

The message of palliative care is that whatever the disease, however advanced it is, whatever treatments have already been given, there is always something which can be done to improve the quality of life remaining to the patient.

CONTACTS

- Hospital :
 - Either services directory/division of medicine intranet
 - Telephone: 2760044 x 7878
 - Fax: 2760282
- In Patient consultative service:
 - [Palliative Care Team](#)
- Palliative Care clinic:
 - Superclinic Brown's Road
 - Pukekohe Hospital

CONTACTS

- South Auckland Hospice:
 - Full range of services: Community care, clinics, IPU, daystay
 - Website www.hospice.co.nz.
 - Telephone 6400025 24 hour-7 days
 - Fax 6400292
 - Direct dial (doctors) 0272107972

Franklin Hospice:

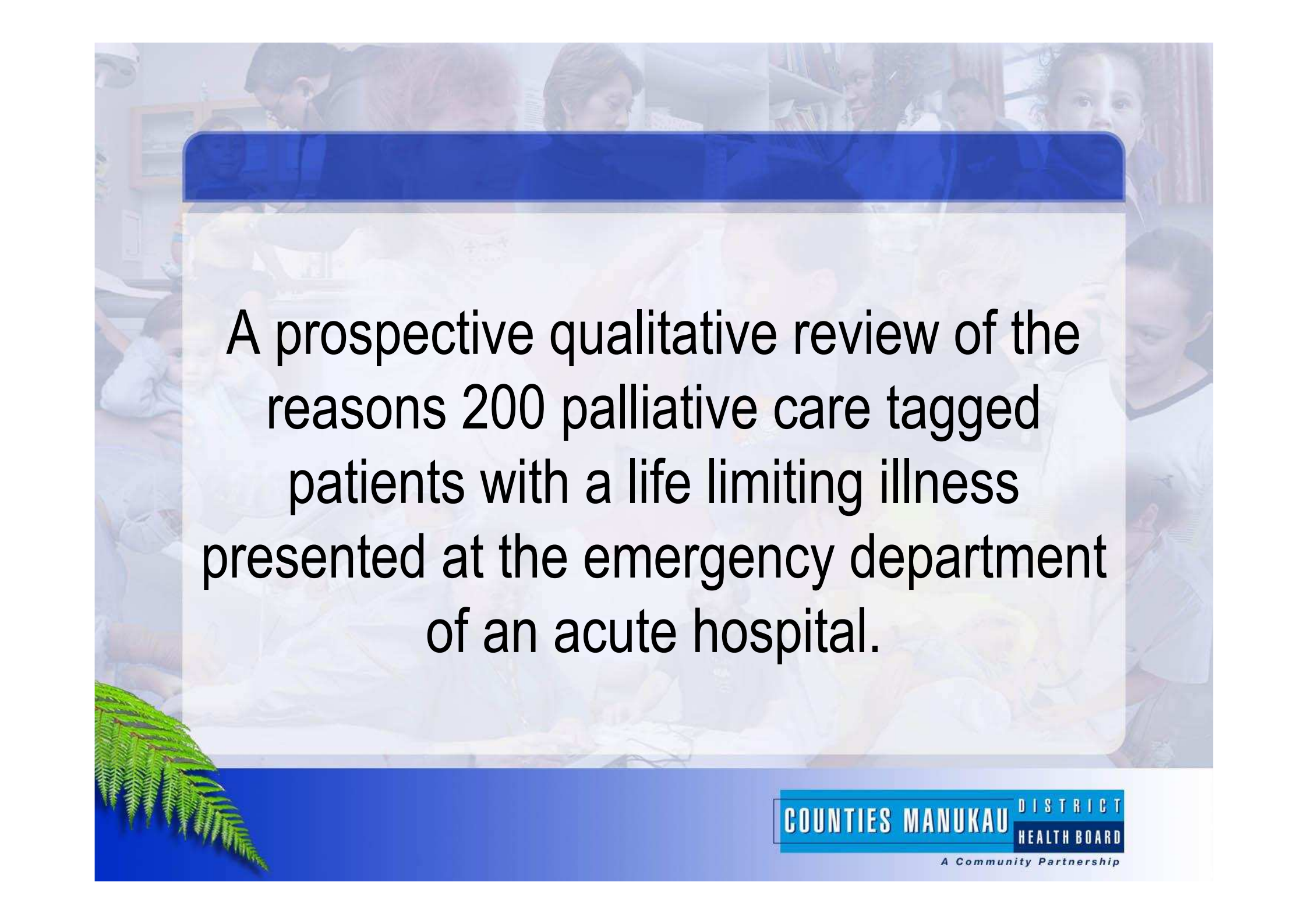
- Services: Community care, daystay
- Telephone 09-2389376
- Fax 09-2389323

