



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

Palliative Medicine

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\$\$ I have no financial disclosures \$\$

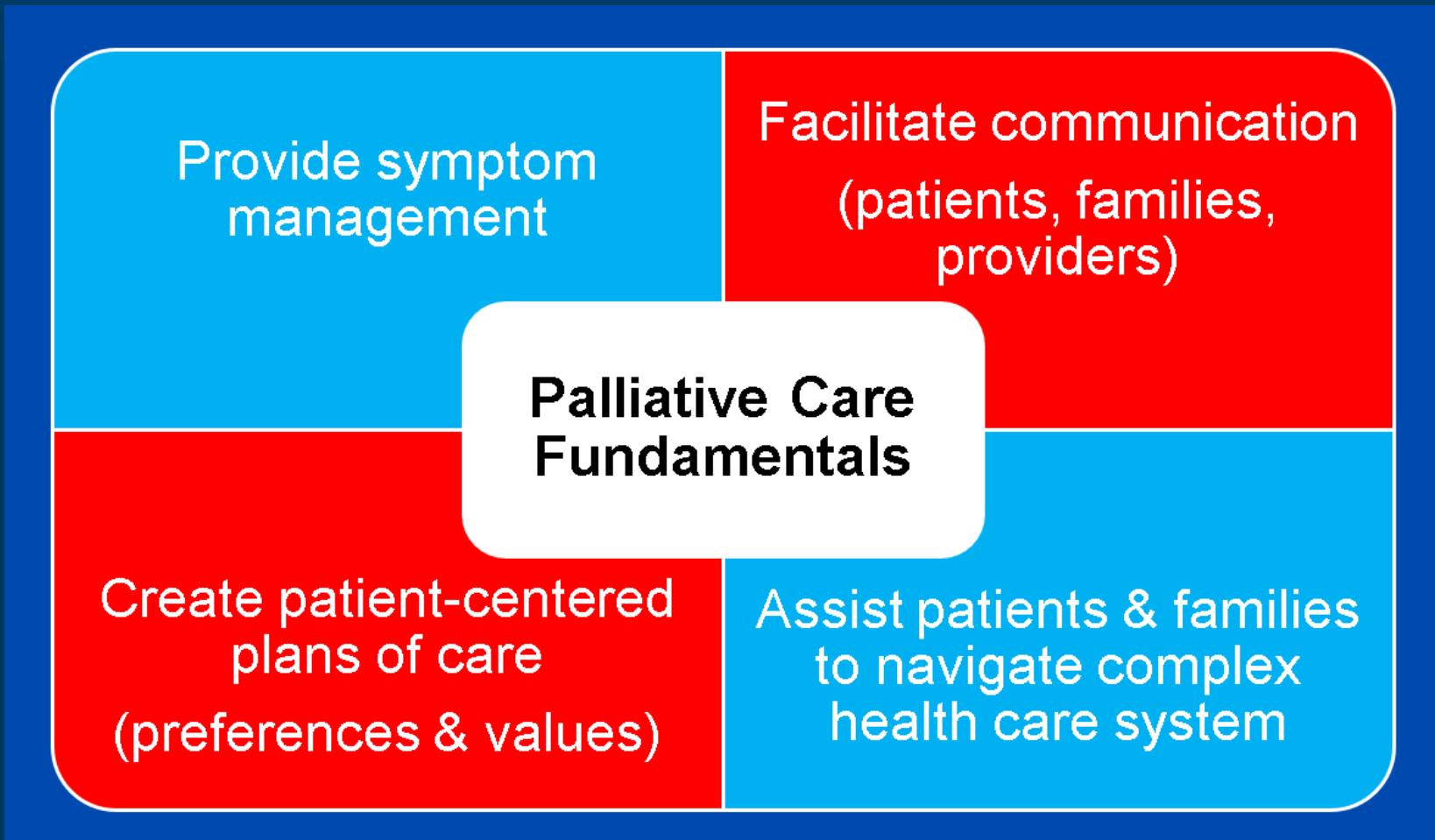
Objectives

- Role of Palliative Care across the spectrum of serious illness
- Demystifying the beliefs about Palliative Care
- When to consult Palliative Care
- “Breaking bad news”
- Heart failure trajectory
- Assess survival rates of outside-the-hospital cardiac arrest
- Exclusion criteria for PCI
- How to care for the dying patient

Role of Palliative Care Across the Spectrum of Serious Illness

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Role of Palliative Care continued...



