PLABABLE

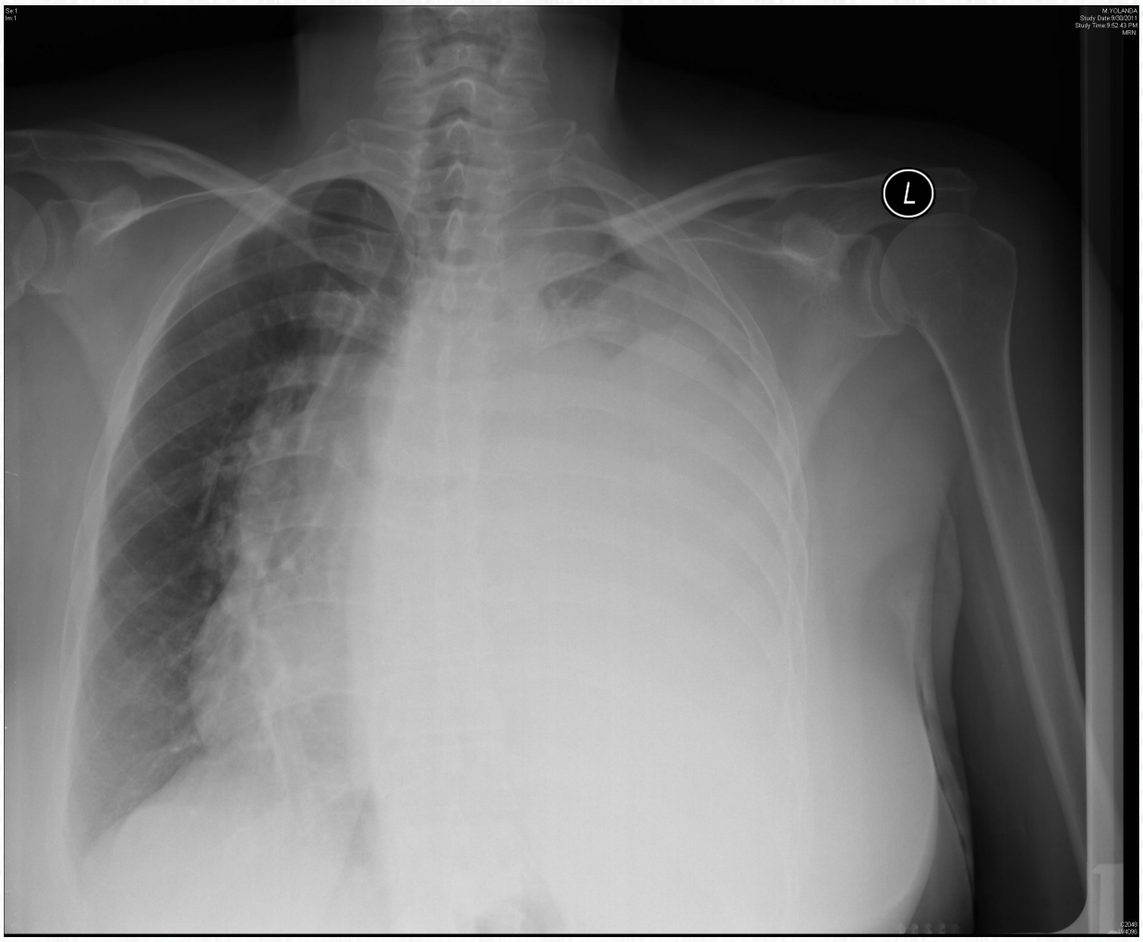
GEMS

VERSION 1.1

PALLIATIVE CARE



Pleural Effusion



Features:

- Worsening cough
- Shortness of breath
- Pleuritic chest pain

Management:

❗ ❗ Pleural Aspiration ❗ ❗

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Mental Capacity

1. Does the patient understand the information relevant to decision?
2. Does the patient able to retain the information?
3. Can the patient use and weigh up the information as part of the process in making the decision?

