Palliative Care Emergencies

Additional module if needed
Learning objectives

- Understand emergency / urgent / important
- Describe common emergencies in PC
- Explore principles of essential management
- Outline management for specific common emergencies in PC
Questions

- In any given situation we must use
  - knowledge
    - know what we could do
  - skill
    - know what we should do
  - attitude
    - know how we should do
  - diplomacy
    - know what the patient wants us to do / not do
  - judgement
    - make an active/ negotiated decision
Emergencies

- severe pain
- confusion
- spinal cord compression
- fractures
- metabolic - hypercalcaemia
- seizures
- haemorrhage
- superior vena cava obstruction
- respiratory obstruction
Total Pain

PHYSICAL

EMOTIONAL

SOCIAL

SPIRITUAL
Confusion

- confusion
  - up to 75% patients advanced illness
  - often fluctuates
  - terminal restlessness (mild)
  - terminal delerium (severe)
Confusion

Causes
- biochemical / drugs
- pain
- cerebral irritation
- infection
- constipation / retention
- hypoxia / respiratory distress
- anxiety / spiritual distress
Confusion

Management

- treat reversible causes
  - stop medications / insert catheter / start antibiotics / treat constipation
- adjust environment
  - familiar voices, music, soft lighting, avoid loud noise / don’t use restraints
- explain / support
  - family needs
- pharmacological intervention
Confusion

Management

■ use sedatives

■ symptom relief

  ■ neuroleptics - anxiolytic / antipsychotic

  ■ *haloperidol / olanzepine / chlorpromazine*

    ■ *haloperidol 5mg po/sc as required and repeat*

  ■ benzodiazepines - anxiolytic / sedative

  ■ *midazolam / lorazepam / diazepam*

    ■ *midazolam 2.5mg sc / diazepam 5mg od*
Spinal Cord Compression

Incidence

- 3% patients advanced cancer
- > one level 20%
- common
  - breast
  - bronchus
  - prostate
Spinal Cord Compression

Mechanism

- metastatic spread to bone 85%
- direct tumour extension 10%
- intramedullary primary 4%
- haematogenous spread to epidural space 1%
Spinal Cord Compression

Presentation

- pain >90%
- weakness >75%
- sensory level >50%
- sphincter dysfunction >40%

nb. pain usually predates other symptoms
Spinal Cord Compression

Diagnosis

- history and clinical findings
- plain x-ray
- bone scan
- MRI
- CT / myelogram
Spinal Cord Compression

Management

- corticosteroids
  - dexamethasone 16-32mg
- radiotherapy
  - as soon as possible
- surgery
Spinal Cord Compression

Outcome

- poor prognosis
  - loss of sphincter control
  - rapid onset
  - complete paraplegia

- better prognosis
  - early detection and treatment
  - cauda equina lesion
  - incompete paraplegia
Fracture

- common with metastatic bone disease
- may be terminal event

management
- anticipate
- radiotherapy
- surgery
- neuraxial therapies
Hypercalcaemia

- commonest metabolic complication
- rate of rise determines emergency
- common
  - up to 50% breast and myeloma
  - lung / renal / cervix / head and neck
- diagnosis
  - thirst / polyuria / confusion / pain / nausea and vomiting / constipation / dehydration / coma
Hypercalcaemia

- investigation
  - serum calcium / albumin / renal function

- management
  - rehydrate
  - bisphosphonates
    - pamidronate 60mg
  - treat underlying disease
Seizures

Causes

- cerebral metastases
- cerebral infection / oedema
- cerebral haemorrhage
- biochemical derangement
- premorbid epilepsy
Seizures

Treatment

- emergency
- maintain airway
- pharmacology
  - *diazepam* 10mg *pr*
  - *midazolam* 5-10mg *sc/iv*
  - *phenobarbitol* 100mg *sc or in 100mls saline over 30mins*
- consider steroids
Haemorrhage

- fear often worse than reality
- more common
  - GI / lung / pelvic / head and neck
- management
  - radiotherapy
  - surgery
Haemorrhage

Management

- topical
  - mild oozing
    - topical sucralfate
  - moderate oozing
    - dilute hemloc (adrenaline 1:1000 soaked swab)
Haemorrhage

Management

- oral
  - ethamsylate 500mg QID (tranexamic acid)
  - sucralfate 1g bd-qds
- 1% alum bladder irrigation
Massive Haemorrhage

Management

- anticipate
- prevent (if possible)
- keep calm
- skilled person (if available)
- sedation (if possible)
  - benzodiazepine / morphine
- vaginal pack / local measures / surgery
SVCO

Superior venal cava obstruction

- 75% SVCO is in lung carcinoma
- extrinsic compression / mediastinum
- symptoms/signs
  - depend on extent and speed of development
  - symptoms worse on lying flat
  - facial +/- arm swelling
  - engorged neck and chest wall veins
SVCO

Management

- stat iv dexamethasone 8-16mg then po
- urgent referral for radiotherapy
- stent
- chemotherapy
Respiratory Obstruction

- acute
- reversible or irreversible?
- relieve symptoms regardless of cause

Pharmacological
- parenteral morphine
- s/l lorazepam 0.5-2.0 mg PRN / parenteral midazolam
- ?steroids - dexamethasone

Non-pharmacological
- fan, presence
Stridor

- acute stridor is very rare
- iv dexamethasone stat
- iv midazolam, if severe agitation
- ? referral for stent /DXT
Conclusions

- can be physical, social, spiritual, psychological
- can cause team tension
- challenge
- opportunity
- bridges specialties
- teamwork
These resources are developed as part of the THET multi-country project whose goal is to strengthen and integrate palliative care into national health systems through a public health primary care approach

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- part of the teaching materials for the Palliative Care Toolkit training with modules as per the Training Manual
- can be used as basic PC presentations when facilitators are encouraged to adapt and make contextual