PATIENT NEEDS

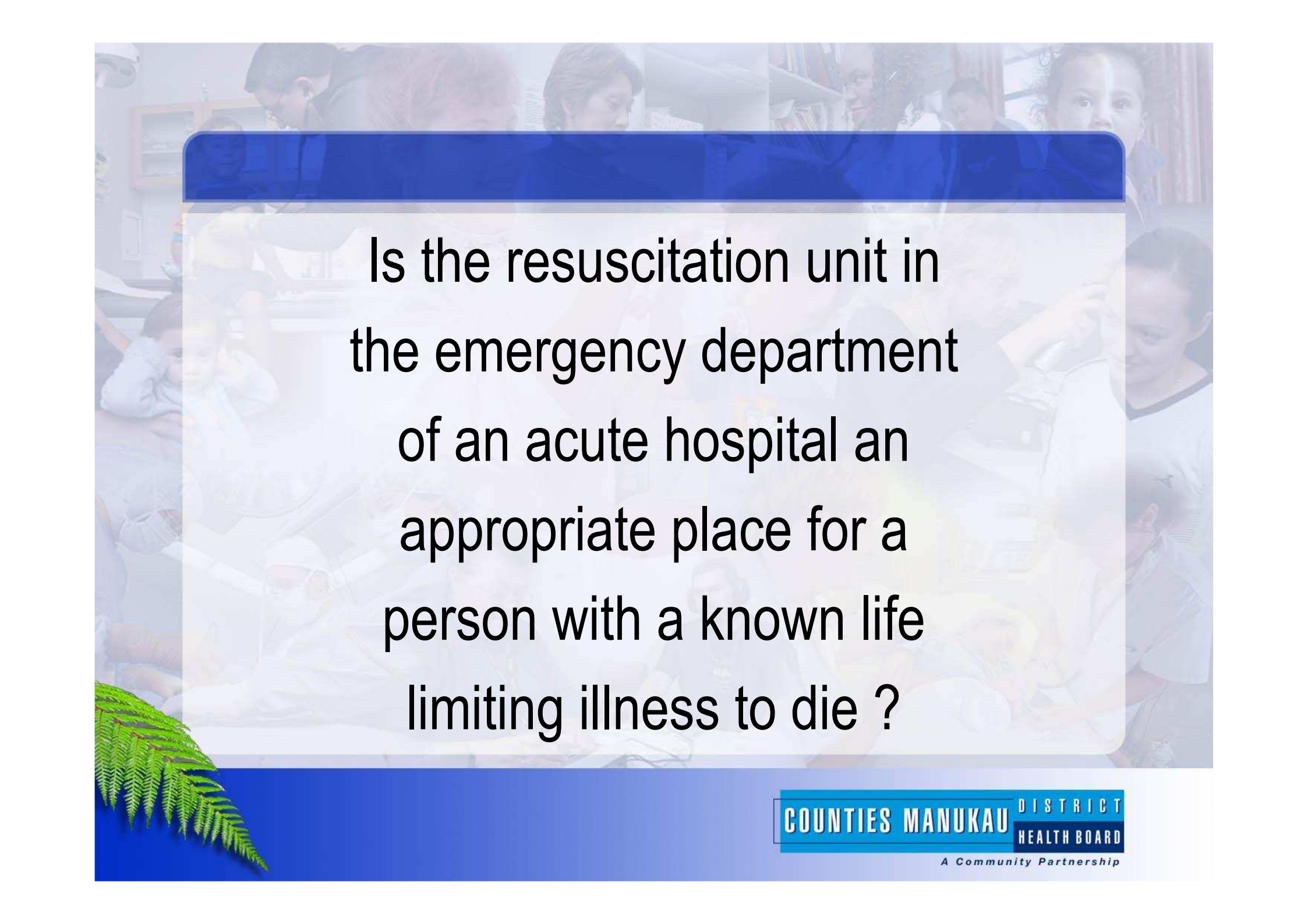
- Information:
 - Disease
 - Treatment options
 - Care options
- Communication:
 - Patient and family
 - Professionals
- Coordination:
 - Lead care professional
- Integration

