Community-Based Primary Palliative Care Community of Practice Series

Symptom Management

Project ECHO
Palliative Care - Canada
BY Pallium Canada

Presenter: Dr Jessica Roy, Toronto, ON

Date: February 16th, 2022

Territorial Honouring

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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Thank You

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

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Disclosure

Relationship with Financial Sponsors:

Pallium Canada

- Not-for-profit
- Funded by Health Canada

Disclosure

This program has received financial support from:

- Health Canada in the form of a contribution program
- Generates funds to support operations and R&D from Pallium Pocketbook sales and course registration Fees

Presenters

- Dr Jessica Roy: nothing to disclose

Disclosure

Mitigating Potential Biases:

- The scientific planning committee had complete independent control over the development of course content

Welcome & Reminders

- Please introduce yourself in the chat! Let us know what province you are joining us from, your role and your work setting
- Your microphones are muted. There will be time during this session for questions and discussion.
- You are welcome to use the chat function to ask questions, if you have any comments or are having technical difficulties, but also please also feel free to raise your hand!
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session
- This 1-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada for up to **11 Mainpro+** credits.

How ECHO Sessions Work

General Format:

- Introduction
- Presentation
- Interactive, Case-Based Discussion
- Session Wrap Up

Be a case presenter!

- If you would like to submit a case, you can let us know in the chat, you can e-mail us at echo@pallium.ca or you can let us know in your feedback survey after today's session

Overview of Sessions

Session #	Session Title	Date/ Time
Session 1	Symptom Management	Feb. 16, 2022 from 1-2pm ET
Session 2	Managing Complex Pain	Mar. 2, 2022 from 1-2pm ET
Session 3	Managing the Last Hours of Life in the Home	Mar 16, 2022 from 1-2pm ET
Session 4	Beyond the Essential Communication Skills- Part 1	Mar 30, 2022 from 1-2pm ET
Session 5	Beyond the Essential Communication Skills- Part 2	Apr 13, 2022 from 1-2pm ET
Session 6	Beyond the Essential Communication Skills- Part 3	Apr 27, 2022 from 1-2pm ET
Session 7	Grief in Children	May 11, 2022 from 1-2pm ET
Session 8	Teamwork in Primary Palliative Care	May 25, 2022 from 1-2pm ET
Session 9	Grief and Bereavement: Identifying and Managing Complex Grief	Jun 8, 2022 from 1-2pm ET
Session 10	Community Palliative Resources	Jun 22, 2022 from 1-2pm ET
Session 11	Organizing Practices to Provide Primary Palliative Care	Jul 6, 2022 from 1-2pm ET

Introductions

Facilitator

Dr. Nadine Gebara, MD CCFP- PC

Clinical co-lead of this ECHO series
Palliative Care Physician at Toronto Western Hospital, University Health Network
Family Physician at Gold Standard Health, Annex

Panelists:

Dr. Haley Draper, MD CCFP- PC

Clinical co-lead of this ECHO series
Palliative Care Physician at Toronto Western Hospital, University Health Network
Family Physician at Gold Standard Health, Annex

Elisabeth Antifeau, RN, MScN, CHPCN(C), GNC(C)

Regional Clinical Nurse Specialist (CNS-C), Palliative End of Life Care
IH Regional Palliative End of Life Care Program
Pallium Canada Master Facilitator & Coach, Scientific Consultant

Dr. Roger Ghoche, MDCM CCFP-PC, MTS

Palliative Care and Rehabilitation Medicine, Mount Sinai Hospital- Montreal

Introductions

Panelists (continued):

Amanda Tinning, MN NP
Nurse Practitioner for the home Transitional Heart Failure Clinic
Division of General Internal Medicine
QEII Health Sciences Centre
Halifax, NS

Thandi Briggs, RSW MSW
Care Coordinator, Integrated Palliative Care Program
Home and Community Care Support Services Toronto Central

Claudia Brown, RN BSN
Care Coordinator, Integrated Palliative Care Program
Home and Community Care Support Services Toronto Central

Presenter

Dr. Jessica Roy, MD CCFP (PC)
Home-based care and hospice medicine
Dorothy Ley Hospice Community Physicians