Demystifying Palliative Care

- Not intended to hasten or halt death
- Not only for end-of-life
- Not intended to induce sedation
- Does not indicate that the patient is “giving up”
- It is not “withdrawing care” but shifting the focus from curative to comfort

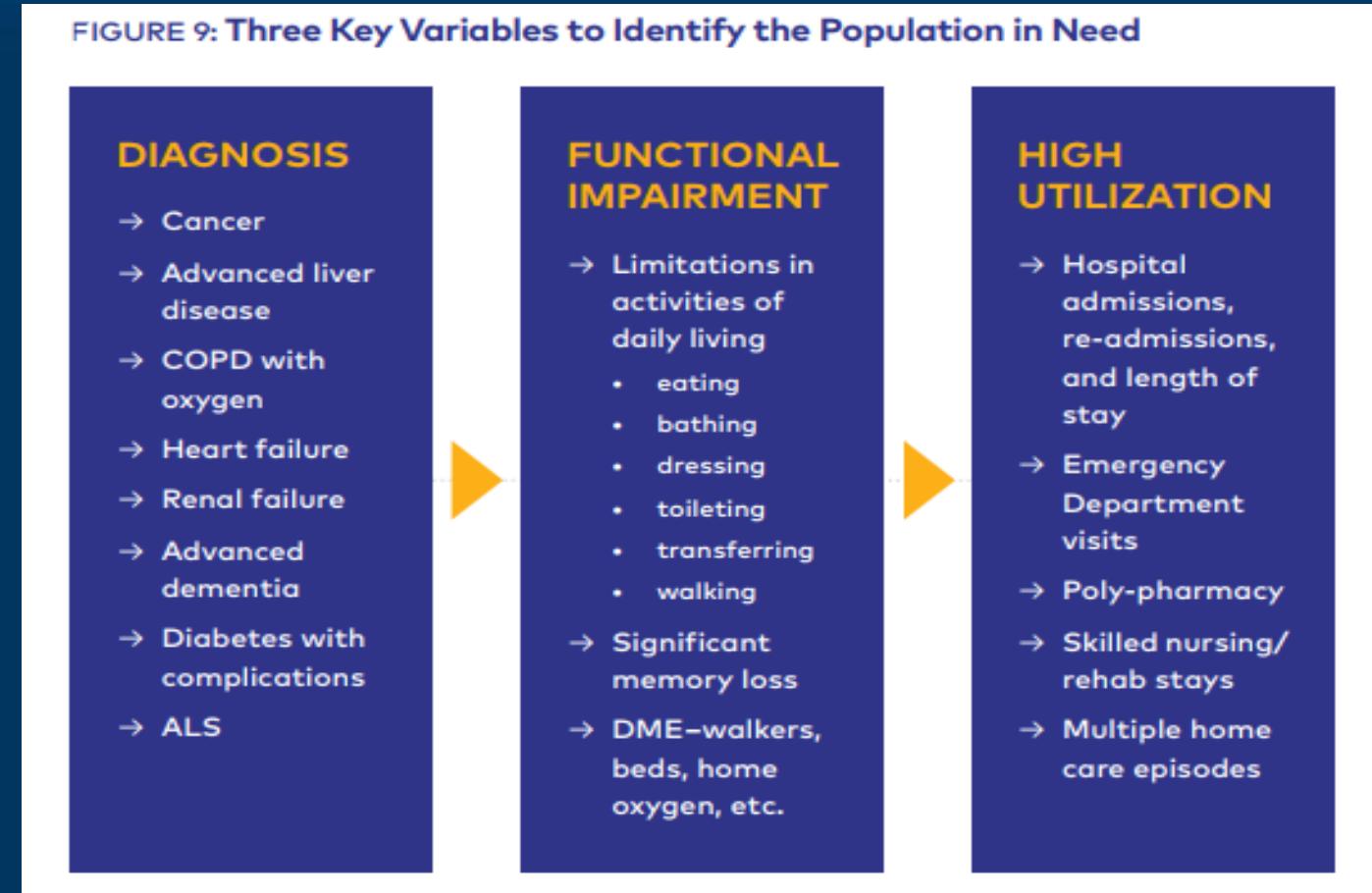


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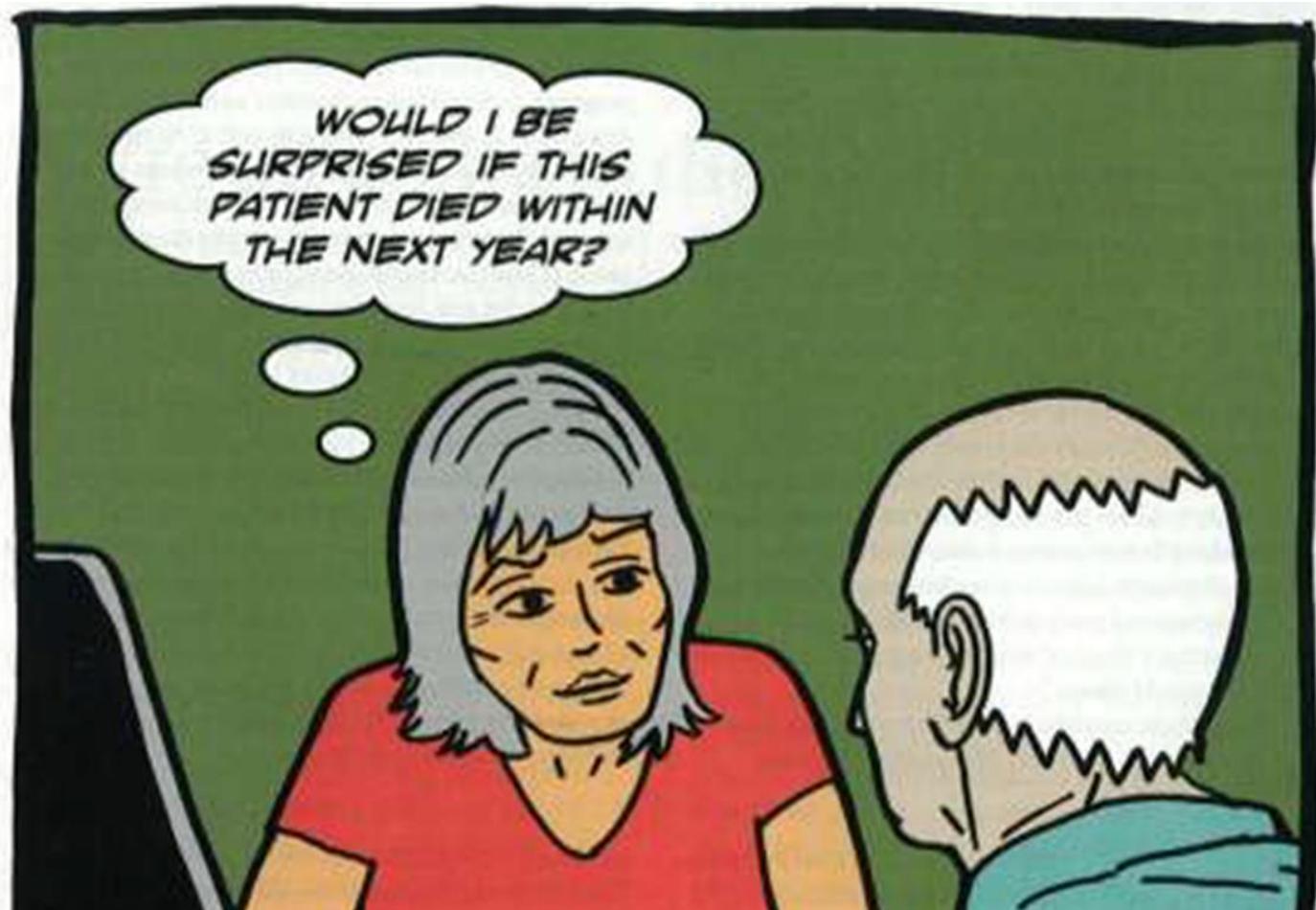
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When to Consult Palliative Care

