Palliative Care Education Snap Sessions
Darling Downs – South Burnett
Cairns & Hinterland – Atherton Tableland
South West HHS

First session: Tuesday 28th June 2016
Last session: Tuesday 30th August 2016
14.30 – 14.50 hours each week
Housekeeping

- Have you signed the attendance sheet?
- Please mute your microphone
- Questions will be taken at the end of the session
- Please let me know if you cannot see the presentation

email for follow on contacts: kym.griffin@health.qld.gov.au
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Summary

Tuesday 6th September 2016
14.30 – 14.50 hours
Palliative Approach to care

• Treatment of pain and relief of suffering – physical, psychosocial & spiritual
• Provides a range of active treatments to aggressively manage symptoms at end of life
• Holistic approach with a focus on comfort & quality of life
• Provides support to assist the person to live as fully as possible until death
• Is a team approach to care
• Sensitive to a person’s culture
Pain

- Pain is what the person says it is
- Keep the person in control
- Use language they and the family will understand
- Use short acting medication for incident pain
- Raise the pain threshold
- Use evidence based comprehensive assessment tools
- Document any intervention and its result
- Potential addiction is not an issue in palliative care
Pain – Non-pharmacological interventions

• Radiotherapy and chemotherapy both have role in reducing tumour size and alleviating pain
• Opioid dose may need to be titrated downward after XRT/chemo
• Non-pharma interventions can have a significant role in complementing pharmacological treatment
• Person may already have effective interventions they use – check with them
Pain – Morphine

• Morphine is the most commonly used opioid; is cheap and effective
• Not all pain opioid responsive e.g. neuropathic pain
• **ALWAYS** use a laxative with morphine/other opioid
• Always ensure breakthrough analgesia is ordered and use if required
• Have a good knowledge of pain management & how medications work to be able to educate colleagues and patients/families
• Be able to challenge morphine/other opioid myths
Pain – Other Options

- Be familiar with table of equianalgesic doses
- All members of health team have responsibility to ensure person receives appropriate pain management – sufficient to control pain without unwanted side effects
- Fentanyl patch inappropriate for acute pain
- Avoid heat on analgesic patches
Constipation

- No standard definition/meaning of constipation
- Defined by the patient and common in palliative care
- Causes extreme suffering and discomfort
- Under-diagnosed & under-treated
- Often opioid related – but check for other causes
- Multifactorial cause and effect
- PREVENTION and good risk assessment
- Management of constipation is costly – to the patient, to the health service and resources
Difficult Conversations

- Be honest and open
- Be aware of self
- Be aware of other, including body language
- Use simple language – no jargon
- Listen – learn and practise listening skills
- Clarify/summarise/reflect
- Have empathy and compassion
- Determine person’s information needs
Difficult Conversations

• Prepare environment and self for discussion
• Agree next steps for you and the client
• Be aware of your own filters
• Don’t assume absence of questions is absence of concern
• Never say ‘I know how you feel’. We might have some sense, but can never know.
• Go back to the ‘Knowing what NOT to say’ slide
Difficult Conversations

• Debrief – have a trusted colleague or friend with whom you can get that difficult stuff ‘off your chest’
• Access support if necessary – e.g. counselling
• Have self care strategies – if unsure how to do that, discuss with a friend/colleague
From Oral to Subcutaneous Infusion

- Standard practice in palliative care
- Continuous supply of medications, bypassing the gut and associated problems with swallowing & malabsorption
- Removes the need for frequent interventions e.g. repeated oral medications or injections at end of life
- Avoids peaks & troughs of intermittent administration
- More stable plasma levels of drugs = better symptom control
- Power driven devices

Commencement of a subcutaneous infusion of medication:
  - careful assessment by health professionals involved
  - discussion with the person and family/carer
Food and Fluids at End of Life

- Significant perceived link between appetite & QoL
- Small meals, high calorie, high protein foods
- Death by starvation is a common misconception
- Parenteral nutrition does not improve weight loss, lethargy or survival but may impair quality of life
- Loss of desire for food/fluids is normal part of dying
- Management of dry mucosa
- Provide support and information to family
Education Opportunity!

- National program – Australian Government Department of Health as part of the National Palliative Care Program
- Opportunities for health workers of all disciplines to develop skills in the palliative approach to care
- in Queensland – overseen by Queensland Health – Centre for Palliative Care Research and Education [CPCRE]
- Clinical placements for rural Nurses, AHPs and Doctors
- Contact PEPA Queensland Manager, Aurora Hodges pepaqlq@health.qld.gov.au or 07 3646 6216