4th International Alzheimer's Disease Conference

مؤتمر ألزهايمر الدولي الرابع ٢٠٢٠

Strategic Supporting Partner

مدينة الملك عبدالعزيز للعلوم والتقنية KACST

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SAUDI ALZHEIMER'S DISEASE ASSOCIATION

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PALLIATIVE CARE “MAKING THE RIGHT DECISION”

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What is Palliative Care?

- Palliative Care is patient & family centered care that optimize quality of life by anticipating, preventing & treating suffering.

- It addresses patient's physical, psychological, social & spiritual needs.

Introduction*

- This presentation will provide over view approach to caring and making decision for patients & their families in end of life

- Careful management at this time can lead to a smooth passage & healthy grieving

* Adapted from the Ian Anderson Program in End-of-Life Care Module 7

Introduction

- We all die. <10% die suddenly. 90% die slowly after a long illness until we reach an “active dying phase” at the end
- The final stage of life may be our most significant – the last opportunity to say goodbye, create final memories, find peace

We as healthcare providers have only <u>one</u> chance to get it right

Introduction

- If managed well – there can be significant personal & family growth
- If managed poorly – life closure incomplete, unnecessary suffering ensures, family distress continues

Objectives

1. The participant should be able to describe:

- The importance of this phase of a patient's illness
- The signs & symptoms of impending death

Objectives

2. The importance of doing a care plan for the important end of life signs & symptoms

E.g:

- Weakness & Fatigue
- Secretions
- Pain
- Skin Care
- Delirium & Agitation
- Incontinence
- Dyspnea & Respiratory Changes
- Dry membranes