What's NEW in the old business of dying

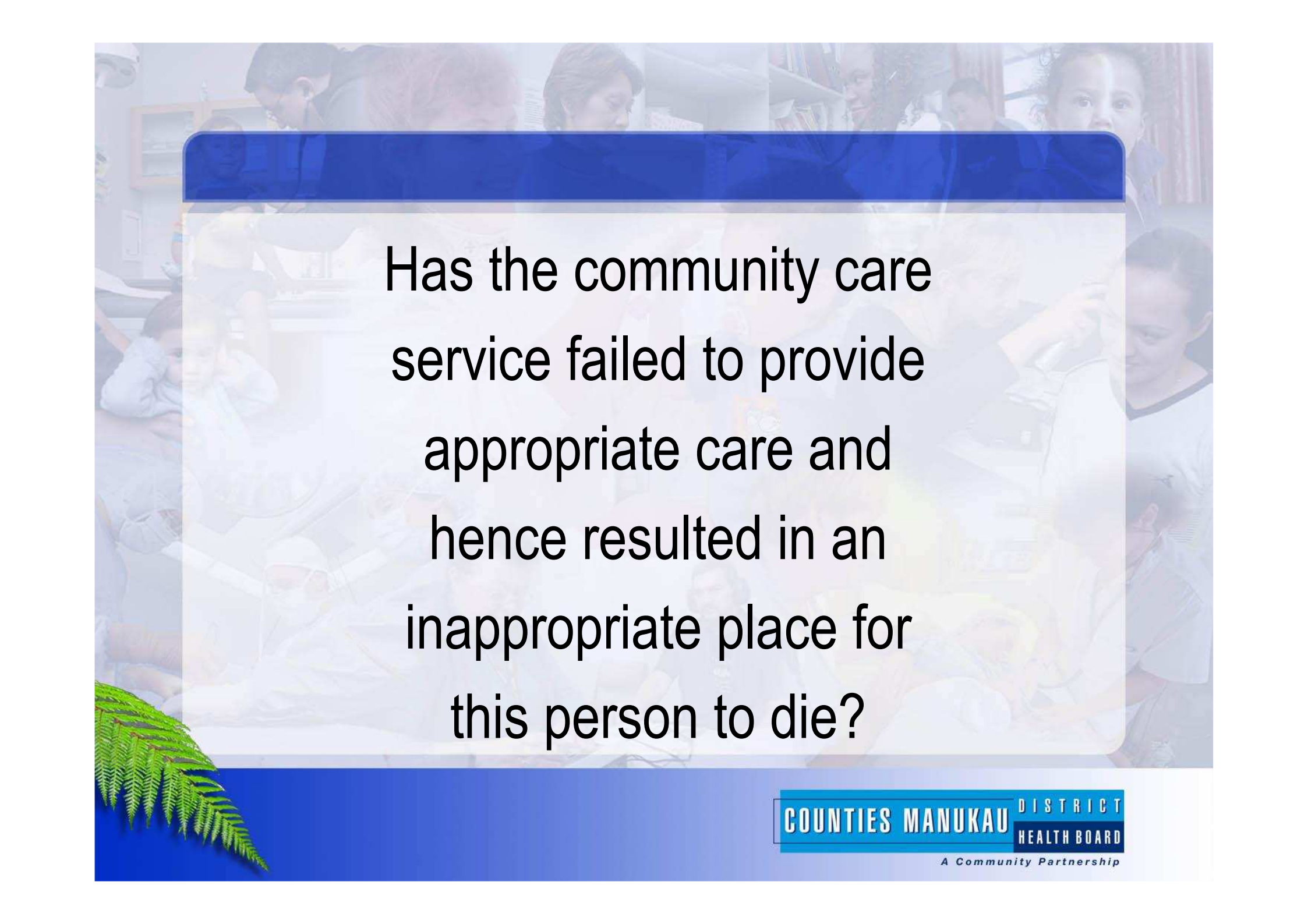
- CMDHB palliative care project / strategy:
 - Focus on community-based care
 - End-of-life care; LCP
 - Place of death
 - Gold standards framework-care planning
- Cancer control strategy
 - Palliative Care Council NZ
 - Networks
- Guidelines development
- Blue books



