

Palliative Care Symptom Management



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KEYWORDS

• Palliative care • Hospice • Symptom management • Pain • Dyspnea

KEY POINTS

- Aggressively managing the symptoms of patients with critical life-limiting illness or terminal disease can improve the quality of life for patients and their loved ones, regardless of how much time they have remaining.
- Palliative symptom management approaches disease in a holistic manner, addressing not only the physical aspect of symptoms but also the psychological, social, and spiritual dimensions of suffering for total symptom relief.
- Pain is the most common reason for critical care palliative consultation, and using the World Health Organization Pain Ladder to systematically quantify, treat, and titrate pain is effective.
- Treatment options include both pharmacologic and nonpharmacologic management.

INTRODUCTION

Palliative care is a relatively new discipline, and over the past 10 years programs have grown rapidly. Since 2000, the number of hospitals with inpatient palliative care teams has increased by nearly 148%, including 66% of all hospitals with more than 50 beds.¹ Experts believe that 5% to 10 % of all hospital admissions qualify for inpatient palliative care consultations, but this number depends on the hospital patient population.¹ Palliative care consultations typically include: symptom management, prognosis, goals of care, advance care planning such as code status/completion of advance directives, and psychosocial and spiritual support.

The authors have nothing to disclose.

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Crit Care Nurs Clin N Am 27 (2015) 315–339

<http://dx.doi.org/10.1016/j.cnc.2015.05.010>

0899-5885/15/\$ – see front matter Published by Elsevier Inc.

cncursing.theclinics.com

Palliative comes from the Latin root *palliere*, which means to cloak or cover with an outer garment. Keeping this principle in mind when approaching a patient's illness or death, the ultimate goal is to palliate by masking the symptoms of disease to improve the quality of life regardless of how much time remains. Palliative care focuses on a holistic approach to symptom management including physical, psychological, social, and spiritual. For a person to feel well, all aspects of suffering must be addressed to have symptom relief. Treatment should focus on improving quality of life, in line with the patient's goals of care including life prolongation, improved function, or comfort. Informed and shared decision making with respect to each major treatment intervention is critical to the success of management. Transition to comfort care can be considered a viable symptom management strategy if the treatment is overly burdensome.

Health care providers may not be able to cure disease or prevent death, but do have the ability to relieve suffering and improve the quality of life in most patients through aggressive symptom management. Symptom management is a critical component of palliative care consults. In one study involving patients with cancer in an intensive care unit (ICU) setting, 84% of patients receiving palliative consultation had pain.² In addition, psychological support is important for patients and their family. Caregivers of patients suffering hospital and ICU deaths are susceptible to heightened and prolonged grief, increased physical and emotional stress, a greater chance of posttraumatic disorder, and a decreased quality of life.³

Palliative treatment of patients can occur in conjunction with life-prolonging and curative therapy, or palliative therapy can transition to hospice comfort care if the diagnosis is terminal and prognosis less than 6 months. Hospice care actually results in a mean overall survival benefit of 29 days for many cancers and congestive heart failure (CHF).⁴ In brief, palliative care can occur in conjunction with life-prolonging care in critical care settings and results in improved symptom burden, improved patient and caregiver satisfaction, reduced length of stay in the ICU (7.3 days) and hospital, increased hospice referrals, and significant cost savings to the health care system.⁵⁻⁷

SYMPTOM ASSESSMENT

Palliative care consultations are often requested to assist with symptom management of a target symptom. When a consultation is requested, providers exchange information about what is most important to accomplish during the visit from the standpoint of the referring clinician. The palliative provider reviews the chart, and often contacts other consultants to gain additional information about treatment options and prognosis when such information requires the expertise of a specialist, such as chemotherapy options from an oncologist. Palliative consults are typically standardized within institutions. Nationally, few validated palliative care quality metrics exist, and overlap with oncology care to include pain assessment, prescription of a bowel regimen with opioids, and advance care planning.⁷ Some programs will elect to use symptom score evaluation tools such as the Edmonton Symptom Assessment System and the Palliative Care Symptom Assessment in an attempt to quantify and standardize symptom evaluation.^{8,9}

Selection of an evaluation tool can allow for a quantified evaluation and reevaluation of symptoms to enhance treatment, measure impact, improve communication among providers, patients, and families, and identification of comorbid conditions that can affect the outcome of treatments including concomitant depression, anxiety, sleep deprivation, and overall well-being.⁸ Symptoms are broken into 2 categories, Pain

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