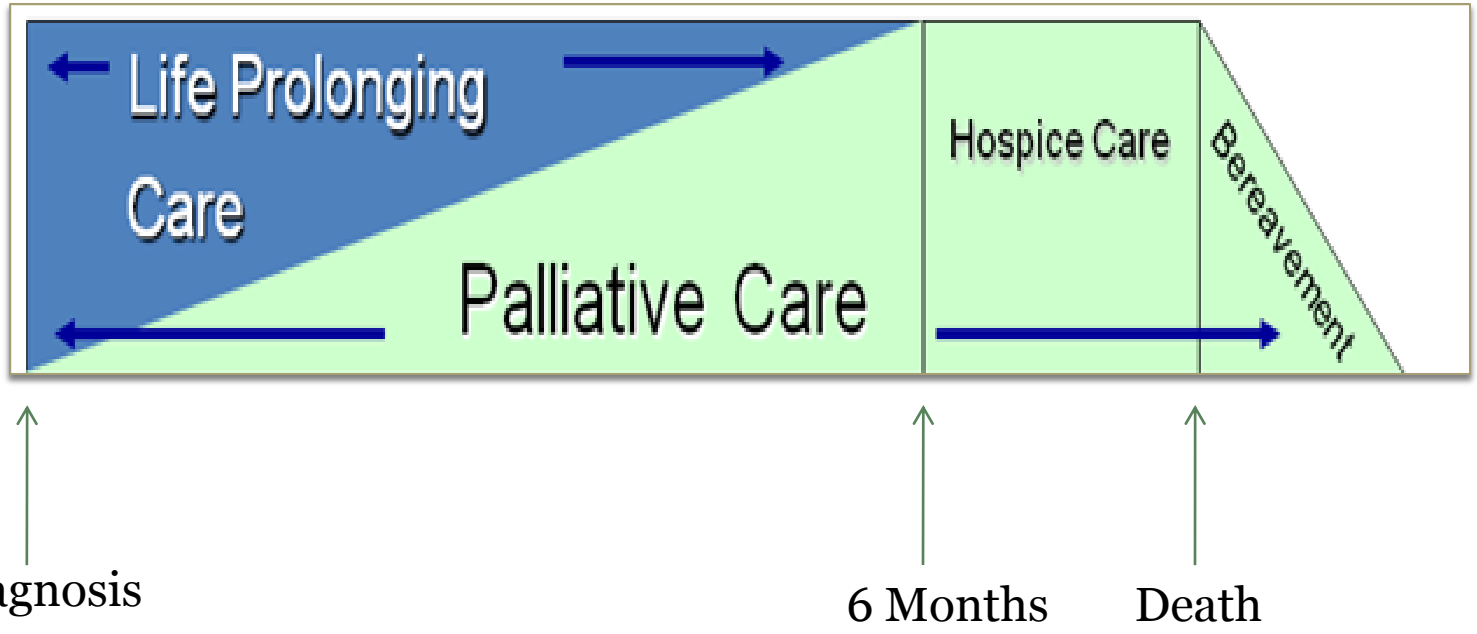
Palliative Care/Hospice Referral Criteria

	Palliative Care	Hospice
Patient Population	•Patient of any age and at any stage of a serious illness	•Patient has a prognosis of 6 months or less (if disease runs its normal course)
Services provided	•Throughout illness and simultaneous with other treatment, comprehensive, coordinated pain and symptom control, care of psychological and spiritual needs, family support and assistance in making transitions between care settings.	•At the end of life and when curative treatment not desired or not effective, comprehensive, coordinated pain and symptom control, care of psychological and spiritual needs, family support and assistance making transitions between care settings. •Bereavement care for survivors.

Palliative Care/Hospice Referral Criteria continued

	Palliative Care	Hospice
Key points	•Patients do not have to forgo curative care •Palliative Care team coordinates care from a variety of health care providers, including specialists and primary care physicians to prevent service fragmentation. •Program open to all seriously ill patients with any code status, not just those with a six-month prognosis	•Patient/caregiver/ physician in agreement with plan of comfort care rather than treatment to cure the disease •Assists to coordinate care and facilitate transitions between settings.

Palliative Care/Hospice



- This diagram illustrates that Palliative Care can begin at diagnosis and can continue throughout the disease process.

