

Palliative Emergencies

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Definition of emergency

- Urgent
- Serious consequences
- Unexpected/ unplanned

Prevention

- Communication/ information
- Manage expectations
- Management plan

Palliative referral

- Terminal illness
- Less than one year to live

Emergencies

- Oncological – SVCO, Cord compression, hypercalcaemia
- Acute urinary retention
- Stridor
- Pain
- Haemorrhage
- Breathlessness
- Seizures/ raised ICP
- Bowel obstruction
- Allergy/ anaphylaxis
- Drug reaction/ overdose
- Fracture
- Carer exhaustion/ lack of carers
- Dying
- Incontinence

Context

- Patients wishes
- Prognosis/ functional ability/ likelihood of recovery
- Future treatment options
- Burdens of treatment

PEACE

- PEACE 1: Intensive: For full active treatment and CPR, intubation and ventilation
- PEACE 2: Hospital: transfer to hospital if appropriate, for IV antibiotics, IV diuretics and palliative surgery. Avoid intubation and ventilation.
- PEACE 3: Hospice/ home: treatment and medication for comfort measures within hospice, home or care home. Avoid admission to hospital unless comfort measures fail (eg hip fracture).
- PEACE 4: Comfort: palliative care to relieve suffering and promote comfort.

Karnofsky

- 100% = well, no evidence of disease
- 90% = able to carry on normal activity, minor signs of disease
- 80% = normal activity with effort, some signs and symptoms of disease
- 70% = cares for self, unable to carry on normal activity or do active work
- 60% = able to care for most needs, requires occasional assistance

Karnofsky continues...

- 50% = considerable assistance and frequent medical care
- 40% = in bed more than 50% of the time
- 30% = almost completely bedfast
- 20% = totally bedfast and requiring extensive nursing care by professionals and /or family
- 10% = comatose or barely rousable, unable to care for self
- 0% = dead

Breathlessness

- Non-pharmacological
 - Fan
 - Cold cloth to face
 - Breath out
 - Drop shoulders
 - Train carers and patients
 - Breathlessness management classes
- BEWARE OF OXYGEN
- Drugs
 - Benzodiazepines
 - Opiates