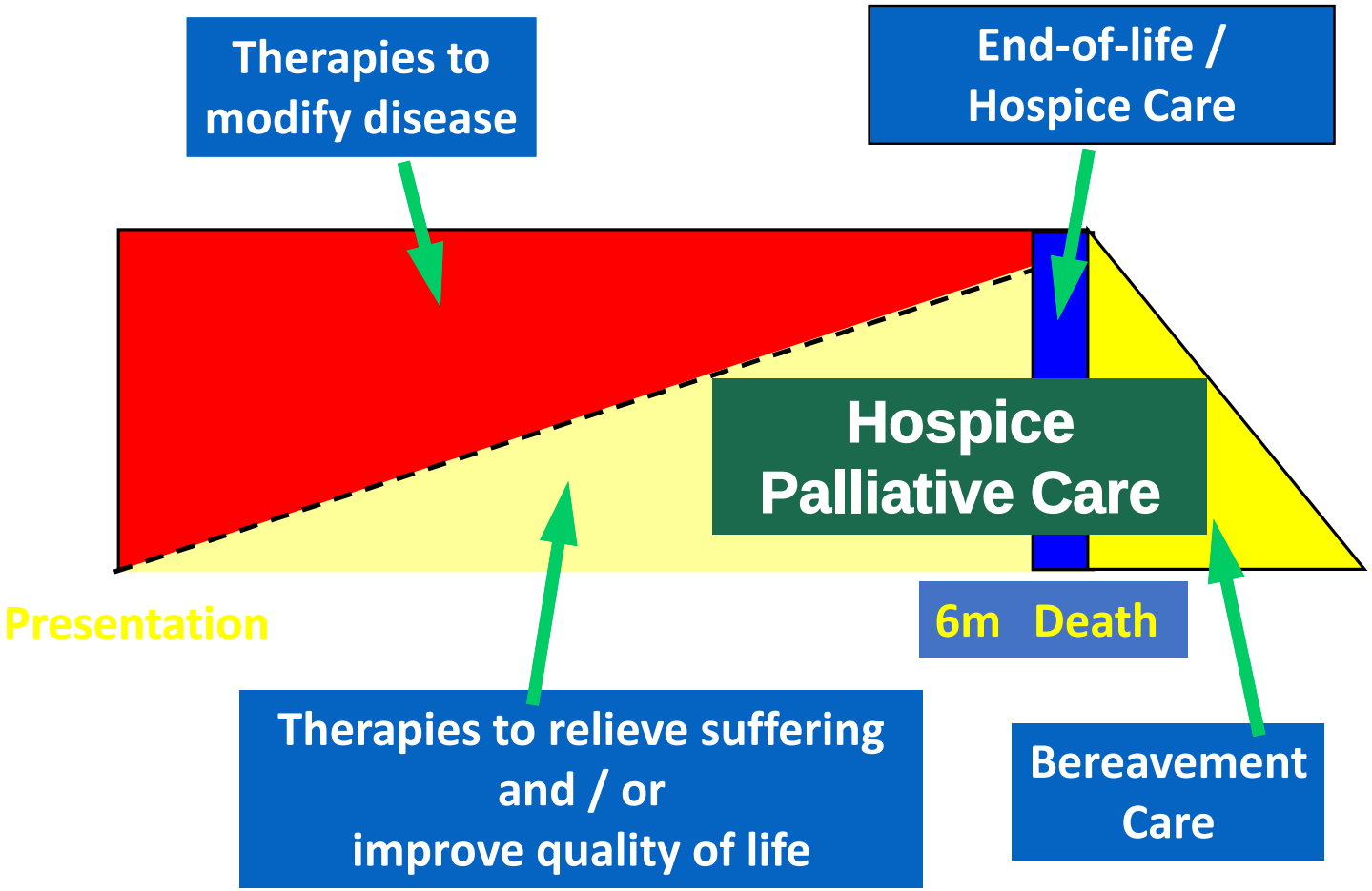
Objectives

3. Further develop the necessary skills to address psychosocial & spiritual issues