Palliative Symptom Control

Agitation

- Emotional or spiritual causes –Chaplain services available
- Assess for pain – use PAINAD scale (see next slide) for sleeping/unresponsive patients
- Check for urinary retention and impaction
- Usual medications
  - Haldol, sublingual or subcutaneous
  - Ativan, IV or sublingual

PAINAD

Behavior	0	1	2	Score
Breathing Independent of vocalization	• normal	• occasional labored breathing • short period of hyperventilation	• noisy labored breathing • Long period of hyperventilation • Cheyne-Stokes respirations	
Negative vocalization	• none	• occasional moan or groan • low-level speech with a negative or disapproving quality	• repeated troubled calling out • loud moaning or groaning • crying	
Facial expression	• smiling or inexpressive	• sad • frightened • frown	• Facial grimacing	
Body language	• relaxed	• tense • distressed pacing • fidgeting	• rigid • fists clenched • knees pulled up • pulling or pushing away • striking out	
Consolability	• no need to console	• distracted or reassured by voice or touch	• unable to console, distract, or reassure	
			TOTAL SCORE	

Source: Warden V, Hurley AC, Volicer L. Development and psychometric evaluation of the Pain Assessment in Advanced Dementia (PAINAD) scale. J Am Med Dir Assoc. 2003; 4(1): 9-15.

PAINAD

- Scoring: The total score ranges from 0-10 points. A possible interpretation of the scores is: 1-3=mild pain; 4-6=moderate pain; 7-10=severe pain. These ranges are based on a standard 0-10 scale of pain, but have been substantiated in the literature for this tool.

Source: Warden V, Hurley AC, Volicer L. Development and psychometric evaluation of the Pain Assessment in Advanced Dementia (PAINAD) scale. J Am Med Dir Assoc. 2003; 4(1): 9-15.

Dyspnea

- Difficult or labored breathing; shortness of breath
- Subjective
- Try to change patients position/elevate head of bed
- Assess patient and consider medicating patient for rapid breathing and use of accessory muscles
- Usual medication
  - Morphine, IV, subcutaneous, or sublingual (Roxanol)
  - Dilaudid (if Morphine allergy), IV, subcutaneous, or sublingual
  - Ativan, IV or sublingual
  - Breathing treatments

•Source: dyspnea. 2012. In Medicine Net online Dictionary. Retrieved July 26, 2012.

Noisy Respirations/Increased Secretions

- Caused by relaxation of throat muscles and pooling of secretions
- Avoid deep suctioning
- Reposition
- Usual medications:
  - Scopolamine, transdermal patch or subcutaneous
  - Robinul, subcutaneous or nebulized
  - Atropine 1% opth. Solution, sublingual
  - Lasix, nebulized

Pain

- Increased respiration or blood pressure can indicate pain
- You may not see vital sign changes in patients with chronic pain
- Assess non-verbal signs of discomfort
- For sleeping or unresponsive patients use PAINAD scale
- Usual medicaitons:
  - Morphine, IV, subcutaneous, or sublingual (Roxanol)
  - Dilaudid, IV, subcutaneous or sublingual

End of Life

End of Life, Signs and Symptoms

- Decreased level of consciousness.
- Swallowing more difficult-especially liquids.
- Being restless or agitated.
- Picking at bedclothes and clothing.
- Incontinence
- Mottling
- Increase heart rate
- Rising temperature (may go to 105 F) or decrease temperature

Signs and symptoms cont.

- Noisy respirations
- Breathing patterns can be irregular, rapid and deep or shallow.
- Apnea
- Decreasing urine output
- Swelling in legs and abdomen may decrease or increase.
- Staring into space- eyes may be partially open

DNRCC patients

- The patient may not be able to tell you if they are in pain or distress. Use your assessment skills and PAINAD scale to determine the needs of the patient.
- Patients should be medicated frequently enough to keep them comfortable.
- When medications are given on a regular basis the symptoms can be better managed. This can help prevent respiratory distress, elevated pain, and increased secretions.
- Remember the family usually knows the patient better than we do as care providers, please listen to their concerns and request to medicate the patient.

End of Life-Thoughts

- It may be helpful to elevate the head of the bed, or turn the person to their side. Position changes are especially comforting if there is shortness of breath or noisy respirations.
- Using oxygen may help
- Mouth care every 2 hours
- Dim lights, light bedclothes, favorite prayers or psalms or soft music often seem soothing.
- Cool compresses may relieve some discomfort from the body temperature.
- It is believed that people can hear your voice until they pass. Some people are able to depart this world if their loved ones are in the room. Others seem to wait until they are alone to pass on.

End of Life-Thoughts-cont.

- Death is as unique as the individual who is experiencing it.
- Pain medication at the end of life allows the patient to pass comfortably, it's not the medication that takes the patients life it is the disease.
- If the patient is actively dying look at the patient to assess for comfort, not their vital signs
- Do not hesitate to medicate patient if vital signs are low or poor, patients may need the medication to die comfortably. If you are uncomfortable with this feel free to call a member of the Palliative Medicine team to discuss.

