Care of Geriatric Patients with Advanced Illnesses and End-of-Life Needs in the Emergency Department

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KEYWORDS

• Palliative care • Geriatrics • Emergency medicine
• Palliative care in the emergency department • Goals of care

KEY POINTS

- Older patients with advanced illnesses are presenting more frequently to emergency departments (EDs).
- These patients have complex needs that challenge busy EDs tuned to provide emergent, life-sustaining interventions and rapid dispositions.
- Matching the appropriate level of medical intervention to a patient's goals of care requires specialized communication skills.
- Providing comfort at the end of life requires the ability to manage the following situations in the acutely dying patient: acute pain, dyspnea, terminal delirium, secretions, dry mouth, fever, and family bereavement.

INTRODUCTION

In several studies, large majorities of those asked to envision the last moments of their life said they would prefer to die at home, surrounded by loved ones and with attention to comfort and symptoms.[1] Unfortunately, emergency departments (EDs) are not designed with end-of-life care in mind. Overcrowding, the boarding of admitted

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patients, increasing patient-nursing ratios, and increased focus on time-to-provider and time-to-disposition metrics all create an environment unsuitable to the delicate and sometimes intense responsibilities of caring for patients and families at the end of life. Not surprisingly, these conditions make initiation of palliative care discussions and end-of-life care in EDs difficult.[2,3]

Nevertheless, the need for high-quality and compassionate palliative care in the ED has been made clear. Older patients present frequently to EDs with advanced illness or near the end of life. A longitudinal study of patients 65 or older from 1992 to 2006 found that more than half of them visited an ED in the last month of life. Of these, 77% were admitted to the hospital, and 68% of admitted patients died during that hospitalization.[4]

The needs of these older patients in the ED go beyond the management of their physical symptoms. They are often suffering from mental distress, financial strain, and difficulty accessing required care.[5] As a result, there has been a push for an increase in palliative care screening and interventions in the ED.[6] This push is supported by data showing that palliative care initiated early in the ED increases patient quality of life.[7] Furthermore, there is an increase in patient and family satisfaction when patient care preferences are established earlier. Seriously ill patients want to (1) be in control of the care they receive at the end of life, (2) ensure their care is not burdensome to their families, and (3) have the time to strengthen personal relationships at the end of life.[8]

Palliative care services initiated in the ED create greater opportunity to have an impact on patient trajectories in the hospital by more closely aligning the care provided with patient goals, thus avoiding burdensome interventions that the patient may not want.[9,10] An ED provider who obtains palliative care consultation in the ED bolsters coordination of care throughout the hospitalization, improving patient satisfaction, decreasing length of stay, and reducing the overall cost of admission.[7,11,12]

Even if an ED provider starts a communication chain that results in earlier inpatient palliative care consultation (such as sharing worries about unmet palliative care needs during the admission handoff, recommending a palliative care consultation once a patient is roomed and/or family arrive, or notifying the palliative care service of a high-risk admitted patient), this results in decreased length of stay, reduced overall costs of admissions, and reduced hospital mortality.[12–14]

SCREENING OF EMERGENCY DEPARTMENT PATIENTS FOR PALLIATIVE CARE NEEDS

It is known that patients with advanced illness are at risk for not getting the care they want at the end of life.[15] Given the resource limitations of EDs, it is critical to identify which patients would benefit most from a palliative care intervention.

Two patient presentations in the ED requiring palliative care predominate[16]:

1. Likely terminal event (massive stroke, cardiac event, or surgical emergency): palliative care in the ED addresses of end-of-life care, including its provision, explanation of events as they occur, and disposition of the patient.
2. Advanced chronic illness, including dementia, with progressive symptom burden and unmet palliative care needs. Palliative care in the ED focuses on symptom management as well as advanced care planning (power of attorney for health care and code status), discussion of longer-term goals of care, and adjusting the level of medical intervention to the goals of the patient.

Although the palliative care needs of patients with catastrophic presentations are readily identified and addressed by ED providers, patients who present with disease exacerbation, uncontrolled symptoms, or home/caregiver burdens in the setting of

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