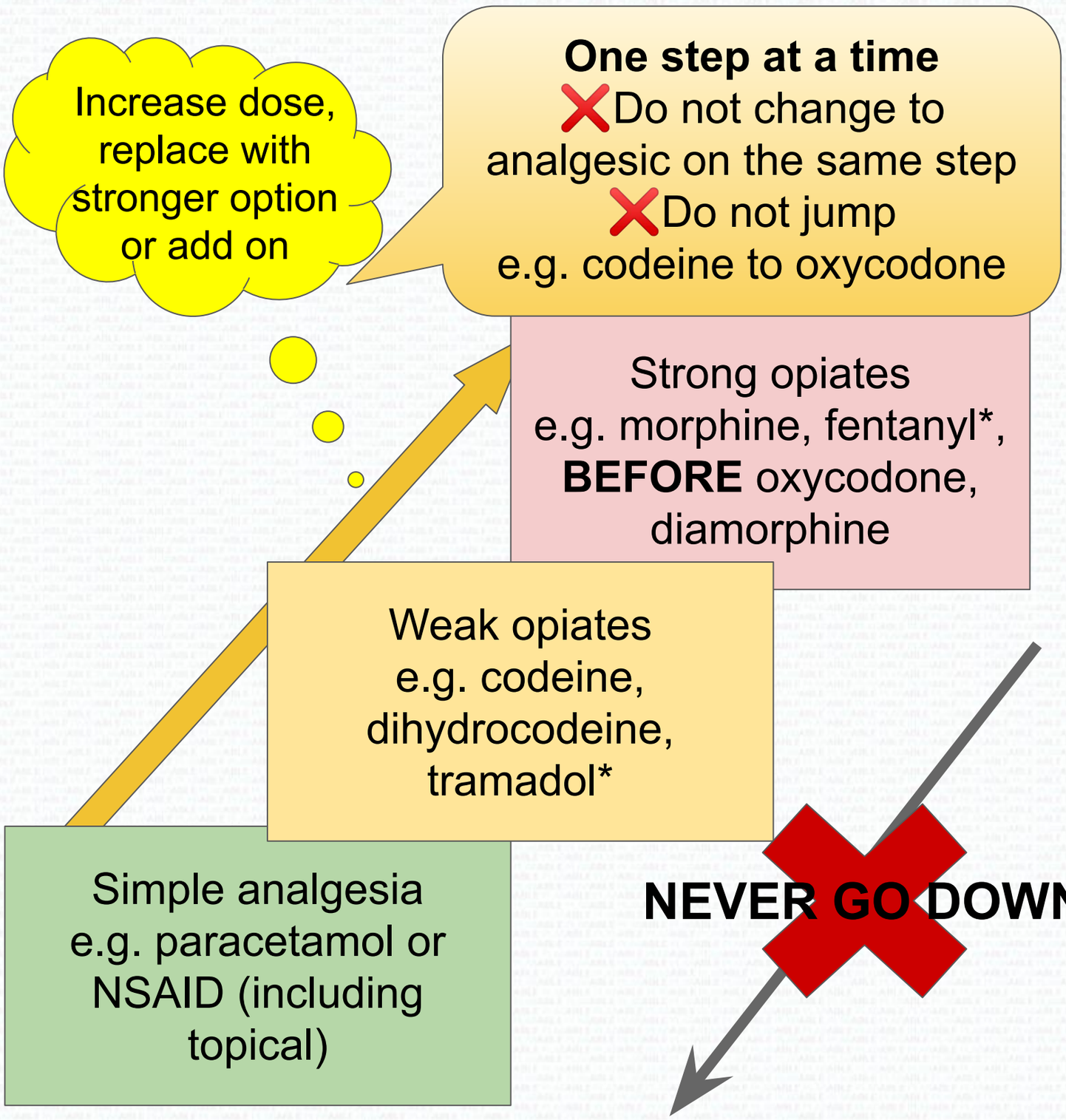
Some patient can lack of capacity to make some decision but have capacity to make others