Symptom Management

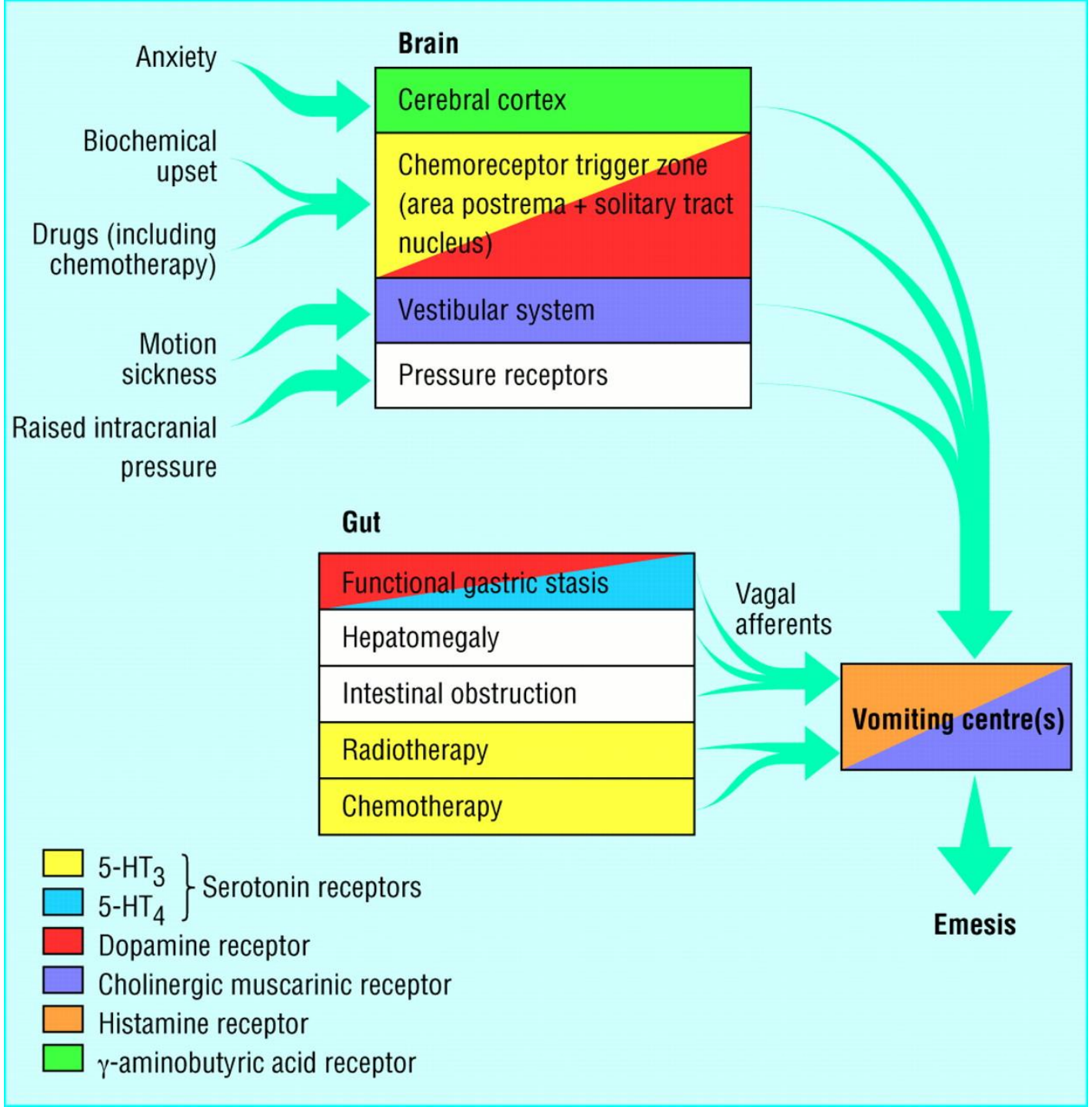
Objectives of this Session

Upon completing the session, participants will be able to:

- Describe the management of common symptoms in palliative care including nausea and constipation.
- Recall interventional procedures used in palliative care
- Describe the management of severe agitated delirium.
- Recall indications for palliative sedation.