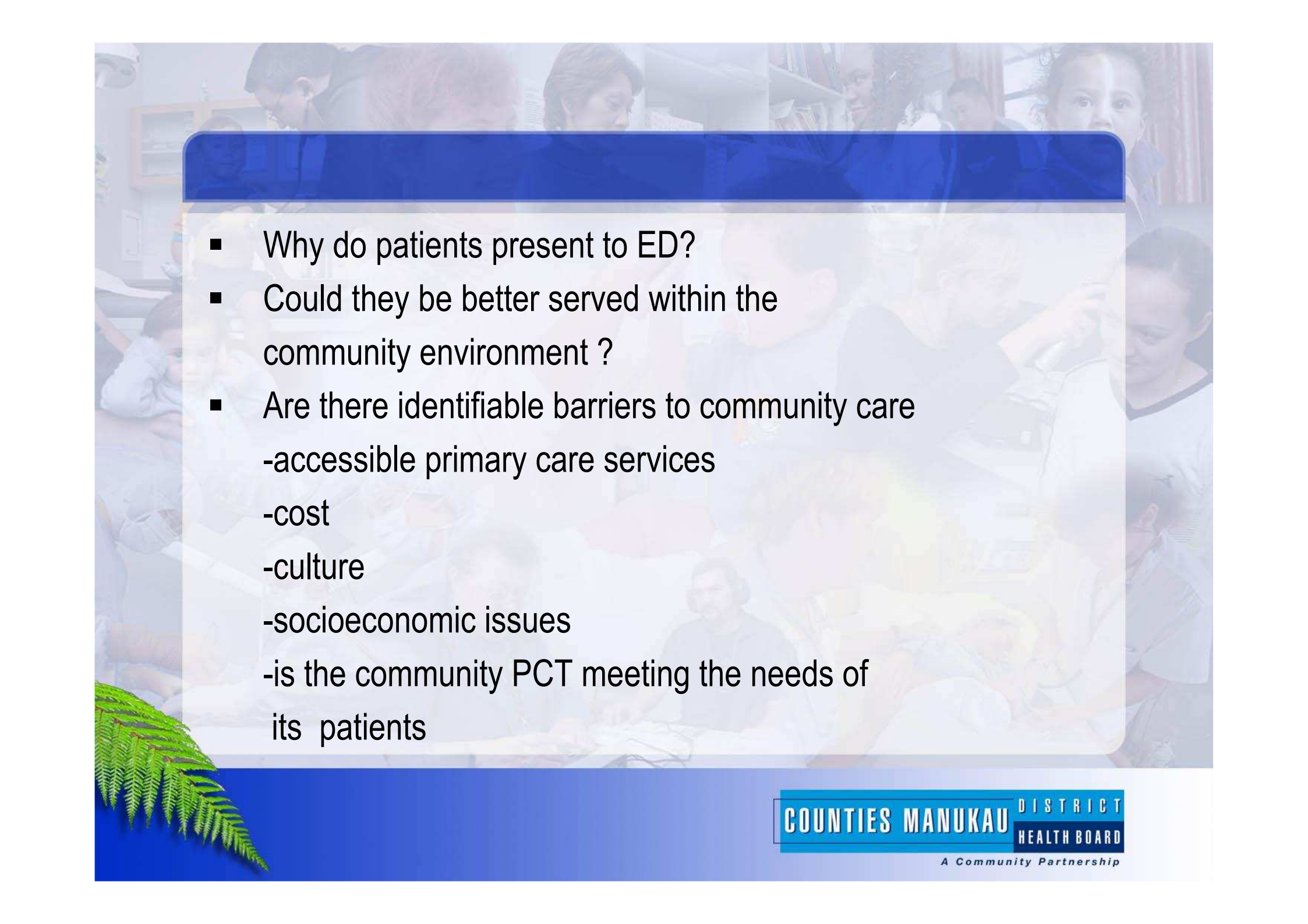
A prospective qualitative review of the reasons 200 palliative care tagged patients with a life limiting illness presented at the emergency department of an acute hospital.