Mental capacity can fluctuate with time

In palliative care patients:

- If they develop a diseases or complications e.g. pneumonia
- Discuss their wish on management plan if **they have mental capacity**

Pain Ladder



- *Fentanyl patches has slow onset **NOT** suitable for acute pain*
- *If patient develops side effects from oral morphine e.g. nausea, vomiting or drowsiness*
- *→ Switch to oral oxycodone*

*Oxycodone has **DOUBLE POTENCY** of morphine but fewer side effects*

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Pain Ladder

Brain trainer:

A patient is taking morphine but is still in pain and experiencing side-effects. What is the most appropriate step in management?

➔ **Replace morphine with oxycodone**

Pain Ladder

Brain trainer:

A palliative care patient is using fentanyl patches but still has pain. She has difficulty swallowing. What is the most appropriate step in management?

➔ **Administer morphine sulphate subcutaneous in a syringe driver and keep using fentanyl patches**

Pain Ladder

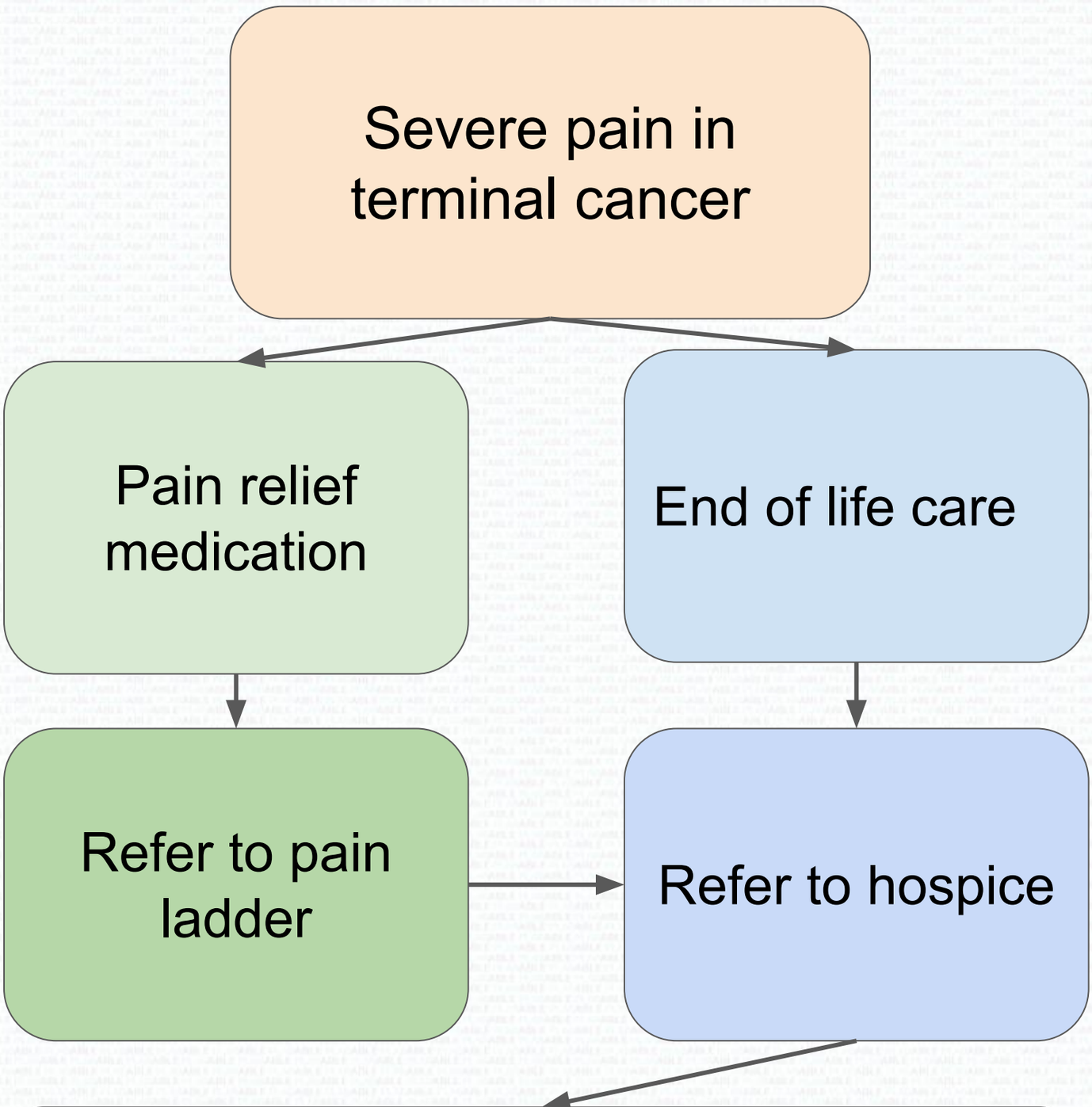
Brain trainer:

