

# Palliative Care Management

Bob MacLeod - Good fellow Unit.

Mims → life and living / maintain + improve  
whole person care / family  
not just management of disease.  
we manage families.  
listen to patients. / their needs.  
Identify cause of symptoms

physical pain / Emotional / social / spiritual pain.

"Pain"

degree of pain.  
is it a nuisance  
impact on life

WHO ladder.

(impact on patient)

nothing → simple → ± weak opioids  
(paracetamol) codeine  
Regular dosing Tramadol

physical elements.

? suffering. → one they suffering from the pain

↓  
± social  
spiritual  
aspects.

faith.

Is the pain opioid sensitive

± Neuropathic pain.  
add co-analgesics.  
Radiotherapy  
Surgery.

Strong opioids

PO by clock tailored dose  
Morphine (no upper dose)  
± Break through pain.  
(document extra doses)

**Opioids**

PO + Regular.

Morphine.

add laxative.

Start small → 2.5-5mg PO Q4H Reg.

↓ Review 24-48H.

constipation.  
nausea.

Add up total  
aim for bid dose

Add/use Rescue / breakthrough morphine.

± oxycodone } mixed pain / neuropathic.

± fentanyl (patch) (q3d) those that can't tolerate PO. → vomiting  
→ renal  
→ can't swallow.

oxytho → suicide drug  
→ gets stolen  
→ causes Resp depression.

Neuropathic

sleepy, dizzy

} Nortrypt. 5mg Tidy.  
Gabapentin. 100mg bd → tds ≈ 200 bd

GI

Nausea

think why

Rx Haloperidol  
↓  
cyclizine.

CRTZ

GI (maxolon)

Drug. (stimulating CRTZ)

opioid induced nausea.

Vomiting Center (cyclizine 25 tabs)

\* Movicol

Constipation

don't use lactulose

gin/tonic.

Oral Care

dry mouth

} lubricant.  
use something that is rice / litous  
ice blocks, chewing gum.

look in mouth

infection / Candida.

clean teeth. / dentures to kill candida.

Respiratory

breathlessness  
more common than  
pain.

get description.  
what is their breathlessness  
"frightening" } perception of  
breathlessness  
fatigue of breathing  
→ soon end of life

find cause → physical  
→ "emotion"

Secretions  
brightens family  
"drowning"

} Hyoscine  
glycopyrrate.

Sleep

find cause

} are they frightened. | fear,  
anxiety, breathing.

disturbance in sleep wake cycle.

psychosocial

own fears and anxieties  
own vulnerabilities

take away your own protective  
*(to be human)*  
mechanisms as a practitioner  
(meeting of "individuals") → open/honest  
→ personal.

try not to detach yourself.

Fear → afraid of dying, not of death.  
unknown. (what are their fears)  
inform  
what is their experience of death.  
manage their fears.

What calms dying → forgiveness  
→ being able to forgive  
→ to say "I love you"

palliative → improve/maintain  
care Quality  
→ listening to needs of pt / family  
→ Identifying fears / anxieties  
→ treating symptoms that impact  
on quality of life.