
PALLIATIVE CARE AT THE END OF LIFE

MAUREEN T. LYNCH

OBJECTIVES: *To describe the process of symptom management in the care of oncology patients with advanced cancer.*

DATA SOURCES: *Journal articles, evidence-based reviews, textbooks, and clinical guidelines.*

CONCLUSION: *Symptom management is an essential component of oncology nursing practice that improves quality of life for patients and families throughout the cancer trajectory.*

IMPLICATIONS FOR NURSING PRACTICE: *Effective symptom management requires that oncology nurses holistically assess the patient's symptom experience and goals of care, formulate specific symptom diagnoses, and develop, implement, and evaluate the outcomes of an evidence-based plan of care that is individualized and acceptable to the patient.*

KEY WORDS: *Symptom management, anorexia, fatigue, palliative care, oncology nursing*

ONCOLOGY nursing and palliative care share common goals of optimizing quality of life and minimizing suffering for patients and families, not just when death is imminent, but throughout the cancer experience as patients cope with the impact of living with this serious, potentially life-threatening illness, and the decline in health and function that so often accompanies cancer and

its treatments.¹⁻³ There are many dimensions to suffering and quality of life.⁴ However, patients report that among the major determinants are the number and severity of symptoms and altered functionality.⁵⁻⁷ Patient's ratings of physical and functional well-being and effective symptom management are some of the measures used to demonstrate that early integration of palliative care into oncology care improves quality of life and reduces suffering, and may even extend survival.⁸⁻¹⁰ Thus, effective, compassionate symptom management is essential to the goals of palliative care and oncology nursing.^{2,6}

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0749-2081/3004-836.00/0.

<http://dx.doi.org/10.1016/j.soncn.2014.08.009>

CASE STUDY

Glenn is a 57-year-old married, childless, agnostic construction manager who was

diagnosed with renal cell cancer 6 years ago. He was initially treated with nephrectomy and followed carefully over time. Three years ago, he was found to have metastatic disease in his lungs, regional lymph nodes, and L3 and 4 vertebrae. He received radiation to the vertebral disease and began treatment with sunitinib. As his disease progressed, he had multiple systemic therapies including temsirolimus, bevacizumab, and axitinib.

When he was diagnosed with metastatic disease, Glenn acknowledged that he would die of his cancer but wanted to, "keep things normal and see how it goes." His consistent goal was to feel well enough to work for as long as possible and to enjoy time with his wife, Linda, who was his healthcare proxy and his primary psychosocial support. Linda provided their health insurance coverage through her administrative position at an insurance company. Glenn had no significant past medical history or drug allergies. Throughout his disease course, his oncology providers consulted with palliative care to manage his primary symptoms of pain, constipation, fatigue, and anorexia.

SYMPTOM MANAGEMENT

Symptoms are subjective, multidimensional experiences of change in normal bio-psychosocial-spiritual function, sensation, appearance or cognition perceived by the individual as indicative of illness.^{11,12} The individual's symptom experience goes beyond the label or description of the symptom to include the level of distress and suffering associated with the symptom. The meaning of the symptom(s) to the individual, and its impact on function and quality of life, and the individual's emotional response and coping are dimensions of symptom distress.¹² Symptom management is a process of care focused on identifying and alleviating symptom distress to reduce suffering and maximize function and quality of life.

Nursing's holistic approach to knowing the patient as a bio-psychosocial-spiritual being and the nursing process (assessment, planning, intervention, and evaluation) provides not only nurses

but palliative care specialists with a template for effective, individualized symptom management. In 2001, Dodd and colleagues¹¹ described a nursing model of symptom management that emphasized the dynamic nature of the process, subjectivity, and complexity of the symptom experience, and the need for evidence-based interventions. Over time, other nursing models of symptom management emerged that also described the essential elements of clinical symptom management. These elements included individualized assessment of the patient, outcome identification, and planning based on symptom diagnosis and assessment data, intervention, and evaluation.¹³ Inherent in this process is critical thinking: the assimilation, analysis, and synthesis of patient-specific information and the evidence base for symptom management to create an individualized and rational plan for interventions, and parameters for evaluating the outcomes of care.

The first step in the process is to identify the presence of the symptom(s). Symptoms are subjective and patients may be reluctant to report symptoms in the belief that nothing can be done or that symptom management will detract from cancer-directed therapies. Routine screening for common symptoms using symptom inventory tools, such as the Memorial Symptom Assessment Scale or Edmonton Symptom Assessment Scale, assists with symptom identification.¹⁴ Comprehensive symptom assessment then seeks to describe the patient, his or her symptom experience, and patient-specific factors that will impact the symptom management plan. Assessment encompasses data collection from multiple sources including patient, family, physical examination, and clinical observation, diagnostic testing, and the medical record. The extent, type, and timing of diagnostic tests are governed by the overall goals of care and an appreciation of how the information that is gained from testing will impact the approach to care. This patient-specific information and the clinician's knowledge and understanding of the health problems lead to formulation of the symptom diagnosis. This is a succinct statement of the problem(s) and likely cause(s) that will guide the planning and intervention phases of symptom management process.

The planning phase of the symptom management process includes identifying the desired outcomes of effective symptom management for

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