A cancer patient has a liver metastasis and RUQ pain. He takes paracetamol and morphine sulfate regularly. Aside from increasing his dose of morphine sulphate, what other medications could be added to help with his pain?

➔ **Ibuprofen or naproxen**

This is not moving down on the ladder because you will continue giving morphine sulfate

Severe Pain Control In Palliative Care



- A place for patient with terminal illness
- A place to help alleviate pain and suffering
- A place to provide emotional, psychological and social support

Euthanasia (painless killing of patient with terminal diseases) is a **CRIME** in UK!!!!

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Primary → Secondary Care

Brain trainer:

A palliative care patient in the GP office is suicidal. What is the most appropriate action?

➔ **Refer to hospice care**

Oral Intake

Brain trainer:

A patient taking morphine has constipation. What is the most appropriate management?

➔ **Senna**

Morphine

Brain trainer:

A terminal elderly woman is unable to eat, has not opened her bowels for a week, lacks capacity, is not lucid and has been bedridden for a month. Her daughter expresses concern about her oral intake. What is the most appropriate action?

➔ **Encourage small sips of water and mouth care**

Codeine Phosphate

✔️Comes in Tablets
✔️Comes in solution
✔️Comes in injection (intramuscular)
❌Does not comes in subcutaneous injection

Has high side effects profile:

- Nausea & vomiting
- Constipation
- Confusion

DO NOT give to elderly due to side effects

Alternative **options**

Buprenorphine patches
OR
Subcutaneous morphine

DO NOT use oral route if patient is nauseated

PLABABLE

Codeine Phosphate

Brain trainer:

An elderly man with pain which is well controlled on the maximum dose of oral codeine has swallowing difficulties. What is the most appropriate action?

➔ **Switch oral codeine phosphate to subcutaneous morphine**

Death Rattle

Brain trainer:

What is an appropriate treatment for excessive respiratory secretions in palliative care?

➔ **Glycopyrronium bromide subcutaneously**

or

➔ **Hyoscine butylbromide subcutaneously**

Persistent Cough

Brain trainer:

A patient's pain is well controlled using codeine linctus but he is complaining of a persistent dry cough. What is the next most appropriate management?

➔ **Oral morphine**

Opiates act centrally to inhibit the cough reflex

Capsular Pain Management

Examples:

Patient with liver cancer can experience 'liver pain' (right hypochondriac pain)

Already on morphine and paracetamol, what is the next step?

