The role of nurses in palliative care outreach team

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Abstract

The philosophy of palliative care is getting more acceptances in different sectors of health care provision now. The need for more support from the palliative care team in general / acute settings is rising. The palliative care outreach team of Grantham Hospital, originated from Nam Long Hospital, is established in 2001. It is a multi-professional, interdisciplinary team. The objectives of the outreach team are to provide palliative care to cancer and non-cancer patients in Hong Kong Island hospitals, to facilitate patients to accept the transition from curative to palliative treatments, to provide continuing palliative care to patients in cluster hospitals and to liaise with other specialists in Hong Kong Cluster, to provide bereavement care to significant others of patients. In addition to providing home care, the outreach palliative care nurse plays important roles in consultation, liaison and provision of direct care. The nurse provides in-patient consultation to general / acute hospitals, gives advice to health professionals, promotes the care in symptom management, provides counseling and education to patient and family, participates in discharge planning, liaises with community services and NGOs, and support family through to bereavement. In order to catch up with the service needs in palliative care, the outreach palliative care nurse is challenged to keep well prepared for the expanding role and responsibilities.

Free paper abstract

Symptom Prevalence and Distress in the Last Days of Life of Terminal Cancer Patients as Rated by Patients, Caregivers and Health Care Professionals

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Abstract

The objectives of this study were to assess the symptom prevalence in the last days of life, the distress of each symptom and to compare the distress of these symptoms as perceived by patients, caregivers and doctors.

It was a prospective study and included patients admitted to Hospice Ward of Caritas Medical Centre with estimated life expectancy of 2 weeks. A symptom prevalence questionnaire was completed by the doctor daily till patient died. Another symptoms distress questionnaire was used to assess the distress of each symptom as perceived by patients, caregivers and doctors. Sixteen symptoms were included in the questionnaire, including pain, dyspnoea, nausea, vomiting, dry mouth, haemoptysis, GI bleeding, cough, fatigue, cachexia, loss of appetite, dysphagia, diarrhoea, constipation, twitching and insomnia; and the distress was rated by a verbal rating scale. Patients, caregivers and doctors completed the questionnaire on the same day. Only questionnaire completed within last 7 days of patient’s life were analysed in the study.

A total of 89 patients were included in the assessment of symptom prevalence. Fatigue, cachexia and loss of appetite were the 3 commonest symptoms in the last days of life. Thirty patients out of these 89 patients were able to complete the second questionnaire on symptoms distress score in the last 7 days of life. Fatigue, cachexia and loss of appetite were reported to be the three most distressful symptoms. In general doctors reported lower distress scores as compared with the patients especially on symptoms of fatigue, cachexia, loss of appetite and dry mouth, which showed a statistical significant difference of p value <0.05.

Fatigue, cachexia and loss of appetite were the commonest and the most distressful symptoms during the last days of life. Further researches on the management of these symptoms and the meaning of these symptoms to patients are required.
Free paper abstract

The Decision Making Process on Facing Clinical Dilemmas in Palliative Care

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Abstract
A study was performed to review the local Chinese patients’ decision making process when facing clinical dilemmas in palliative care, and whether advance care planning had or would have helped. Medical records of the 40 patients who died during the period from 13 December 2003 to 31 January 2004 were reviewed. Patient/relatives’ expectations of the palliative care service were elucidated in all but two patients. A total of 47 clinical dilemmas were noted in 33 of the 40 patients.

Healthcare decisions were either made by the patient or family members. No conflict among family members in making healthcare decisions has been recorded. The surrogate decision maker was identified by only one patient. The ‘do-not-resuscitate’ order was recorded by the referring unit in only three patients; none being renewed by the palliative care team. Cardio-pulmonary resuscitation was performed in none, the decision being accepted by families and significant others of all the patients. Most (83%) of the discussions on clinical dilemmas were raised by the palliative care team. While family members agreed with the treatment plan proposed by the care team in 28/39 instances, they disagreed on three occasions (7.7%). It is thus important for the palliative care team members to actively approach the patients and their families to initiate discussion on the management of the patients. In eight of the 47 instances (17%), family members were uncertain of the patient’s preference to specific treatment, and it seemed that better advance care planning might have helped.

Infections in a Palliative Care Unit: Retrospective Analysis

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Abstract
Background and Objective: Infection is common in palliative care. However, there is no local data. This study was taken to review the frequency and characteristics of infections among hospice patients, the prevalence of use of antibiotics and to compare the differences between those who had different outcomes after infection.

Study design: Medical records of all patients with terminal malignancy who were enrolled into palliative care service during the period January 2002 to July 2002 were retrospectively reviewed.

Results: Among the eligible 87 patients, 70 had at least one infective episode and accounted for a total of 120 episodes. Sixty eight episodes resulted in survival for > 14 days while fifty two episodes were associated with mortality. The most frequent sites of infection were chest (n=63, 52.5%), followed by urinary tract (n=35, 29.2%) and skin /wound (n=6, 5%). 97.5% (n=117) episodes were prescribed antibiotics. The use of restricted antibiotics was 16.2% (n=19). By multivariate logistic regression analysis, dyspnoea, final choice of antibiotics and route of administration were identified as independent determinants affecting survival after infection.