Common causes of nausea in palliative care

- Gastroparesis (meds)
- Ileus (meds, mesenteric plexus involvement)
- Obstruction – gastric outlet obstruction or malignant bowel obstruction
- Visceral traction (omental mets, peritoneal carcinomatosis, masses, ascites, hepatomegaly)
- Medications (opioids, antibiotics, steroids)
- Metabolic (hypercalcemia)
- Infection (pneumonia, UTI)
- Intracranial disease (primary cancer, mets, leptomeningeal disease)
- Radiation therapy and chemotherapy
- Poor oral hygiene
- Esophagitis (GERD, candida)
- Vestibular system stimulation
- Constipation


Brain
Anxiety
Biochemical upset
Drugs (including chemotherapy)
Motion sickness
Raised intracranial pressure
Cerebral cortex
Chemoreceptor trigger zone (area postrema + solitary tract nucleus)
Vestibular system
Pressure receptors
Gut
Functional gastric stasis
Hepatomegaly
Intestinal obstruction
Radiotherapy
Chemotherapy
Vagal afferents
Vomiting centre(s)
Emesis
5-HT3
5-HT4
Serotonin receptors
Dopamine receptor
Cholinergic muscarinic receptor
Histamine receptor
γ-aminobutyric acid receptor

Anti-dopamine agents

PROKINTETIC

- Work on motility in stomach only, great for gastroparesis
- CI in complete bowel obstruction
- Metoclopramide
  - Starting dose 5-10mg PO/SC q4h prn for nausea or TID prior to meals
- Domperidone
  - Starting dose 10mg PO TID prior to meals
  - Does NOT cross BBB, less sedating than metoclopramide

Anti-dopamine agents

- Haloperidol
  - Typical antipsychotic, more EPS, less sedating
  - Starting dose 0.5-1mg PO/SC q4h prn for nausea
- Methotrimeprazine
  - Mixed receptor (anticholinergic, antihistamine, dopamine and serotonin antagonism)
  - less EPS, more sedating
  - Starting dose 2.5-5mg PO/SC q4h prn for nausea
- Olanzapine
  - Atypical anti-psychotic, mixed receptor, less EPS, more sedating
  - Starting dose 2.5 – 5mg ODT BID prn for nausea

Others..

- Serotonin antagonist
  - Ondansetron 4-8mg PO/ODT q8h prn for nausea
- Anti-histamine
  - First line for vestibular system stimulation, motion related nausea
  - Second line for bowel obstructions or intracranial disease
  - Dimenhydrinate 25mg PO/PR q6h prn for nausea

Pearls

- Treat underlying cause if possible within goals of care
- Non pharmacological management
  - Pressure points, acupuncture, ginger
  - Avoiding strong scents and flavours
- Consider route
  - SC, ODT, PR
- Refractory cases
  - continuous infusion of metoclopramide (60-120mg/day)
  - multi-receptor medications
  - steroids

Malignant bowel obstruction

- Bowel rest – NPO vs NG tube vs Venting G tube*
- Octreotide
  - Starting dose 150mcg SC TID
- Dexamethasone
  - Starting dose 4mg SC qAM
- Haldol
  - 1-2mg SC TID + 1-2mg sc q1h prn for nausea
  - 5mg in 1L normal saline run over 24 hours
- Treat pain associated

Constipation

- Non pharmacological
  - **Privacy**, **position**, **fluids**, **fibre**
- Osmotic agents
  - Lactulose, PEG, MoM, Prunes
- Motility agents
  - Sennokot, bicosadyl
- Stool lubricants
  - Docusate
- **Rectal agents**
  - Glycerin or bicosadyl supp, enema, lavage
- Opioid antagonist

Delirium

- Palliative Emergency
- Hyperactive vs Hypoactive
- History and physical exam while considering reversible causes
  - Mnemonic: DIMES – Drugs, Infections, Metabolic, Environment, Structural
  - Rule out pain
  - Constipation, urinary retention
  - Medication review
- Investigate and treat reversible causes if within goals of care
- **Reversibility is proportional to prognosis**

