Clinical Review for the Hospice and Palliative Nurse
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Symptom Management
Part 1 GI Management
Objectives

1. Part 1 will define gastrointestinal symptoms present at the end of life.

2. Identify possible etiologies of symptoms at the end of life.

3. Assess for the physical and psychosocial aspects of the symptoms that are common at the end of life.
Objectives

4. Describe pharmacological and nonpharmacological interventions for common symptoms that can be included in the plan of care at the end of life.

5. Describe the patient and family instructions needed for patients and families at the end of life.
Domains of Quality Palliative Care

Clinical Practice Guidelines of Quality Palliative Care

- Domain 2: Physical Aspects of Care
- Guideline 2.1 Pain, other symptoms, and side effects are managed based upon the best available evidence, with attention to disease-specific pain and symptom, which is skillfully and systematically applied.
Anorexia and Cachexia

Anorexia
- loss of appetite resulting in the inability to eat

Cachexia
- physical wasting and malnutrition usually associated with chronic disease
Anorexia and Cachexia

Prevalence

- Commonly found in patients with advanced disease
  - 80% of cancer patients
Anorexia/Cachexia

Causes

Disease Related
- Infections
- Delayed gastric emptying
- Metabolic alterations
- Pain
Anorexia/Cachexia

Causes

Treatment Related

- Medications
- Chemotherapy
- Radiation
Anorexia/Cachexia

Causes

Psychological and/or spiritual distress

- Often overlooked
- Depression may exhibit somatic symptoms
Anorexia/Cachexia Assessment

- Patient reports
- Muscle wasting
- Weight loss
- Lab values
- Intake patterns
Anorexia/Cachexia
Pharmacological Interventions

- Megestrol acetate (Megace®)
- Metoclopramide (Reglan®)
- Dexamethasone (Decadron®)
- Dronabinol (Marinol®)
Anorexia/Cachexia
Non-pharmacological Interventions

- Treat underlying symptoms
- Emotional support
- Nutritional support
Anorexia/Cachexia
Non-pharmacological Interventions

- Enteral and parenteral nutrition
Anorexia/Cachexia
Patient & Family Education

- Support patient’s wishes
- Discuss intake during dying process
- Explore meaning of food
- Address emotional needs
- Redirect caring


Dehydration

- Normal physiologic process at the end of life
- Decreased desire for fluids
- Symptoms vary
Causes of Dehydration

- Loss of normal body water
- Isotonic dehydration
- Eunatreemic dehydration
- Hypotonic dehydration
Assessment for Dehydration

- Mental status changes
  - Confusion, restlessness
- Intake and output
  - Elderly may have decrease perception of thirst
  - Urine output reduced
Assessment for Dehydration

- Weight loss
  - Reduced skin turgor
- Skin and mouth assessment
- Postural hypotension
- Lab values
  - Increased hematocrit
  - Serum sodium
Treatment of Dehydration

- Ethical considerations
  - Benefits vs. burdens
- Review expected course of illness
- Artificial hydration
- Misperceptions
Use least invasive approach possible

- Oral
  - Provide appropriate mouth care
- Proctoclysis
Treatment of Dehydration

- NG/GT
  - NG uncomfortable
- Hypodermoclysis
  - Subcutaneous fluid administration
- IV
Treatment of Dehydration

- IV
  - Monitor for over hydration
Dehydration
Patient & Family Education

- Oral/enteral/parenteral fluids
- Instruct more than one person
- Allow ample time for instruction and return demonstration
Dehydration
Patient & Family Education

- Review benefits/burdens of artificial nutrition & dehydration
- Address emotional needs
- Assist in redirecting ways of caring
Dehydration

References


Nausea and Vomiting

- Nausea
  - Subjectively perceived
  - Unpleasant sensation experienced in the back of the throat and epigastrium, which may or may not result in vomiting

- Vomiting
  - expelling of stomach contents through the mouth
Nausea and Vomiting

Prevalence

Common in patients with advanced disease

- 70% of patients experience nausea
- 30% of patients experience vomiting
- Patients under 65 and women
- Stomach, breast and gynecological cancer
- AIDS
Causes of Nausea and Vomiting

- Physiological Causes
  - Gastrointestinal
  - Metabolic
  - Central nervous system
- Psychological
  - Emotional
- Disease related
- Treatment related
Nausea and Vomiting

- Associated with
  - Opioid therapy
  - Uremia
  - Hypercalcemia
  - Constipation
  - Bowel obstruction
Assessment of Nausea and Vomiting

- History of disease
- Effectiveness of prior treatments
- Precipitating factors
- Self-reporting tools
- Physical
- Diagnostic testing
Nausea and Vomiting
7 Steps for Antiemetics

