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.