Answer:

Liver has no nerves, pain is due to liver enlargement (stretching of liver)

Pain relief = NSAID

Capsular pain responds well to NSAID

❌**Do not add codeine**❌

We do not go backwards on the pain ladder, patient is already on morphine

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Medications For Nausea And Vomiting (L-CHOP)

Levomepromazine → N&V associated with Parkinson's' diseases **NEVER use Haloperidol**

Cyclizine → 1.Increased ICP 2.Hyperemesis gravidarum (1st line)

Haloperidol → 1.Renal Failure 2.Hypercalcaemia 3.Drug or Toxin induced

Ondansetron → 1.Chemotherapy 2.Radiotherapy 3.Post-operative N&V

Buccal **P**rochlorperazine → 1.Vertigo 2.Meniere's 3.BPPV 4.Vestibular Neuritis

Haloperidol side effects: sexual dysfunction, gynaecomastia, neuroleptic malignant syndrome

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Parkinson’s Disease

Brain trainer:

A man with Parkinson’s disease is complaining of vomiting and nausea. What antiemetic would benefit him?

➔ **Levomepromazine**

Nausea & Vomiting

Causes:

Glioblastoma (intracranial tumour)

→ ↑ Intracranial pressure

Causing 😰nausea and vomiting😷

Treatment:

First-line antiemetic for nausea & vomiting secondary to ↑ intracranial pressure is

Cyclizine

Dexamethasone

1. Shrink oedema around tumour
2. Reduce intracranial pressure
3. Relieve nausea & vomiting

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Hypercalcaemia (Ca2+ > 2.6) In Palliative Care

Features:

Neurological: Lethargy, confusion, depression

Gastrointestinal: Constipation, nausea, vomiting

Renal: Polyuria (↑ Urination), polydipsia (↑ Thirst)

Cardiovascular: ECG changes → Short QT interval

Treatment:

IV Fluid

↓

IV bisphosphonate
e.g. Alendronate or Zoledronate

Remember:

DNR = Do not resuscitate
= Do not perform cardiopulmonary resuscitation

DOES NOT MEAN DO NOT GIVE TREATMENT

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Bleeding In Palliative Care

Severe bleeding
e.g. haematemesis

Administer subcutaneous **midazolam or morphine**

Remember

Aim of hospice is to facilitate a more comfortable last hours of life while dying

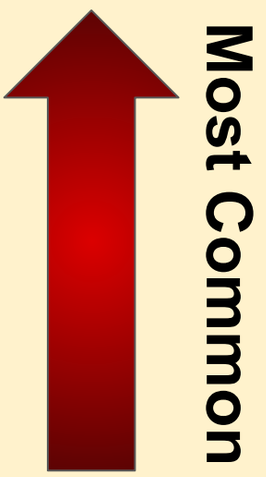
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Bone Metastasis

*Diagnosed by **MRI** then **bone scintigraphy***

Most common origin area (s)

1. Spine
2. Pelvis
3. Ribs
4. Skull
5. Long bones



Females ♀

Males ♂

Breast

Prostate

Lung

PLABABLE

Analgesic Calculation

Main Dose (twice daily) = Sum of all morphine to achieve pain relief ÷ 2

Breakthrough dose (every 4 hourly prn) = Sum of all morphine to achieve pain relief ÷ 6

OR

Breakthrough dose (every 4 hourly prn) = Sum of all morphine to achieve pain relief × 10%