Conclusion: Dyspnoea and final choice of antibiotics were possibly associated with prognosis in infections in palliative care. Further studies are encouraged to verify this. The bioethical principles on the use of antibiotics as a life-sustaining treatment and palliative treatment should be followed.
Advance Care Planning Program for the Hong Kong Chinese Patients with Advanced Chronic Obstructive Pulmonary Disease

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Abstract

Background: Patients with advanced COPD may need mechanical ventilation and cardiopulmonary resuscitation in sustaining life. However, the burdens of those treatments may outweigh the benefits in end-of-life care. A palliative care approach is proposed to be a better alternative. One of the main concerns is the patients and their families’ preferences for end-of-life care.

Aim: To design and test the feasibility of implementing an Advance Care Planning Program (ACPP) for improving the decision making in end-of-life care of the patients with advanced COPD and their families.

Methods: The concept of Advance Care Planning had been analysed by using the evolutionary concept analysis method. Field observations and conversations with 15 patients with advanced COPD, their families and healthcare providers were conducted to understand the factors influencing their treatment preferences. Feedbacks of the program were obtained through the role plays with healthcare professional and elderly persons.

Results: The ACPP is characterized by the interplay of ongoing communicative and social processes that proactively elicit and preserve a person’s treatment and care preferences that conform to his/her values, beliefs and wishes in end-of-life care. Four main components of the program had been identified. They are "contextual understanding", "information giving", "family involvement", and "mutual understanding and consensus building in treatment and care preferences".

Conclusion: The ACPP is found feasible to apply in the local context. We found that the patients and their families are willing to engage in discussing the death-related issues and end-of-life care concerns provided that the discussions are conducted in an informative, individualized and sensitive way.

A Prospective Longitudinal Study of Quality of Life in Cancer Pain Patients After Referral To Pain Management Centre

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Abstract

To evaluate the effectiveness of pain management centre in improving pain control, mood change and quality of life (QOL), 33 consecutive in-patients with cancer pain referred to pain management centre over 3 months period were enrolled into a prospective comparative study. Pain control, mood change and quality of life (QOL) were measured using Hospital Anxiety and Depression Scale (HADS) and Short Form 36 (SF-36). All the patients were evaluated before the treatment and twelve patients were evaluated one week after the treatment. Our results showed that there was no significant difference in the mood change and quality of life but a significant reduction in pain after the treatment. The role of pain management centre should extend beyond pain control to the improvement of mood and quality of life in cancer pain patient in continuum with the palliative care management.
Free paper abstract

The Use of Continuous Subcutaneous Methadone Infusion in Palliative Care: a Retrospective Study

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Abstract

Objective: To study the usage, efficacy and side effects of continuous subcutaneous infusion (CSCI) of methadone in advanced cancer patients.

Methods: Retrospective review of patients using CSCI of methadone in a palliative care ward from February 2002 to February 2004.

Major findings:
Thirty-four patients were recruited with 21 male and 13 female. Median age was 61 years (range 34-91). The key cancer types were lung cancer (9) and gastrointestinal cancer (8). The chief indications were: neuropathic pain (62%), renal failure (21%), drug abuser on methadone maintenance (12%), and morphine intolerance (6%). The majority of patients (85%) were shifted from oral to CSCI methadone. The key indication of CSCI was terminal condition (68%). The median daily dose used was 12.5 mg (range 2.5 mg to 60 mg) with a median duration of 4.5 days (range 0.1 – 22 days). Only a minority of patients (11%) ultimately required a change to another subcutaneous opioid due to unsatisfactory symptom control. No major systemic side effects such as myoclonus, nausea, vomiting, and respiratory depression were attributed to the study drug. Local complications including redness, swelling, pain and abscess occurred in 11 patients (32%). Only one patient resulted in stopping of CSCI methadone; others improved after change of insertion site. Local complications occurred more frequently when the drug was used for over 8 days (p=0.003).

Conclusion: The use of CSCI of methadone is an effective mean for symptom control in advanced cancer patients. The profile of local side effects appears much less than previously reported (Bruera 1991).

Transdermal Fentanyl for Management of Chronic Cancer Pain—Experience in Hospice Unit of Caritas Medical Centre

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Abstract

Transdermal fentanyl is one of the available strong opioids used for chronic cancer pain in Hong Kong. Transdermal patch at the strength of 25 μg and 50 μg were available in our hospital. A retrospective review of terminal cancer patients admitted to Hospice Unit of Caritas Medical Centre from June 1995 to April 2004 who were given transdermal fentanyl was performed. A total of 60 patients were reviewed. The reasons for switching from one opioid or analgesic to transdermal fentanyl included difficulty in swallowing, intolerance to side effect of other opioids, inadequate pain control and patient refusal of oral medications. The mean dosage of fentanyl patch used in these patients was assessed. More than 70% of patients continue to use the fentanyl patch till death with minimal side effects. The efficacy, safety and adverse effect of fentanyl patch in these groups of patients will be reviewed. A number of patients required adjuvant analgesic in addition to the fentanyl patch for improving pain control especially if the pain was neuropathic in nature. From our experience in this group of advance cancer patients, transdermal fentanyl is an effective and well tolerated alternative opioid for chronic cancer pain.