1. Identify cause
2. Identify pathway of cause
3. Identify neurotransmitter receptor
4. Select potent antagonist for that receptor
5. Select a route
6. Titrate dose & administer ATC
7. If symptoms continue, additional treatment
Nausea and Vomiting
Antiemetics

Butyrophenones

- Indication: opioid-induced nausea, chemical and mechanical nausea

- Medications
  - Haloperidol (Haldol®)
  - Droperidol (Inapsine®)
Nausea and Vomiting

Antiemetics

Protokinetiic agents

- Indication: gastric stasis, ileus

■ Medications

- Metoclopramide (Reglan®)
- Domperidone (Motilium®)
Nausea and Vomiting

Antiemetics

Cannabinoids

- Indication: second-line antiemetic

Medication

- Dronabinol (Marinol®)
Nausea and Vomiting

Antiemetics

Phenothiazines

- Indications: general nausea and vomiting, not as highly recommended for routine use in palliative care

Medications

- Prochlorperazine (Compazine®)
- Thiethylperazine (Torecan®)
- Trimethobenzamide (Tigan®)
Nausea and Vomiting

Antiemetics

- **Antihistamines**
  - Indications: intestinal obstruction, peritoneal irritation, increased intracranial pressure, vestibular causes

- **Anticholinergics**
  - Indication: motion sickness, intractable vomiting, or small bowel obstruction
Nausea and Vomiting

Antiemetics

- **Steroids**
  - Appear to exert antiemetic effect as a result of antiprostaglandin activity
  - Most effective in combination with other agents

- **Benzodiazepines**
  - Indication: effective for nausea and vomiting as well as anxiety
Nausea and Vomiting

Antiemetics

- 5-HT$_3$ receptor antagonists
  - Indicated for post-operative nausea and vomiting and chemotherapy

- ABHR
  - Compounded antiemetics
Nausea and Vomiting

Antiemetics

- Octreotide (Sandostatin®)
  - Indications: nausea and vomiting associated with intestinal obstruction

- DimenhyDRINATE (Dramamine®)
  - Indications: nausea, vomiting, dizziness, motion sickness
Non-pharmacological Treatment of Nausea and Vomiting

- Oral care
- Cool damp cloth
- Decrease noxious stimuli
- Loose-fitting clothes
- Fresh air or fan
Non-pharmacological Treatment of Nausea and Vomiting

- Behavioral complementary therapies
- Interventions individually based
  - Cultural considerations
Nausea and Vomiting
Patient and Family Education

- Assessment of nausea and vomiting
- Problem solving
- Family’s role
- Instruct when to call healthcare provider
Nausea and Vomiting

References


Bowel Obstruction

Prevalence

- Related to site of disease
- Tumors of splenic flexure obstruct 49% of the time
- Rectum or rectosigmoid obstruct 6% of the time
Bowel Obstruction

- Occlusion of the lumen or absence of the normal propulsion
- Intralumen obstruction
- Extramural obstruction
- Mechanical obstruction
- Metabolic disorders
- Medications
Assessment of Bowel Obstruction

- Assess within palliative care goals
- Bowel history
- Pain
- Palpate abdomen
- Rectal exam
- Location of obstruction
Treatment of Bowel Obstruction

Prevention

- Principles
  - Goal of treatment is prevention whenever possible
  - Verify cause of obstruction: tumor vs. fecal impaction
  - If stool, goal is to move the stool down through the intestinal tract
  - Avoid stimulant laxatives - usually increase discomfort and may cause intestinal wall rupture
Treatment
Bowel Obstruction

- Pharmacologic
  - Octreotide (Sandostatin®)
  - Scopolamine
  - Opioids
  - Antiemetics
Treatment of Bowel Obstruction

- Pharmacologic
  - Corticosteroids
  - Antispasmodic
  - Laxative / Antidiarrheal
Treatment of Bowel Obstruction

- Surgical
- Considered within context of established palliative care goals
Treatment of Bowel Obstruction

- Non-pharmacological
  - Avoid hot drinks
  - Avoid big meals
  - Consider NG
Bowel Obstruction
Patient & Family Education

- Review causes
- Discuss treatment options
- Educate to prevent
- Instruct when to call healthcare provider
- Review medications
- Review dietary recommendations
Bowel Obstruction

References


Constipation

- Infrequent passage of stool
- Increases with age
- Frequent with illness and at the end of life
- Results from some medications
  - Opioids!
Constipation

Prevalence

- 10% of general population
- Increases with age
- Effects more than 50% of patients in a palliative care unit or in hospice
- Frequently seen symptom at the end of life
- Undertreated by nurses and doctors
- Can be very embarrassing for some patients
- Prevention is the key!
Causes of Constipation