Delirium management

- Consider best setting for care
  - Level of urgency of investigations
  - Safety of patient and caregivers
- If they remain home, develop a support plan
  - Home and Community Care vs private care
- Treat potential reversible causes
  - Antibiotics, hydration etc..
- Medications
  - Starting doses: Nozinan 5mg PO/SC q2h prn for agitation/restlessness
  - Other meds: Haldol, Olanzapine, Quetiapine, Risperidone

Delirium management

- Refractory symptoms
  - Most sedating antipsychotics, Standing doses, Increasing doses,
  - Add benzodiazepine
    - Lorazepam 0.5mg SC q4h prn
    - Midazolam 1mg SC q1h prn
  - Consider adding phenobarbitol
  - Shifting intention to palliative sedation protocol

Questions & Discussion

Interactive, Case-Based Discussion

Mr. Wing Chen

- 76 yo M at home. English and Cantonese speaking
- PMHx: COPD (diagnosed in 2010), ex- smoker (110 pack year hx), Type 2 DM, Osteoarthritis, cataracts, dyslipidemia, Covid vaccinated x 3
- Medications: Spiriva, Advair, Ventolin, Metformin, tylenol PRN, crestor

- Mr. C is presenting to his home visiting physician with worsening dyspnea over the past 2 weeks. He is now having shortness of breath with eating and speaking.
- His daughter Paula is also reporting intermittent disorientation, insomnia and rare visual hallucinations.

What more would you want to know about Mr. Chen?

Mr. Wing Chen

Social and Functional History

- Lives in a 1 story apartment with daughter Paula
- Widowed
- Has been home bound x 1 year
- PSW support daily for bathing
- Nursing care 1x/week for symptom management
- Uses a walker to get from bed to chair (PPS 40%)
- Continent of urine/ stool and uses bedside commode

Mr. Wing Chen

Advanced Care Plan and Goals of Care

- POA- none appointed. SDM daughter Paula
- Code status: DNR/I- DNR validity form in the home

Goals of care:

- To prevent return to hospital.
- Hopes to be able to be at home at end of life
- Hopes to reduce symptom burden with focus on comfort.
- Hopes to be present for birth of grandchild in 6 weeks

Mr. Wing Chen

Examination

- Cachectic
- Increased work of breathing and productive cough
- Saturation 85% on room air, BP 155/95 HR 105
- Auscultation: LLL reduced air entry, crackles
- Extremities: no edema

What are your impressions?

What recommendations would you have?

Mr. Wing Chen

- What investigations are appropriate for his worsening dyspnea?
- If we feel that he is medically optimized with his COPD, what other medications can we use to manage dyspnea?
- What may be causing his delirium? What pharmacologic tools can we use to manage his delirium?
- How can we increase support in the community? what other equipment needs may help support Mr. Chen? What does this look like in your own community?
- How do we start oxygen in the community? What are the barriers in your community to setting up oxygen?

Mr. Wing Chen

- Treated empirically for community acquired pneumonia and COPD exacerbation with oral antibiotics and prednisone. Covid testing neg.
- Despite treatment, was having ongoing dyspnea with minimal exertion and continued to need 02 by nasal prongs.
- Started on morphine 2.5 mg po q4h while awake and 2.5 mg po q1h PRN
- Delirium improved but did not resolve with improvement of hypoxia. He was started on haldol 1 mg qam and nozinan 6.25 mg HS
- Home supports: PSW was increased to 2 hours/ day and nursing 2x/week. Respiratory therapy set up home o2. There was an OT home visit and a hospital bed was placed in the home.

Case Wrap-Up

Session Wrap Up

- Please fill out the feedback survey following the session! Link has been added into the chat
- A recording of this session will be emailed to registrants within the next week
- Please join us for the our next session in this series
  - Managing Complex Pain
  - March 2nd, 2022 from 1-2pm ET
- We welcome audience members to present their own cases! If you would like to present a case during one of our upcoming sessions, contact us at echo@pallium.ca or let us know in the feedback survey

Thank You

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