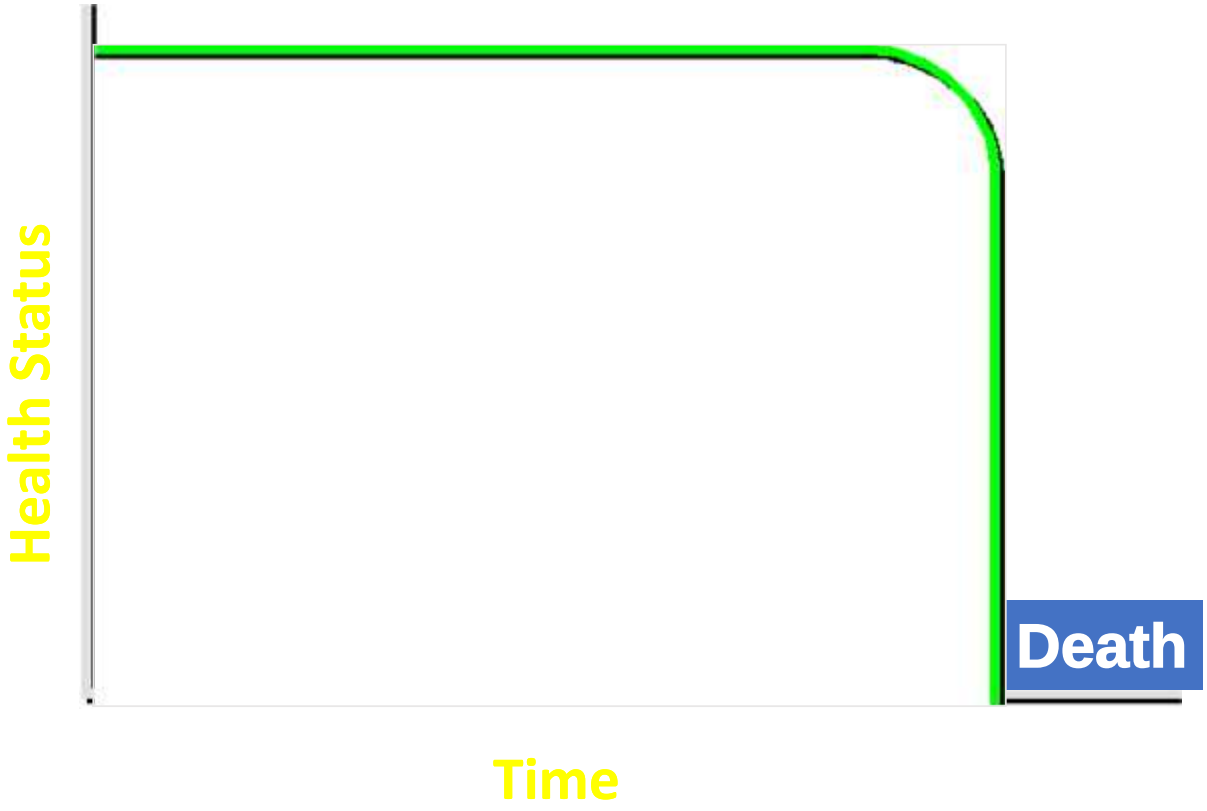
4. Further develop the necessary skills to address the initial bereavement counseling issues for the family