Assisting the Family/Friends

- Actively listen to their concerns
- Keep them involved in patient care (i.e. helping bathing the patient)
- Educate them about what to expect
- Allow time for privacy, encourage family members to give the patient time alone.
- Offer pastoral care services if appropriate

Assisting the Family/Friends cont.

- Communication with family/friends can be challenging, feel free to listen to a Palliative Medicine team member communicate with them if you are uncomfortable
- Feel free to call the Palliative Medicine team with any questions: 34112

At Expiration

- Assess patient for absence of vital signs and document
- Page house officer (MTS) for pronouncement
- After pronouncement:
  - Call Coroner if applicable (330-451-1366) – see next slide for criteria
  - Complete expiration record in Cerner including calling Life Banc within hour of expiration(1-800-558-5433)
  - Call all physicians involved in care of the patient (attending, primary and consults)
  - Complete autopsy/release to undertaker form with family/friend/POA, remember to ask if they are interested in autopsy. As a courtesy have a copy of face sheet available for funeral home
  - Call funeral home for patient pick-up
  - Remove all lines and tubes except central lines before funeral home arrival (except in coroner case, do not remove any tubes)

Call the Coroner to Report Expiration if…

- Accidental death (some examples include:)
  - Allergic reation
  - Fall within 6 months
  - Drug overdose
  - Firearm injury
  - Vehicle accident (auto, train, motorcycle, bike, snowmobile…)
  - Weather related death (excessive heat, hypothermia, toronado)
- Homicidal death
- Occupational death
- Sudden death (drug abuse or death with no witness)
- Suicidal death
- Any death where there is doubt, question of suspicion

Coroner information

- Phone #: 330-451-1366
- For more information on when to call: http://www.co.stark.oh.us/internet/HOME.DisplayPage?v_page=coroner_cases
- Anytime you are questioning if it should be a coroners case you should call.

Autopsy/Release to Undertaker Form

AULTMAN
AUTHORIZATION FOR AUTOPSY
AND
RELEASE TO UNDERTAKER

IS THIS A CORONER'S CASE ☐ NO (☐ YES NOTIFY THE CORONER'S OFFICE)

RELEASE TO UNDERTAKER

DATE _____ TIME _____ a.m. p.m.

I (we) wish the remains of _____ to be released to

_____ for burial preparation.
(Name of undertaking establishment City State)

I (we) represent that I am (we are) the _____ of the deceased
(Relationship)

and entitled by law to control of the disposition if the remains.

Witness _____ Signed _____

AUTHORIZATION FOR AUTOPSY

I (we) request the physicians and surgeons in attendance at Aultman Hospital to perform an autopsy on the remains of: _____ I (we) authorize the removal, retention and disposal of such tissues or organs as are necessary for examination and study. I (we) understand the pathologist performing the autopsy may limit the gross or microscopic examination to those organs systems pertinent to providing information with respect to the following:

**** The first of the following questions must be answered in order for an autopsy to be performed.** If this request is from a physician question one must be answered – Additional clinical information would also be helpful.**

1. What specific information do you want from the autopsy? _____
2. What clinical information is significant? _____
3. What is the presumed cause of death? _____
4. Is there any other information that may be useful to the pathologist? _____

This authority is granted subject to the following restrictions: _____

(If no restrictions, write none)

Witnesses: Signed _____

1. _____ Relationship _____
2. _____ _____
(State reason when priority is not followed)

ORDER OF PRIORITY AUTOPSY

1. Written authorization by the deceased during his/her lifetime. This Includes an authorization for autopsy signed by the deceased, a person named in a durable power of attorney or a person designated by the descendent in writing to arrange for funeral arrangements.
2. A court – appointed guardian of the deceased.
3. The surviving spouse.
4. if no spouse, then in the following order: a. adult child b. parent. c. adult brother/sister
5. if no spouse or other relatives described above, then by any other relative or person who assumes custody of the body for burial.

Name of person completing this form: _____ Phone # _____ Pager# _____

Physician to be contacted: _____ Phone # _____

The above named body removed from Aultman Hospital by:

_____
(Name of Undertaking Establishment)

Signed _____ Date _____

Form 39 (91513) R: 11/04 CHART COPY- WHITE LAB COPY – YELLOW UNDERTAKER COPY – PINK

DISCHARGE PLANNING

Conclusion

- Please complete the accountability statement after reviewing this information.
- Please contact the Palliative Medicine consult team at 34112 with any questions