




Palliative Care Across the Continuum: The Practice Nurses' Role



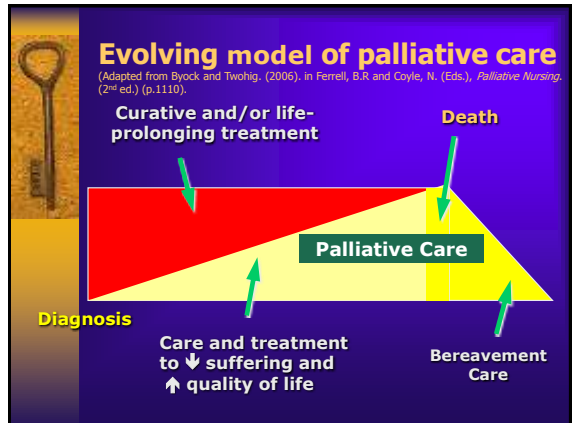
Otago Community Hospice

Palliative care:


Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

(World Health Organisation, 2002, cited in Sepulveda, C., Marlin, A., Yoshida, T., Ullrich, A. (2002). *Palliative Care: The World Health Organisation's Global Perspective. Journal of Pain and Symptom Management*, 24(2): 91-96.)




Palliative Care: just for hospices?

- ◆ Patients with palliative care needs are present in **all** healthcare settings
- ◆ Do not have to be imminently dying to have palliative care needs
- ◆ The palliative approach to care is appropriate for those with both malignant and non-malignant chronic illnesses e.g respiratory, renal, neurological, cardiac etc
- ◆ While hospices provide specialist care and support; palliative care can be integrated into all healthcare settings by implementing a **palliative approach** to patient care.



"Modern medicine has come a long way toward converting life-threatening diseases into chronic illnesses. 90% [of the population] experience a slow steady decline in health, punctuated by either a phase of rapid decline or periodic crisis episodes e.g. AIDS, HIV, Alzheimers, MND, terminal heart, liver, lung or kidney disease"

(Robeznieks, 2003, cited in Pieper, B. P. and Dacher, J. E. (2004). *Journal of the New York State nurses Association*, Spring/Summer.



The Challenge:

- ◆ To integrate a palliative approach to care earlier in the disease trajectory by challenging the assumption that palliative care is only suitable for the terminal phase of life.
- ◆ Palliative care is based on a life-affirming model that aims to decrease suffering and maximise quality of life for the patient and family, to enable them to live until they die.



Generalist palliative care

Care provided for those affected by life-threatening illness as an integral part of **routine standard clinical practice** and is delivered in all health care settings

e.g. General practice teams, Maori health providers, allied health teams, district nurses, and residential aged care facility staff.
It is also provided in hospitals by general ward staff, as well as specialist teams – for instance oncology, respiratory, renal and cardiac teams.



Specialist palliative care

Care provided by specialist palliative care teams e.g. Hospice based community services or Hospital based palliative care services.

Both have expert interdisciplinary teams of healthcare professionals who have undertaken advanced palliative care training



When to consider a hospice referral:

- ◆ The patient has an active, progressive, advanced disease that is no longer responsive to curative treatment with an approximate life expectancy of twelve months
- ◆ The patient has symptoms related to their disease that are difficult to treat ie physical, emotional, social or spiritual
- ◆ When the primary team require support to provide effective care and treatment for the patient and family



The Practice Nurses' Role

Practice Nurses are uniquely positioned to provide primary care and support for the patient and family as they adjust to the diagnosis of a life-limiting illness and it's implications on quality of life.

- ◆ Long standing relationship
- ◆ Knowledge of patient and family in sickness and health e.g. insights into family coping and support needs



Key roles

- ◆ Education and support e.g health promotion, medication management, lifestyle adjustments to enable coping
- ◆ Follow-up phone call and / or visit after discharge from hospital or hospice
- ◆ Early identification of problems
- ◆ Advocacy
- ◆ Initiating referral to other appropriate services



Case history - Sharon

Sharon is a 66 year old mother of four adult children and is married to Howard. She has a long history of COPD and peripheral vascular disease with venous ulcers. She suffers from acute periods of breathlessness, which often result in admission to the ED. She is no longer able to work and is on a sickness benefit. She and her husband are both heavy smokers.

Sharon's condition is deteriorating and she is having difficulty managing at home. At her last visit she stated that she does not know how long she can live like this.

How would you manage this situation?



Case history - Paul

Trevor is a 45 year old father of three young children and is married to Jill.

Trevor recently had surgery and skin grafting to remove a suspicious mole from his back, which now requires a weekly dressing change.

The histology results have confirmed a malignant melanoma with positive lymph nodes biopsies.

How would you manage this situation?



Any Questions?