- Disease Related
  - Cancer
  - Diabetes
  - Hypercalcemia
- Medication Related
- Other
  - Dehydration
  - Inactivity
  - Depression
Assessment for Constipation

- Bowel history
- Abdominal assessment
- Rectal Assessment
Assessment for Constipation

- Physical assessment
- Diagnostic tests
- Medication review
  - Prescription
  - Over the counter
  - Herbals
Pharmacological Treatment of Constipation

Laxatives

- Lubricant laxatives - lubricate the stool surface & soften the stool leading to easier bowel movement

Surfactant/detergent laxatives

- Reduce surface tension, increase absorption of fluids and fats into stool which soften it can increase peristalsis
Pharmacological Treatment of Constipation

- Combination medications
- Osmotic laxatives
  - non-absorbable sugars that exert an osmotic effect in primarily the small intestine
- Osmotic suppositories
  - Glycerine suppositories: Soften stool by osmosis and act as lubricant
Pharmacological Treatment of Constipation

- Laxatives
  - Saline laxatives - increase gastric, pancreatic, & small intestinal secretions, & motor activity throughout the intestine
Pharmacological Treatment of Constipation

- Bowel stimulants
  - Bowel stimulants - Work directly to irritate bowel & stimulate peristalsis;
  - Use with caution when liver disease present
Pharmacological Treatment of Constipation

Bulk Laxatives

- Provide bulk to the intestines to increase mass - stimulates bowel to move
Pharmacological Treatment of Constipation

- Enemas
  - Soften stool by increasing water content
Opioid Induced Constipation

Opioids

- bind to mu–opioid receptors in the central nervous system – provide analgesia
- also bind to peripheral mu–opioid receptors in the gastrointestinal tract, inhibiting bowel function – opioid induced constipation (OIC).

Pharmacologic / non-pharmacologic treatment

- Oral erythromycin
- Metoclopramide
Pharmacological Treatment of Constipation

Methylnaltraxone / (Relistor®)

- Inhibits opioid induced decreased gastrointestinal motility and delay in gastrointestinal transit time
- Does not affect opioid analgesic effect
- Subcutaneous route / Dose according to weight
  - Decrease dose with renal impairment
- 50% of patients had a bowel movement within 30 minutes to 4 hours of the first injection
Non-pharmacological Treatment of Constipation

- Prevention
- Manage side effects of pain medication
- Encourage fluid and fiber intake
- Encourage activities
- Intervene only if causing distress
- Cultural Considerations
Constipation
Patient & Family Education

- Monitor bowel patterns
- Encourage fluid intake
- Encourage dietary intake
- Encourage activity
- Instruct when to call healthcare provider


Diarrhea

- Frequent passing of loose, non-formed stool
- More severe in HIV-infected patients and bone marrow transplant patients
Diarrhea

Prevalence

- Considered a main symptom in 7-10% of hospice patients
- Especially prevalent in the HIV patient
- 43% of bone marrow transplant patients develop diarrhea related to radiation
- Occurs in 10% of cancer patients
Causes of Diarrhea

- Disease related
- Psychologically related
- Treatment related
Assessment of Diarrhea

- Bowel history
  - Assess frequency and nature of diarrhea in last 2 weeks
  - Complaints of pain or abdominal cramping
  - Rapid onset may indicate fecal impaction with overflow
  - Colonic diarrhea: watery stools in large amounts
  - Malabsorption: foul smelling, fatty, pale stools

- Diet history
- Treatment history
- Medication review
Assessment of Diarrhea

- Physical assessment
  - Abdominal assessment
  - Examine stools for signs of bleeding
  - Evaluate for signs of dehydration
Pharmacological Treatment for Diarrhea

**Opioids**
- Suppress forward peristalsis and increase sphincter tone
- Loperamide (Imodium®)

**Bulk forming agents**
- Promote absorption of liquid / increase thickness of stool
- Psyllium (Metamucil®)

**Antibiotics**

**Steroids**

**Somatostatins**
- Slows transit time by decreasing secretions
- Octreotide (Sandostatin®)
Non-pharmacological Treatment for Diarrhea

Dietary management

- Initiate a clear liquid diet
- Eat small, frequent, bland meals
  - BRAT diet
- Low residue diet
- Increase fluids in diet
- Consider homeopathic remedies
Non-pharmacological Treatment for Diarrhea

- Psychosocial interventions
  - Provide support to patient and family
  - Recognize negative effects of diarrhea on quality of life
- Sitz baths
- Cultural Considerations
  - Many cultures modest – may prevent reporting
Diarrhea

Patient & Family Education

- Respect level of comfort during discussions
- Monitor frequency and consistency
- Instruct when to contact healthcare provider
- Provide skin care
Diarrhea

References


Questions

Thank You