Up to 6 times daily when required

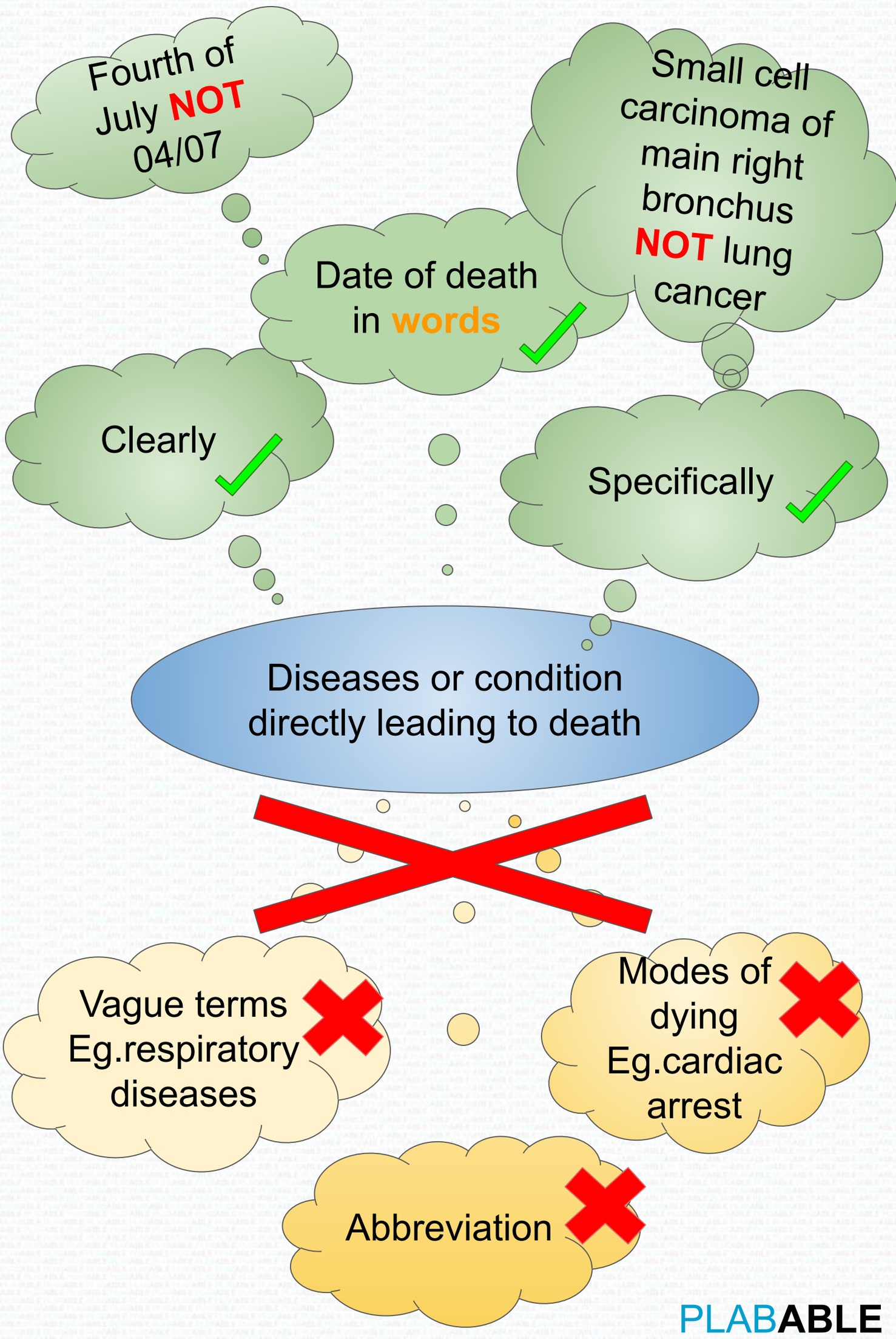
Example:
Patient's pain is controlled by morphine 20 mg four times daily, what is her main and breakthrough dose?

Answer:
Main dose = (20mg x 4) / 2 = 40 mg twice daily

Breakthrough dose
= (20mg x4) /6 = 13 mg every 4 hourly **or**
= (20mg x4) x 10% = 8 mg every 4 hourly