5. Importance of integration palliative care principles and practice in different clinical care settings

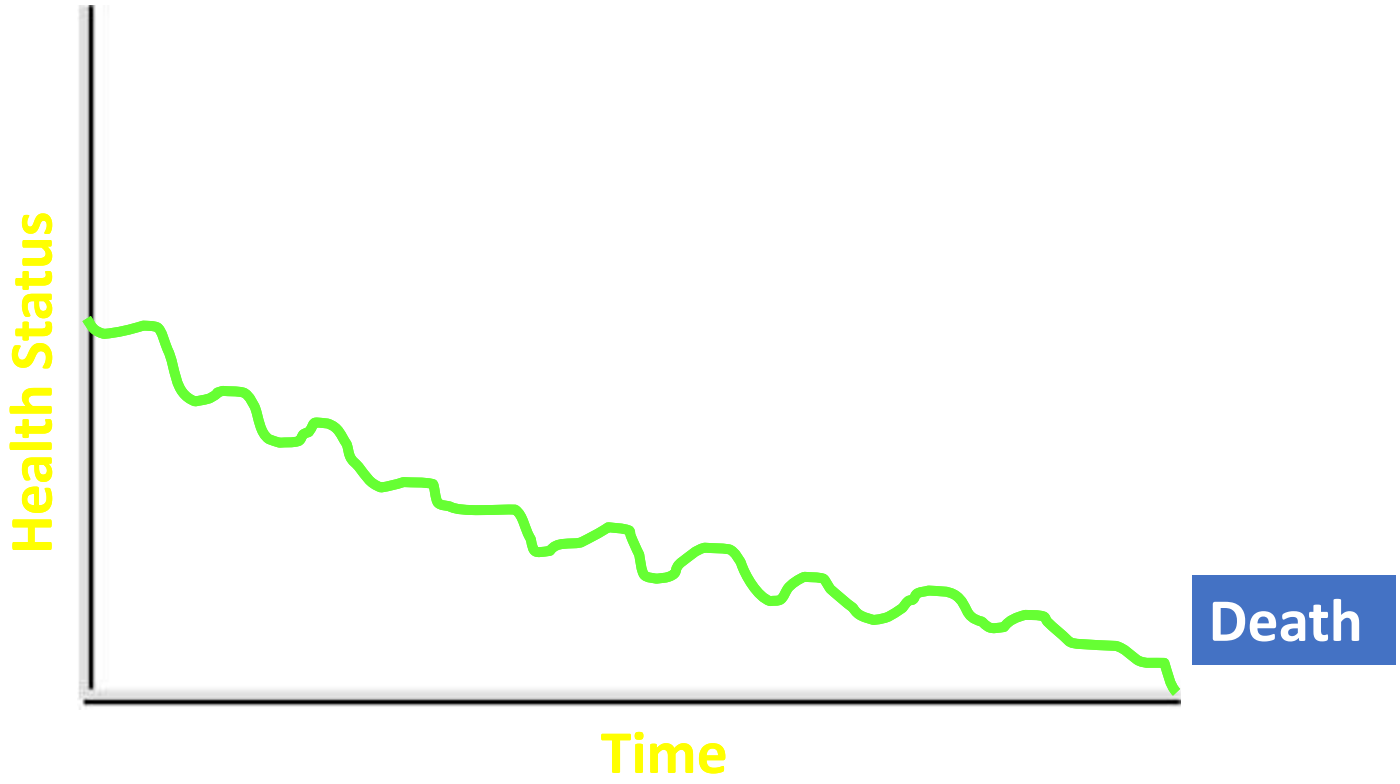
Hospice Palliative Care



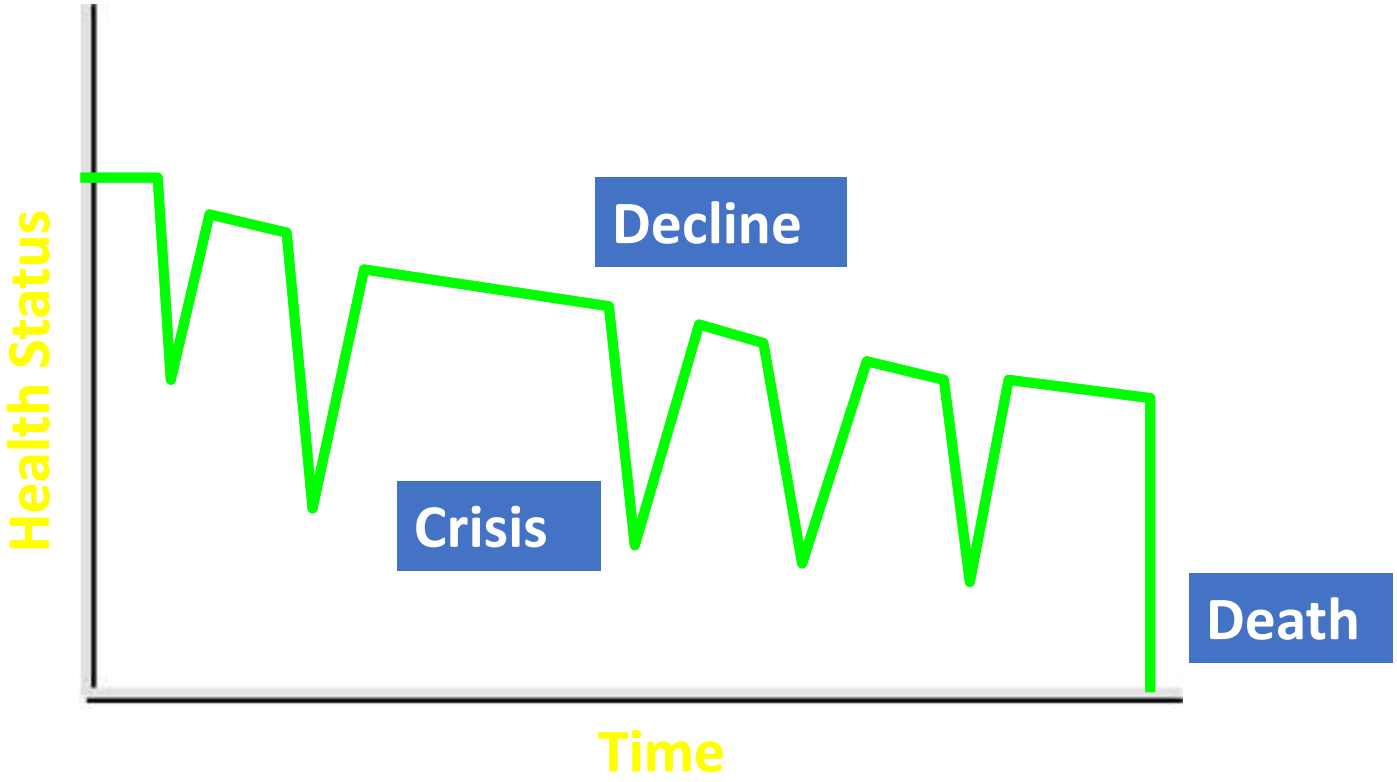