Is the resuscitation unit in
the emergency department
of an acute hospital an
appropriate place for a
person with a known life
limiting illness to die ?



Has the community care
service failed to provide
appropriate care and
hence resulted in an
inappropriate place for
this person to die?

- 
- Why do patients present to ED?
 - Could they be better served within the community environment ?
 - Are there identifiable barriers to community care
 - accessible primary care services
 - cost
 - culture
 - socioeconomic issues
 - is the community PCT meeting the needs of its patients

APPROPRIATE PRESENTATION

- Acute unrelated problem
- Diagnostic imaging
- Fracture management
- Trauma
- Palliative stenting
- Pleural aspiration
- Palliative surgical management eg colostomy

APPROPRIATE / NOT APPROPRIATE PRESENTATION

- Admission was considered inappropriate if it could have been avoided by:
 - Phone call / visit to or by:
 - GP
 - DN
 - CPC Team
 - Family/friend

PRESENTING SYMPTOMS

Prevalence	ED	(Bruera)
■ Pain	29%	76%
■ Dyspnoea	21%	12%
■ Nausea /vomiting	10%	68%
■ Lethargy(asthenia)	7%	90%
■ Constipation	3%	65%
■ Sedation/confusion	2%	60%
■ Other	29%	

OVERVIEW

- 202 patients
 - 125 considered appropriate
 - 77 considered inappropriate
- 41pts seen by GP prior to presentation
 - 73% considered appropriate
- 57% self-referred
- 18% referred from other services
 - Clinic, oncology, D/N

PRESENTATIONS

- Clinical reasons
- Non-clinical reasons, some more than one reason
 - Lack of support, 16 patients
 - Patient not coping, 63 patients
 - Carer not coping, 47 patients
 - Cost factors, 13 patients

UNIVERSAL NEEDS

- To matter-play a role / fulfil a function
- To maintain hope and meaning
- To be at your place with your people
- To be able / have control to make your own decisions



Palliative care Communication book (The Blue Book)

Colleen Ranford: Palliative care Nurse specialist
Elizabeth Milner: Clinical nurse educator
Julie Setchfield: Community Dietitian
Gail Vause: Hospice Nurse



COUNTIES MANUKAU DISTRICT
HEALTH BOARD

A Community Partnership

COMMUNICATION (BLUE) BOOK

First developed 2002 to facilitate more integrated, coordinated approach to caring for people with palliative needs through improved communication.