FIGURE 9: Three Key Variables to Identify the Population in Need



The “Surprise” Question



Serious Illness Conversation Guide

CONVERSATION FLOW

1. Set up the conversation

- Introduce the idea and benefits
- Ask permission

2. Assess illness understanding and information preferences

3. Share prognosis

- Tailor information to patient preference
- Allow silence, explore emotion

4. Explore key topics

- Goals
- Fears and worries
- Sources of strength
- Critical abilities
- Tradeoffs
- Family

5. Close the conversation

- Summarize what you've heard
- Make a recommendation
- Affirm your commitment to the patient

6. Document your conversation

PATIENT-TESTED LANGUAGE

SET UP

"I'm hoping we can talk about where things are with your illness and where they might be going — **is this okay?**"

ASSESS

"What is your **understanding** now of where you are with your illness?"

"How much **information** about what is likely to be ahead with your illness would you like from me?"

SHARE

Prognosis: "I'm worried that time may be short."
or "This may be as strong as you feel."

EXPLORE

"What are your most important **goals** if your health situation worsens?"

"What are your biggest **fears and worries** about the future with your health?"

"What gives you **strength** as you think about the future with your illness?"

"What **abilities** are so critical to your life that you can't imagine living without them?"

"If you become sicker, **how much are you willing to go through** for the possibility of gaining more time?"

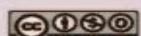
"How much does your **family** know about your priorities and wishes?"

CLOSE

"**It sounds like** _____ is very important to you."

"Given your goals and priorities and what we know about your illness at this stage, **I recommend...**"

"**We're in this together.**"