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Writing A Death Certificate



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Anticipatory Medications

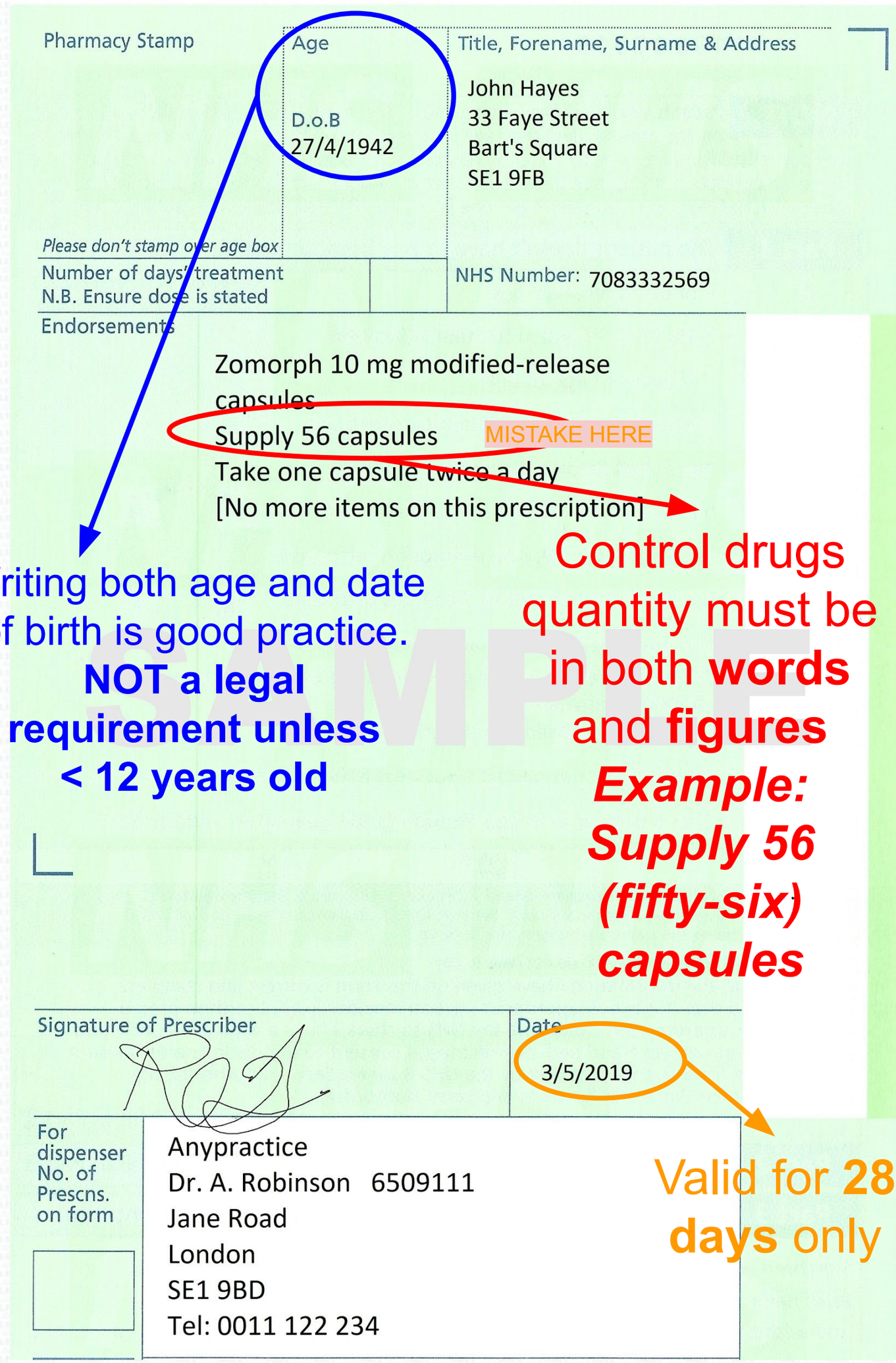
These are medications that are allowed to be given to patient during the last days of life

Only given **SUBCUTANEOUSLY**

- **SC Morphine**
  → Pain and breathlessness
- **SC Haloperidol**
  → Nausea and vomiting
- **SC Midazolam**
  → Anxiety, delirium, agitation
- **SC Hyoscine butylbromide**
  → Noisy respiratory secretion

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Controlled Drug Prescription Requirement



SAMPLE

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