

# Palliative Care and Rehabilitation in Hospitalized Patients with Respiratory Failure



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## KEYWORDS

- Palliative care • COPD • Respiratory failure • Prognostication
- Pulmonary rehabilitation • Primary palliative care • Community-based palliative care

## HOSPITAL MEDICINE CLINICS CHECKLIST

1. Palliative care is an underused service in patients with chronic obstructive pulmonary disease (COPD) despite the high symptom burden and recurrent hospitalizations with greater use of invasive life support therapies.
2. Barriers to providing palliative care to patients with COPD include difficulties of prognosis, difficulties with communication, and health-system issues.
3. Palliative care addresses:
  - a. Physical symptoms of dyspnea, fatigue, and functional limitation
  - b. Psychological symptoms and social management of anxiety, depression, social isolation, and existential issues
  - c. Communication between patients and providers, increasing provider understanding of patients' goals and patients' understanding of their chronic illness and prognosis
  - d. Advance care planning and transitions of care
4. Pulmonary rehabilitation is key in managing dyspnea, fatigue, anxiety, depression, and feelings of social isolation

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5. Process of decision making over withdrawal of mechanical ventilation should begin when it has become more burdensome than beneficial to the patient, patients or their surrogates broach the issue, or when health care providers think that continued mechanical ventilation is no longer meeting the patient's goals
6. Primary care providers, hospitalists, and pulmonologists should be capable of practicing primary palliative care and knowledgeable about the benefits of community-based palliative care programs

*What is the role of palliative care in alleviating symptom burden in respiratory failure?*

Chronic obstructive pulmonary disease (COPD) is the third leading cause of death in the United States<sup>1</sup> (**Box 1**). Patients with COPD have a significant need for palliative care interventions. Symptom burden in this population is as high or higher, and present for a longer period of time, compared with patients with lung cancer. There is both psychological and physical decline, with progressive dyspnea and pain, decreased mobility and weakness, recurrent pulmonary infection, decreased independence, social isolation, and depression.<sup>2–5</sup> Individuals with COPD have high health care use with frequent hospitalizations that often result in intensive care unit (ICU) admission.<sup>6–9</sup> Compared with patient with lung cancer, patients with COPD are more likely to undergo heroic measures, including intubation, prolonged mechanical ventilation, and cardiopulmonary resuscitation, in the hour preceding death.<sup>10</sup>

Palliative care has rapidly grown over the last 15 years and represents a paradigm shift in health care delivery.<sup>11</sup> Palliative care is defined by the World Health Organization (WHO) as an approach to care that improves the quality of life (QOL) of patients and their families facing the problems associated with serious illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other physical, psychosocial, and spiritual problems.<sup>1</sup>

**Box 1****Role of palliative care**

- Provides relief from pain and other distressing symptoms
- Affirms life and regards dying as a normal process
- Intends neither to hasten nor postpone death
- Integrates the psychological and spiritual aspects of patient care
- Offers a support system to help the family cope during the patient's illness and with their own bereavement
- Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated
- Enhance quality of life, and may also positively influence the course of illness
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage clinical complications

From WHO. Definition of palliative care. 2015. Available at: <https://doi.org/http://www.who.int/cancer/palliative/definition/en/>. Accessed April 10, 2017; with permission.

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