STANDARD PAGES

- Patient details
- GP / Practice Nse details
- Visiting Health Care Professionals details
- Medical Problem List / treatments / allergies
- Yellow Medication Card / Extra Medication Taken
- Questions to Ask
- Communication Page – Drs, Nses, clinics, other HCP's, family, friends
- Action plan which includes phone numbers of Hospice / DN's

OPTIONAL LEAFLETS

- Symptom management:
 - pain, swelling (oedema), skin cares, complementary therapies, anxiety, lymphoedema, fatigue / tiredness, seizures / convulsions, fungating wounds, relaxation exercises, patient care, breathing & relaxation.
- Weight Loss in People with Advanced Cancer:
 - poor appetite, nausea & vomiting, mouth & swallowing problems, bowel cares, nourishing drinks.



SYMPTOM MANAGEMENT REFRESHER

Yes-No-Maybe

- Combination of
 - best practice
 - current evidence
 - anecdotes
 - alchemy

Nausea and vomiting

- **YES:**
 - Prokinetic: metoclopramide/domperidone
 - Routine, regular use
 - Neutral:haloperidol, methotrimeprazine
 - Terminal phase, agitation, second line
 - Antikinetik: cyclizine
 - Motion sickness, bowel obstruction
 - Chemotherapy:ondansetron
- **NO:**
 - Mixing pro- and antikinetik
 - Prochlorperazine,ondansetron

Nausea and vomiting

- **Maybe:**
 - Steroids
 - Hyoscine
 - NGT
 - aperients

Constipation

- **YES:**
 - Diet changes
 - Tablets
 - Coloxyl and senna
- **NO:**
 - Bulking agents
- **MAYBE:**
 - Lactulose

Dyspnoea

- **YES:**
 - Non-pharmacological measures
 - Morphine/opioids
- **NO:**
 - Overreactiveness
- **MAYBE:**
 - Oxygen, nebs
 - Benzos

Delirium

- **YES:**
 - Correct cause, non-pharmacological
 - Haloperidol/methotrimeprazine
 - Risperidone/olanzepine

- **NO:**
 - CAREFUL with elderly, benzos

- **MAYBE:**
 - parenteral meds, sedation

Anorexia / cachexia

- **YES:**
 - Explanation-factory on strike
 - Catabolic mediators
 - Maintain muscle mass, prevention

- **NO:**
 - Lack of food, wrong food

- **MAYBE:**
 - Drugs: steroids, prokinetics, cannabis, NSAID
 - Nutritional supplements

Pain

- **YES:**
 - Opioids early
 - Start low; go slow
 - Slow-release = less S/E if naïve
 - CSCI = less S/E if intolerant
 - Co-prescribe antiemetic / laxative

- **NO:**
 - Combinations - simple+weak opioid
 - Tramadol; pethidine

Pain

- **MAYBE:**
 - Change opioid type, not brand
 - Allergy RARE, intolerance more common
 - Opioid specific to indication:
 - Renal-fentanyl, methadone
 - Bowel risk: fentanyl
 - Delirium/dementia: ?oxycodone
 - Neuropathic: methadone

Neuropathic pain

- **YES:**
 - TCA's; nortriptyline, amitriptyline
 - AED's: valproate, gabapentin

- **NO:**
 - Care with elderly
 - Anticholinergic S/E

- **MAYBE:**
 - Methadone, clonazepam
 - carbamazepine

Syringe drivers

- **YES:**
 - Two drugs, opioid / antiemetic
 - Terminal stage
 - Severe gastric symptoms

- **NO:**
 - Four drugs
 - Bad mixers: methadone / cyclizine / clonazepam

- **MAYBE:**
 - Three drugs: opioid / antiemetic / sedative