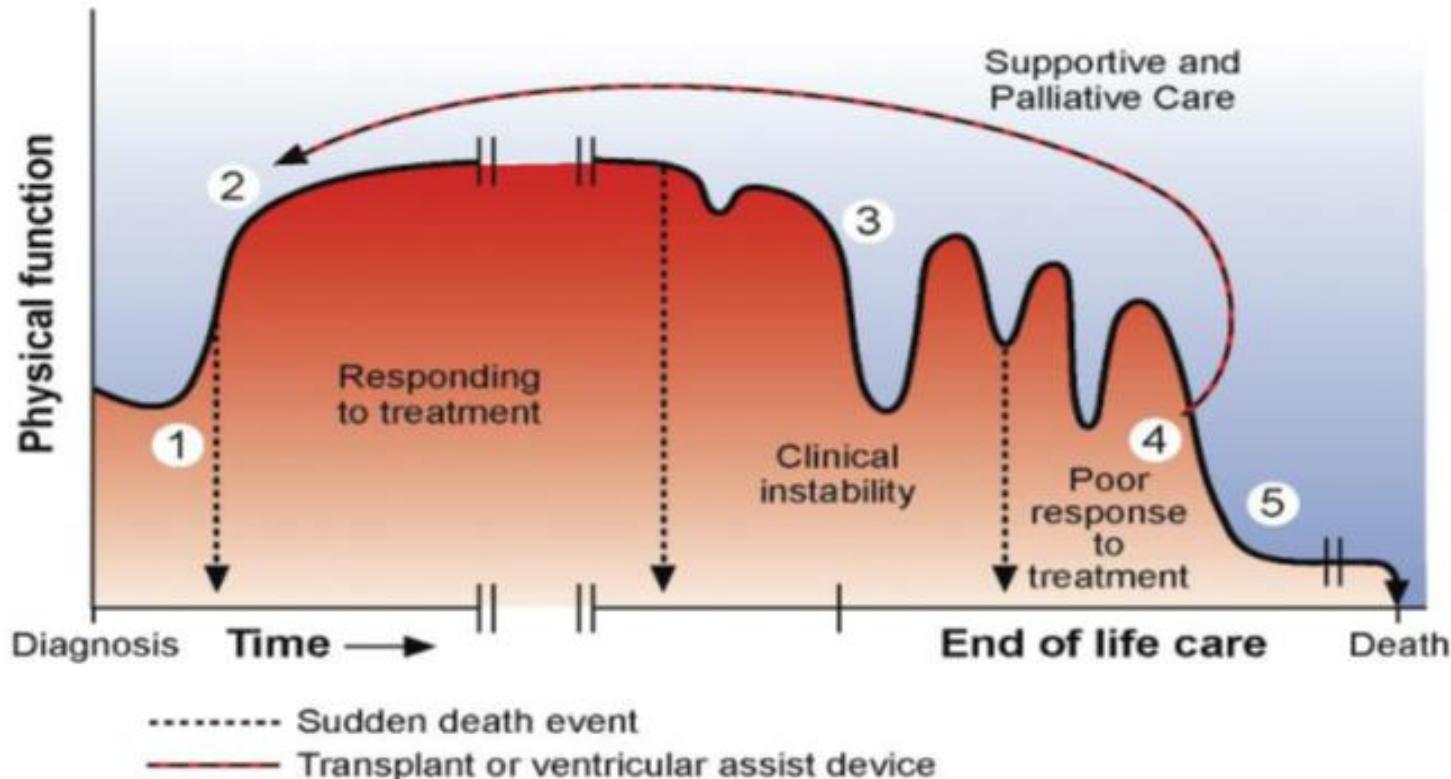


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Heart Failure

Heart Failure Trajectory