Malignant spinal cord compression

Breast, bronchus, prostate and myeloma

Pain – neurological, poor response to opiates

Admit for assessment

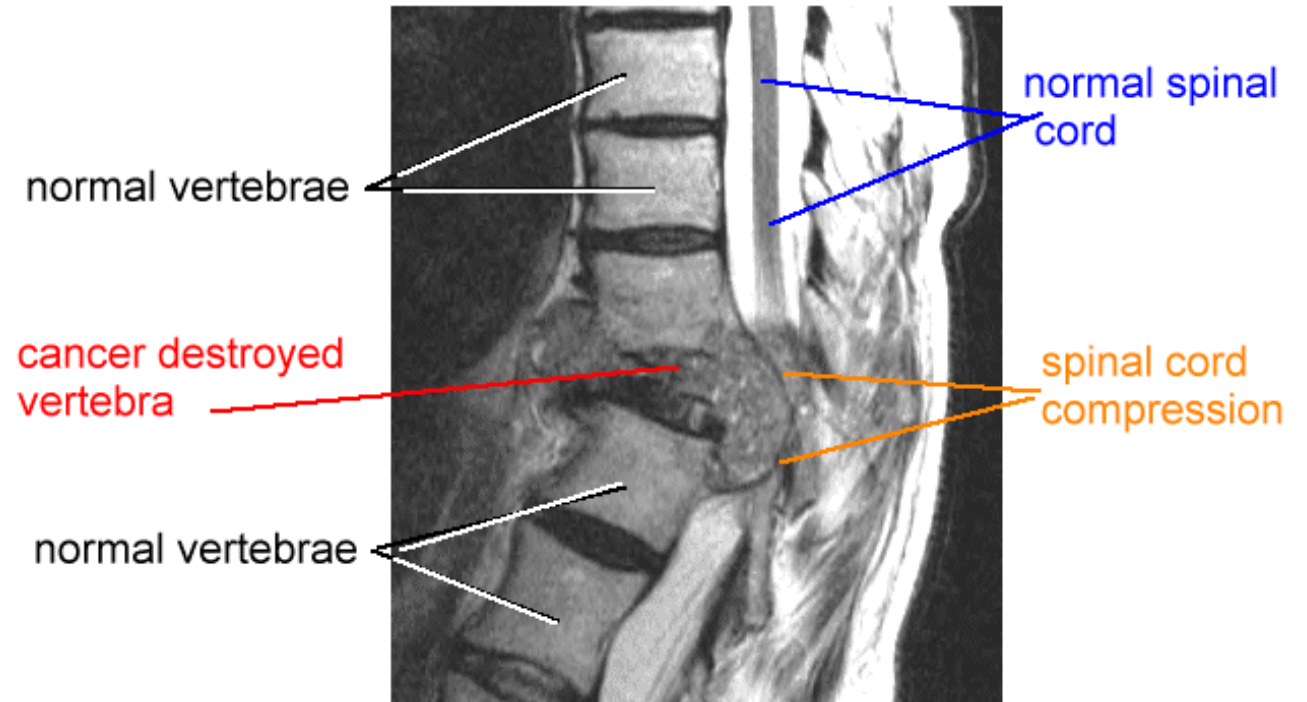
Early oncology referral

Dexamethasone, MRI

Radiotherapy, surgery

Nerve damage is usually permanent

Indicator of poor prognosis



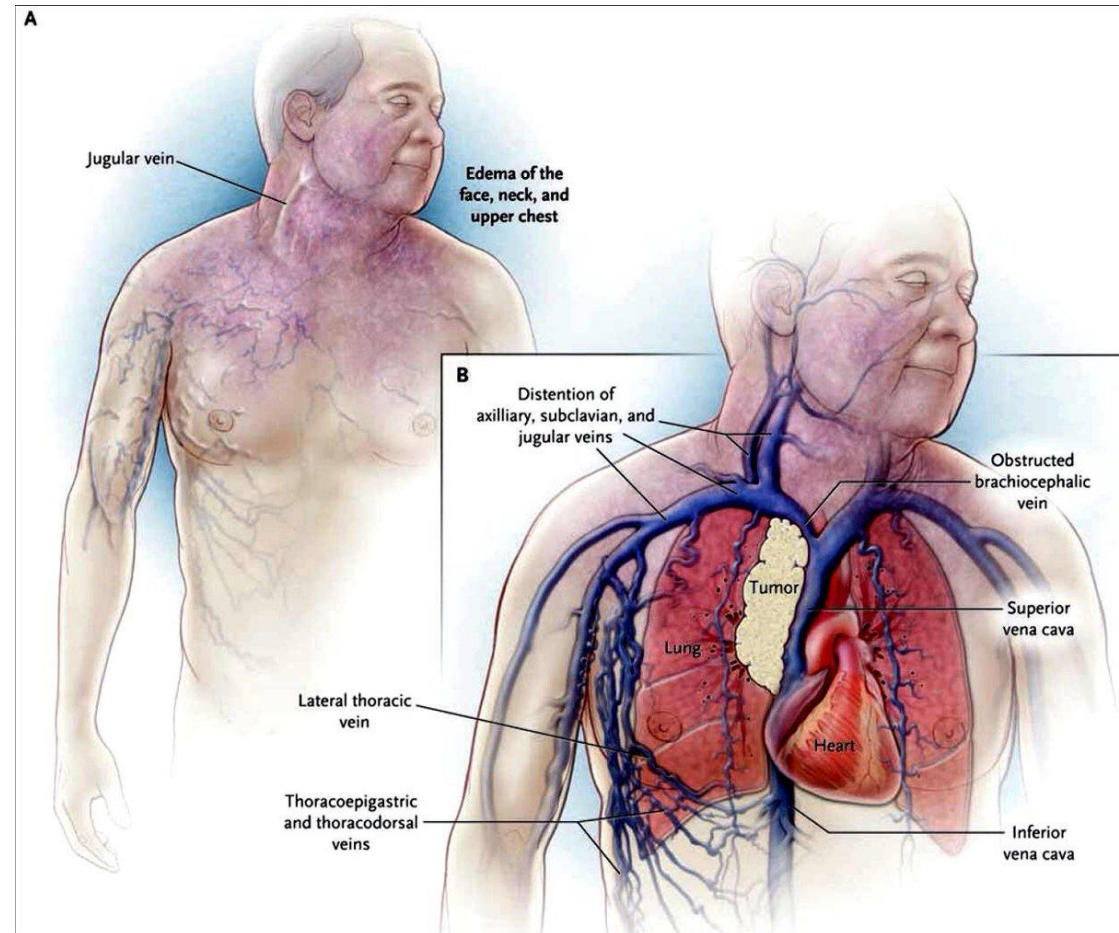
Superior Vena Cava Occlusion

80% Bronchial Ca, 10% lymphoma

Headache, SOB, dizziness/ syncope, swelling/
distended veins, colour change (red/purple)
in upper chest, arms, face and neck.

CT chest

Steroids, stent, Radiotherapy



Malignant hypercalcaemia

- Bone cancer, PTHrP
- Serum calcium
- Confusion, fatigue, nausea
- “painful bones, renal stones, abdominal groans, psychic moans’
- Fluids and bisphosphonates
- Poor prognosis

Bowel obstruction

- Partial obstruction
- Passing wind, vomiting, fluctuating
 - Steroids
 - Metoclopramide
 - ?laxatives
- Complete obstruction
- Large vomits, bowels not moving, not passing wind, distended abdomen
 - Octreotide
 - Buscopan

Haemorrhage

- Internal or external
- Fatal/ near fatal/ mild
- STAY CALM
- Active measures
 - Etamsylate/ tranexamic acid/ sucralfate
 - Surgery
 - Radiotherapy
 - Embolisation
- Palliative measures
 - Supportive care
 - Midazolam and morphine

Delirium

- Causes: environment, medications, infection, electrolytes, metastases, dehydration, alcohol withdrawal, constipation/ urinary retention, anxiety, hypoxia
- Staffing, lighting, orientation, medications
 - Haloperidol and Lorazepam
 - Rapid sedation

Summary

- There are lots of things that can become an emergency
 - It all depends on the patient, their environment, their support
 - Think about the consequences of the problem and the investigation/treatment
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- QUESTIONS?