Sudden, Unexpected



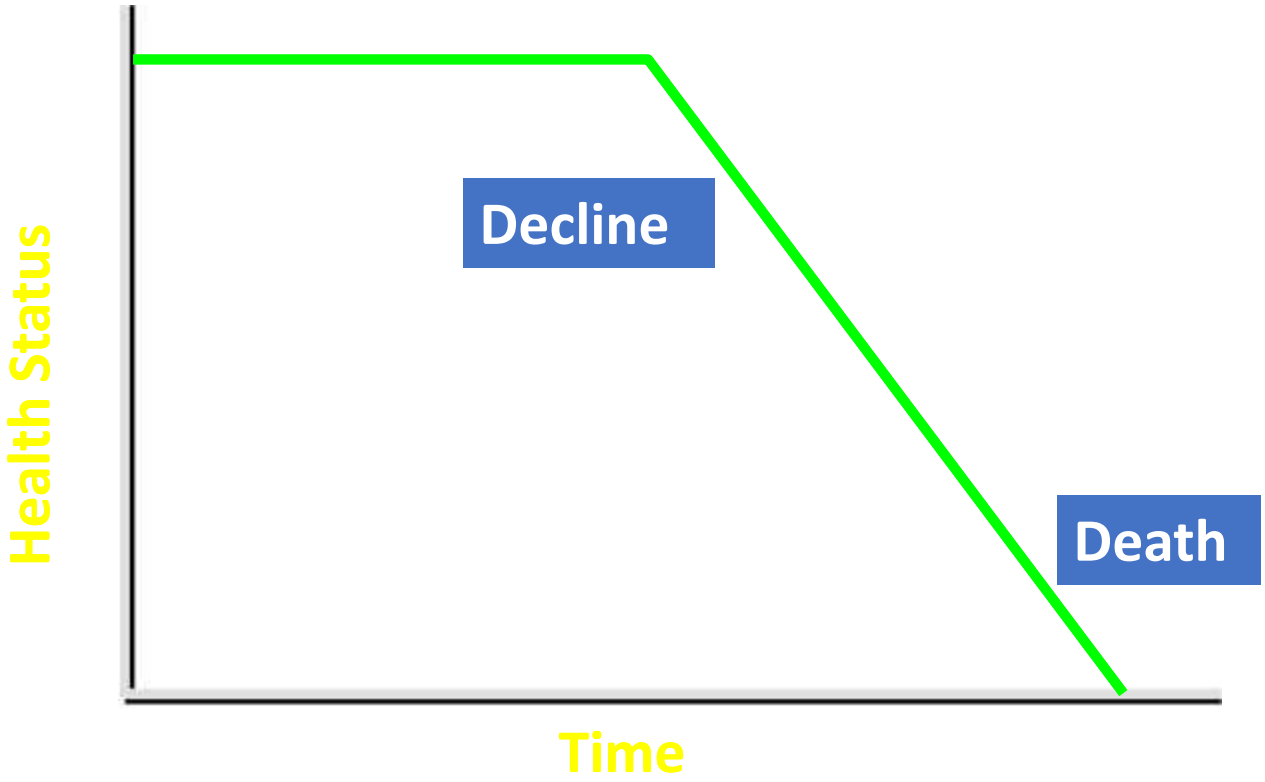
Slow Decline, Unpredictable Death



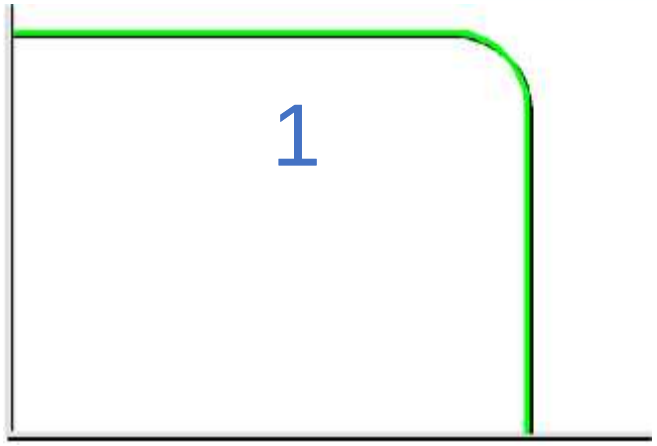
Slow Decline, Periodic Crises, Sudden Death



