Induction Programme: Palliative Care

DR SARAH PICKSTOCK
CONSULTANT PALLIATIVE MEDICINE

Aims

- Service in D&G
- Symptom control in last days of life

SPC Service in D&G

- Community team – MacMillan nurses and Marie Curie nurses supported by consultant.
- Hospital Palliative Care Team – CNS plus medical staff from the Alexandra Unit.
- Alexandra Unit

The Team

- Dr Sarah Pickstock (Consultant)
- Dr Ruth Morrison (Associate Specialist) (Mon-Wed)
- Dr Morven Hislop (Specialty doctor) (Thurs / Fri)
- Dr Stevie Norris (LAS)
- Dr Mark Miller (weekends)
- (GPVTS)
- Macmillan nurses:
  - Nigel Wilson (hospital) Ext 33896
  - Kirsty Morris (Annandale and Eskdale)
  - Katie MacMillan (Dumfries and Upper Nithsdale)
  - Kirsty Gaffney (Dumfries and Stewartry)
  - Barbara Maxwell (Wigtownshire)
- Heather Thomson (Secretary) 01387 241983

Alexandra Unit

- Specialist Palliative Care Unit – D&G
- 8 beds
- Medical cover face to face 9-5 Mon-Fri and weekends 9am-5pm
- Direct admissions during day.
  - OOH go to ward 7.
- OOH may be asked to review patients on the Unit.
- OOH consultant available by phone for advice on patients anywhere in D&G (community, hospital and Alex Unit)
- Contact Dr Pickstock if wish to gain experience

Referrals to Team

- Hospital:
  - Contact Nigel Wilson by phone.
  - Contact doctor on call – 33870.
- Patients on hospital wards remain under the responsibility of the ward team unless transferred to the Alexandra Unit.
- Community:
  - RMS referral to community palliative care team.
  - Heather Thomson (secretary).

MacMillan Community Team

- 4 nurses: 1 for each area.
- Provide advice and support to patients and families – may be telephone advice only.
- Liaise with SPC team, hospital teams and primary care.
- Don't provide "hands on" nursing care.
- No "hospice at home" team.

- Marie Curie OOH team – roving and booked night sits.

Guidelines

- "Scottish Palliative Care Guidelines" – National. Updated regularly. Available from clinical handbook homepage – "Useful links".
  - App available to download for iphone or android – go to "News and Updates" and under 4/11/15 there is a link to downloads.
- New local guidelines for Care in the Last Days of Life on clinical handbook Palliative Care section.
  - "Care in last days of life"
  - "Symptom control"
  - "Fentanyl Patches"
- "Blue book" is now out of date and replaced by the Scottish Guidelines.

Caring for people in the last days and hours of life

- HEPMA – type in "Palliative"
- The four key principles are:
  - Informative, timely and sensitive communication should be an essential component of care, both to the person receiving the care, and their relatives or carers
  - Significant decisions about a person's care, including diagnosing when someone is approaching their last days or hours, should be based on a multi-disciplinary discussion
  - Each person's physical, psychological, social and spiritual needs should be recognised and addressed as far as possible
  - Full consideration must be given to the wellbeing of relatives or carers

Pain

- Use morphine first line
- Starting dose 2mg morphine prn, s/c
- To convert oral morphine to subcutaneous (s/c) morphine divide by 2

For example:

30mg MST po bd

= 60mg po morphine in 24 hrs

= 30mg s/c morphine via syringe driver in 24 hours

Pain

- Breakthrough dose is 1/10th to 1/6th total dose given over 24 hrs in syringe driver

  For example:

  If 30mg morphine in subcutaneous syringe driver over 24 hours, 5mg morphine subcut should be prescribed for breakthrough pain

Pain

- If patient taking other strong opiates follow the Scottish guidelines or contact Palliative Care Team for advice
  - Oxycodone, fentanyl patches, hydromorphone, buprenorphine patches, methadone.

Nausea and Vomiting

- If well controlled on a po anti-emetic, start a syringe driver with that medication.
- Levomepromazine 5mg / 24 hrs s/c ***(sedative).***

Dyspnoea

- Use morphine
- Convert from oral as for pain
- 2mg prn s/c for breathlessness, or 5-10mg over 24 hours via syringe driver
- Can add midazolam 2 – 5mg prn s/c or 10mg over 24hrs in syringe driver

Terminal agitation

- Midazolam 2-5mg s/c prn every hour if needed and / or 10mg / 24 hours via syringe driver
- If not responding may need other medication (eg) antipsychotic such as haloperidol or levomepromazine
  - Haloperidol 2-4mg over 24 hrs via syringe driver
  - Levomepromazine 12.5mg od or via syringe driver
- Rule out urinary retention / constipation
- Contact SPC early for advice

Respiratory Tract Secretions

- 1st line: hyoscine butylbromide 20mg s/c prn or 120mg in syringe driver s/c over 24 hrs
- 2nd line: glycopyrronium 200mcg s/c prn
- 3rd line: hyoscine hydrobromide 400mcg s/c prn
- May not respond

Dry mouth

- Artificial saliva spray
- Biotene oral gel

“Care of the dying is urgent care; with only one opportunity to get it right to create a lasting memory for relatives and carers.”

Professor Sir Mike Richards