Dr. David Walker, NHS Improvement

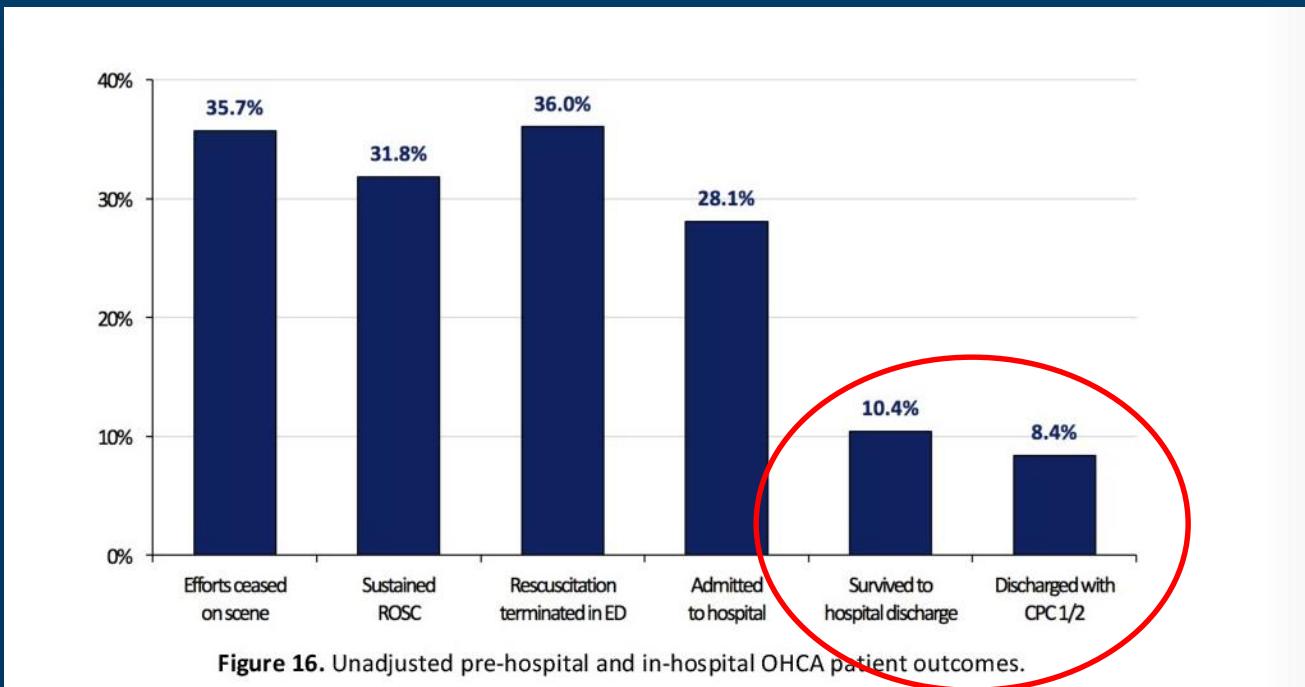
Palliative Care for the Heart Failure Patient