Prolonged Dying , predictable decline



What do **You**
Want Your Illness/Death Experience to be?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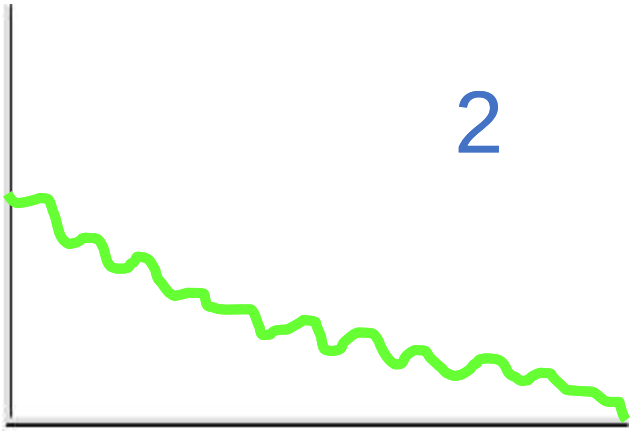
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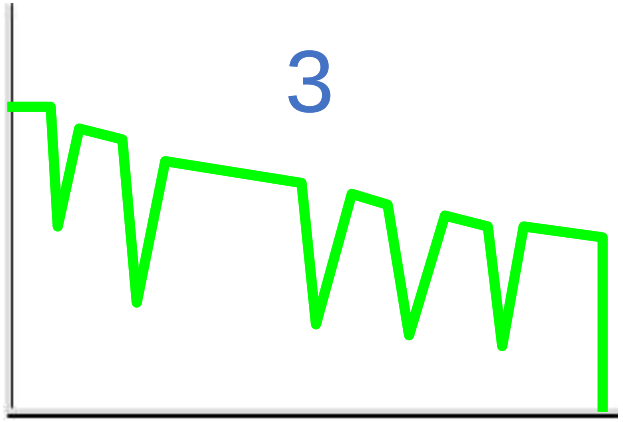
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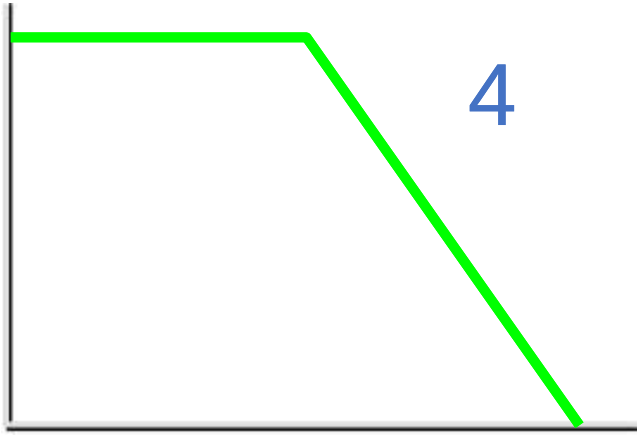
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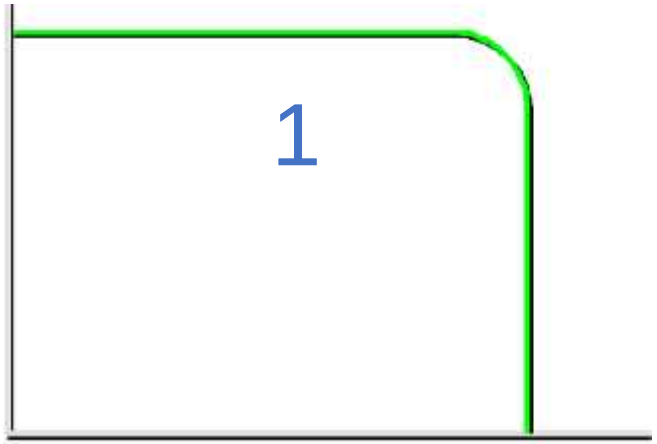
What do you
Want Your Patient's Illness/Death Experience
to be?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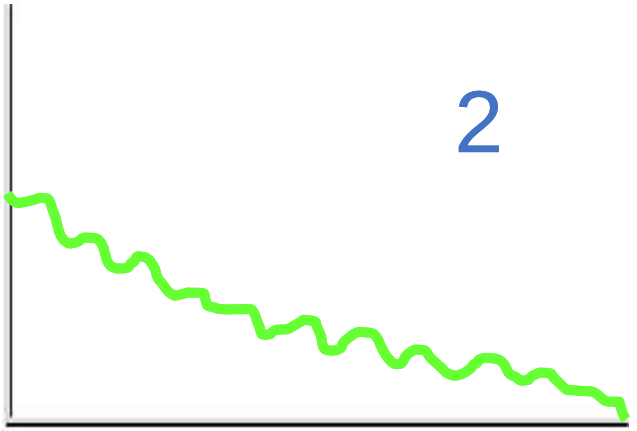
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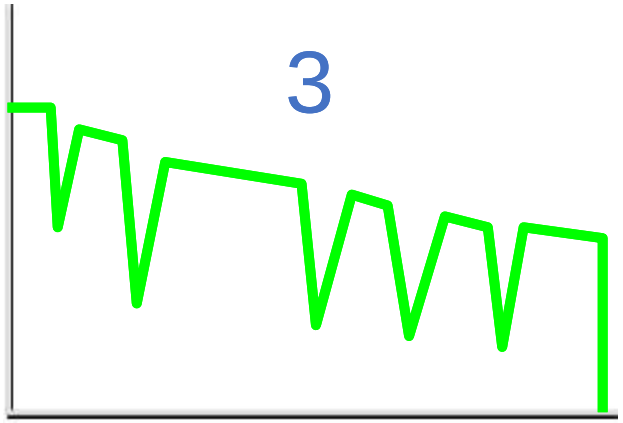
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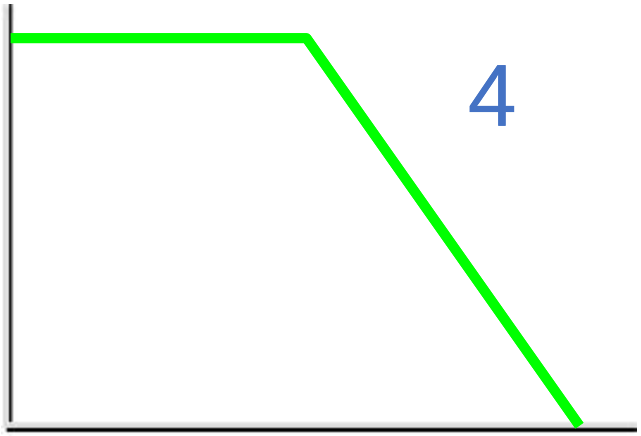
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Assessment: The Signs & Symptoms of Impending Death