- Medication optimization
 - ◆ Inotrope therapy
 - ◆ Diuretics
 - ◆ Opioids
 - ◆ Anxiolytics
 - ◆ Anti-emetics
- Dobutamine/Milrinone dependence
- Symptom control
 - ◆ Dyspnea
 - ◆ Cardiac cachexia
 - ◆ Fluid retention
 - ◆ Fatigue
- Goals of care
- Prognosis
- LVAD and Heart Transplant Evaluations
- Heart Failure Hospice

Cardiac Arrest

Outside-the-hospital Cardiac Arrest

- In 2004, the CDC established the Cardiac Arrest Registry to Enhance Survival (CARES)
- Goal was to help communities determine standard outcome measures for out-of-hospital cardiac arrest (OHCA)
- Includes 23 state-based registries and 60 community sites in an additional 19 states
- To date, the registry has captured over 350,000 records
- <https://mycares.net>

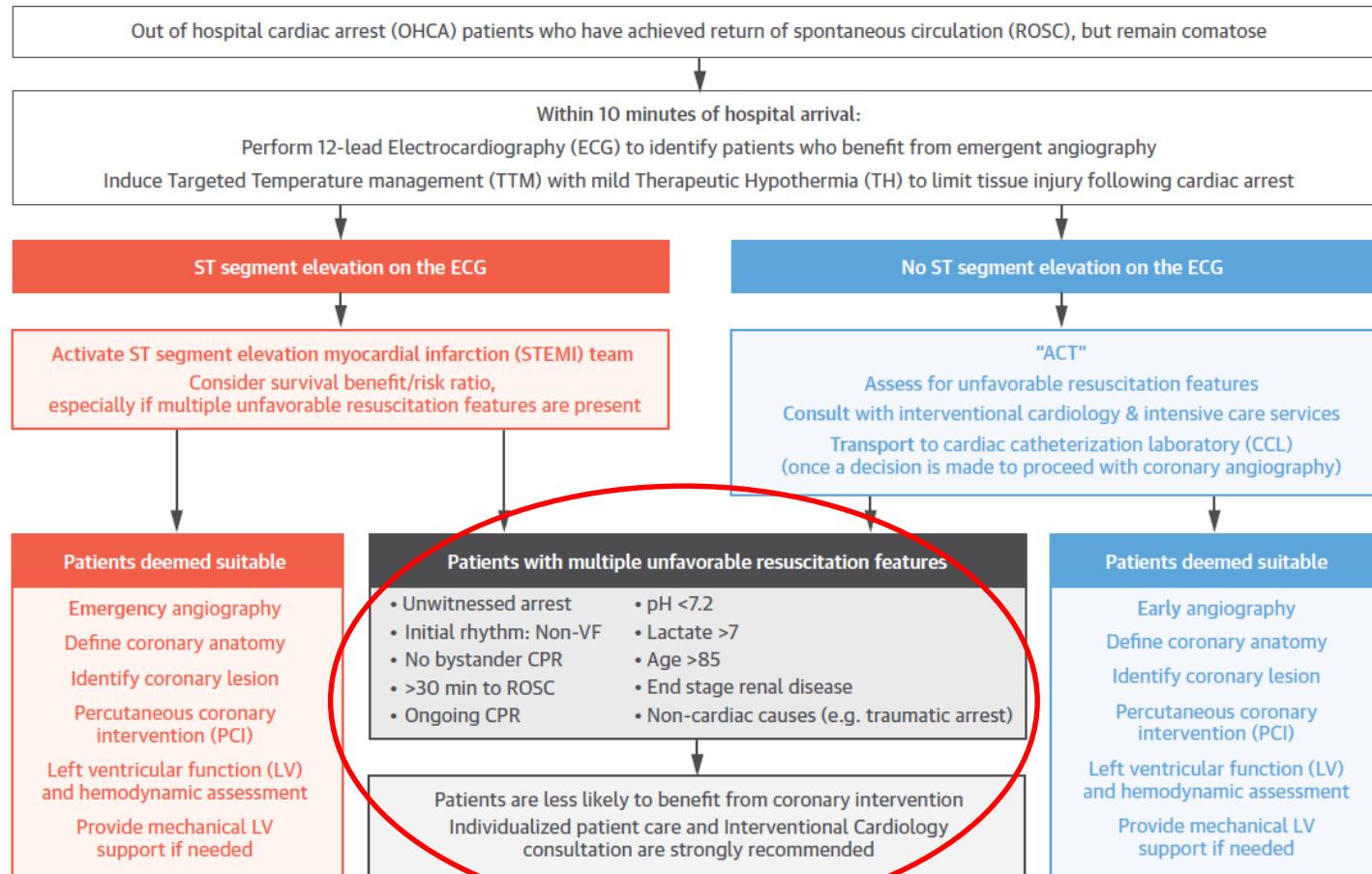


Cerebral Performance Category (CPC) score

CPC1: Good Cerebral Performance i.e. conscious, alert, able to work and lead a normal life

CPC2: Moderate Cerebral Disability i.e. conscious and able to function independently but may have hemiplegia, seizures, or permanent memory or mental changes

Exclusion Criteria for PCI following OHCA



Palliative Care for the Cardiac Arrest Patient

- Prognosis: evaluate organ dysfunction including neurologic status
- Family meeting to elicit goals of care
- If poor prognosis is anticipated, consider placing limitations on aggressive interventions or “time trial” if goals of care are not clearly defined
- Symptom management- dyspnea, myoclonus
- Organ Donation
- End-of-life care and/or Hospice

Care of the Dying Patient

Pain

- Acetaminophen, NSAIDs (not often used due to renal impairment)
- Steroids-Dexamethasone
- Opioids-Hydrocodone, Oxycodone, Fentanyl, Hydromorphone, Methadone
- Aroma therapy, relaxation, distraction, meditation, massage therapy

Dyspnea

- Fan to face
- Nebulizer treatments
- Steroids-Prednisone or Dexamethasone
- Opioids

Oral Secretions

- Lateral Recumbent positioning
- Glycopyrrolate
- Scopolamine patch (needs 24 hours of application to be effective)
- Hyoscyamine
- **Refrain from nasal-tracheal and deep suctioning

Terminal Restlessness/Anxiety/Agitation

- Relieve noxious stimuli (dehydration, need to void/bowel movement, room temperature, lines, drains, tubes, wires)
- Antipsychotics-Haldol, Seroquel, Olanzapine
- Benzodiazepines-Lorazepam, Diazepam, Midazolam



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Questions...?

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