1. Rapidly increasing weakness and fatigue
2. Decreasing intake of food and fluids
3. Difficulty swallowing with lack of gag reflex
4. Decreasing level of consciousness
5. Terminal delirium or agitation
6. Respiratory Changes
7. Cardiovascular changes

The Need for Frequent Assessment

- There will likely be rapid changes in the patient's condition
- The interdisciplinary team must assess the patient and family frequently
- Frequent presence of healthcare team is reassuring and comforting

Rx-Management in the Final Hours 3 Phases

Phase 1: Preparation

1. Focus on family as well as patient

2. Educate family about the last hours and the dying process to reduce fear and increase involvement

3. Educate away from the bedside through normal conversation with backup written info

Rx-Management in the Final Hours 3 Phases

Phase 2: Symptom Management

1. Positioning
2. Skin Care
3. Mouth care
4. Pain
5. Nutrition & Hydration
6. Secretions
7. Terminal Delirium & Agitation
8. Incontinence

Phase 2: Symptom Management

9. Medications
   Stop all unnecessary medications

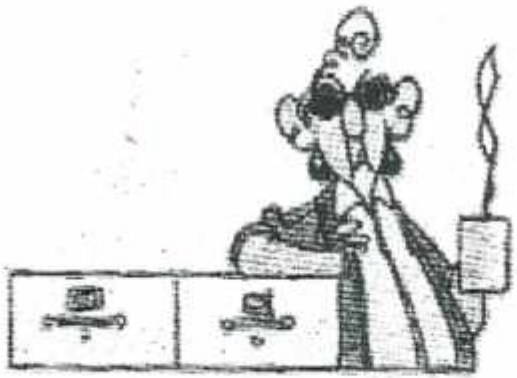
10. Breathing Patterns & Dyspnea

11. Other Issues
    Stop all blood tests or other investigations unless they will significantly change management or provide more patient comfort

Rx-Management in the Final Hours 3 Phases

Phase 3: At the Time of Death

1. Educate family beforehand to avoid panic
2. Advise family to spend time with the deceased before calling care providers
3. Respect the sense of peace that accompanies most deaths and families' early grief
4. Begin bereavement counseling – emphasize early grief reactions and issues around funerals
5. You may say your own goodbye at this time



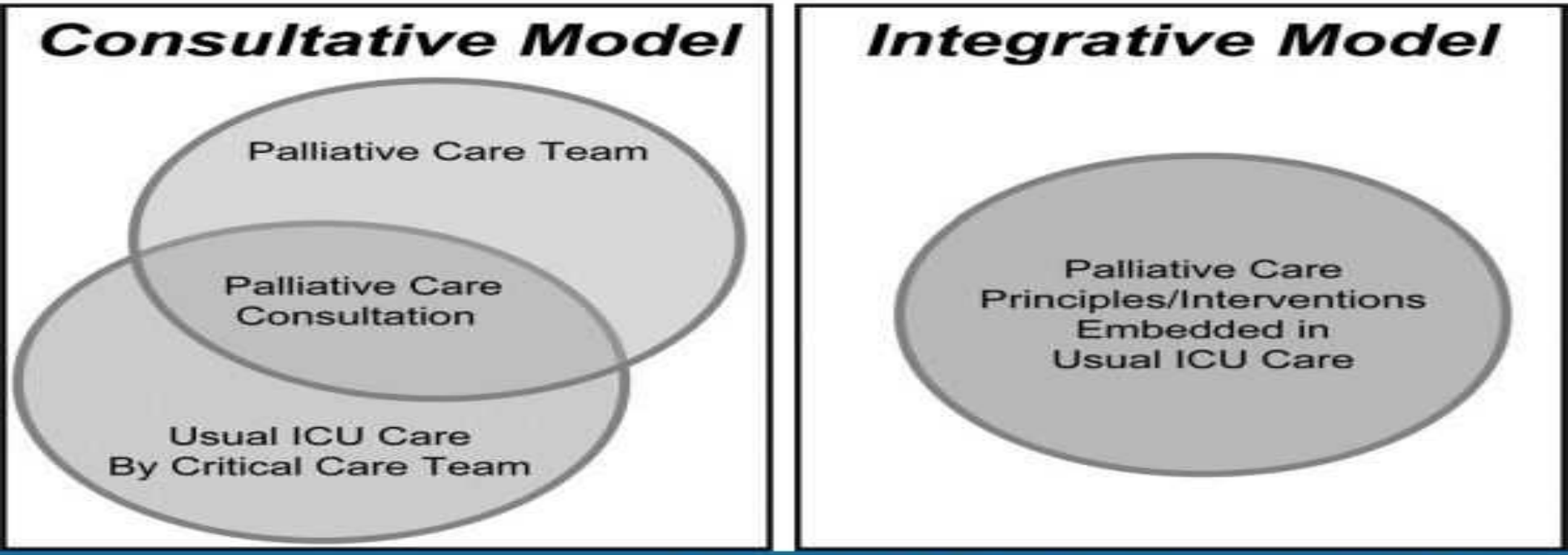
It takes two things to be a consultant -
Gray Hair and *Hemorrhoids*.

The *Gray Hair* makes you look distinguished -
The *Hemorrhoids* make you look concerned.

Concept of Palliative Care Integration in different care settings as early as possible in disease progression is very helpful for patient's quality of life and it is a very cost-effective model of clinical practice.

Ex: Home healthcare, inpatient hospital setting, LTC, ER, **ICU,** etc.

Models for Structuring An ICU-Palliative Care Initiative



Benefits of integrating palliative care in the intensive care unit

Outcome	Selected Relevant Studies
↓ Intensive care unit/hospital length of stay	Campbell et al;[11] Campbell et al;[32] Norton et al;[13] Curtis et al[48]
↓ Use of nonbeneficial treatments	Campbell et al;[11] O'Mahony et al;[14] Pierucci et a[33]
↓ Duration of mechanical ventilation	Payen et al[38]
↑ Family satisfaction/comprehension	Azoulay et al[34]
↓ Family anxiety/depression, posttraumatic stress disorder	Lautrette et al[35]
↓ Conflict over goals of care	Lilly et al[27]
↓ Time from poor prognosis to comfort-focused goals	Campbell et al[11]
↑ Symptom assessment/patient comfort	Erdek and Pronovost;[36] Chanques et al[37]

Thank You!

Laughter may not add years to your life but it will add life to your years