



Clinical Practice Guidelines: Other/Palliative care

Policy code	CPG_OT_PC_0417
Date	April, 2017
Purpose	To ensure a consistent approach to the management of palliative care patients.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
Source of funding	Internal – 100%
Author	Clinical Quality & Patient Safety Unit, QAS
Review date	April, 2020
Information security	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
URL	https://ambulance.qld.gov.au/clinical.html

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Palliative care is an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness. This is achieved through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient's illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of the illness;
- is applicable early in the course of the illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.^[1]

Circumstances in which ambulance services may be required for a patient receiving palliative care

A palliative care health professional or a personal carer may request ambulance assistance in circumstances where:

- the patient's condition unexpectedly changes;
- the patient requires urgent assistance following an incident or accident such as a fall or injury; or
- the patient requires transportation to an alternative facility for the ongoing provision of palliative care.

Guidelines for paramedics attending a patient receiving palliative care

Determine the **reason for requesting ambulance services**.

- If the reason is unrelated to the illness for which the patient is receiving palliative care, conduct a thorough clinical assessment and implement, with consent, appropriate treatment in accordance with relevant QAS clinical practice guidelines.
- If the reason is related to the illness for which the patient is receiving palliative care, consult with the patient, the patient's carer, and if necessary and practical, the patient's palliative care health practitioner to determine the most appropriate course of action (see below for a list of common health problems associated with terminal illness).

- If the patient requires pain relief, either for the illness for which the patient is receiving palliative or for an unrelated illness, the paramedic must first ascertain the patient's current analgesia regime and thereafter, consult with the QAS Medical Officer via the QAS Clinical Consultation and Advice Line or the patient's palliative care doctor before any additional or alternative analgesia is administered. The QAS Medical Officer is to be properly appraised of the patient's current analgesia regime at this time.

Determine the **patient's wishes** with respect to treatment and transport.

- If the patient is able to communicate and has the capacity to make decisions regarding treatment and transport, consult directly with the patient and obtain the patient's consent before any treatment and/or transport is provided.
- If the patient lacks the capacity to make decisions regarding treatment and transport, the paramedic must inquire as to what advance care planning measures are in place (see below for information relating to advance care planning and consent for treatment). For example:
 - Has the patient prepared an 'advance health directive' detailing his or her wishes with respect to treatment for the illness or treatment for any other condition?
 - Is there another person (health attorney or guardian) authorised to make decisions for and on behalf of the patient?
 - Has the patient's medical practitioner recorded information regarding the patient's illness, current treatment regime, and guidelines for any additional treatment that may be required?

If any of the documents listed above exist, the paramedic is entitled to request that the original or certified copy of the document/s be produced so that the paramedic can examine the contents.

Common health problems associated with advanced terminal illness

Pain

Pain associated with the terminal illness can be managed with appropriate analgesia that is tailored to the patient's specific needs. The aim of pain relief in palliative care is to prevent pain, rather than treating pain when it occurs. Accordingly, base line medications are usually administered so as to ensure a pain free state. Analgesics used for the management of pain associated with a terminal illness may be administered by either one or a combination of routes including: orally, via rectal suppository, by injection, or by continuous intravenous infusion.

If the patient is experiencing pain, it is important that the paramedic assess if the patient's pain is related to the illness or to another unrelated cause. If the patient is already receiving medications for pain relief, the paramedic must familiarise him or herself with the pain relief regime and must consult a medical practitioner before any additional or alternative analgesia is administered.

Nausea and Vomiting

Nausea and vomiting can be related to a range of factors including:

- medications (particularly analgesics);
- severe pain;
- the patient's terminal illness; or
- another medical condition.

Nausea and vomiting can be extremely distressing for the patient. It is important to determine the cause of the nausea and vomiting.

Simple measures that may be helpful in reducing or alleviating nausea include:

- increasing access to fresh air;
- changing body position;
- removing offensive odours; and
- offering sips of carbonated beverages such as lemonade or soda water.

The paramedic should also consider the administration of ondansetron however, it is important that the patient's current medications be assessed to determine if the patient is already receiving anti-emetic agents.

Constipation

Constipation is not uncommon in patients that are receiving analgesic medications, are immobile due to illness, and have a reduced oral intake. The paramedic should ascertain when the patient last evacuated his or her bowel and if this has been greater than three days, refer this to the palliative care provider.

Dehydration

It is not uncommon for a patient suffering from a terminal illness, to reduce oral fluid intake and subsequently, become dehydrated. If severe dehydration is evident, consult the patient's palliative care provider. Encourage the patient to drink water if the patient is able to swallow. Also offer ice chips and swabs soaked in ice water to help keep the patient's mouth moist.

Loss of Appetite and Loss of Weight

Loss of appetite and loss of weight during the advanced stages of a terminal illness is common. Other than offering support, intervention is limited. The patient may feel cool and if so, obtain additional blankets or clothing.

Weakness

Generalised weakness and lethargy is common during the advanced stages of a terminal illness. The paramedic should assess the patient to determine if the weakness is related to the illness or to an unrelated condition.

Confusion

A patient suffering from a terminal illness may, during the advanced stages of the illness, suffer from varying levels of confusion. Confusion can be related to medications or the patients underlying terminal illness. The paramedic must assess the patient's neurological function and history and determine if the confusion is related to the illness and/or treatment, or to an unrelated condition.

Advance care planning and consent for treatment

Advance care planning is a process which enables a patient to consider their wishes with respect to future health care, and to record and communicate those wishes so that they can be respected if and when the patient becomes incapable of participating in treatment decisions. Advance care planning is often done in consultation with the patient's health care providers, family members and other people that may play a significant part in their life.

Advance care planning can include the following:

- making an ‘advance health directive’ in which the patient can give directions about health matters that may be required at some future time;
- appointment of a substitute decision maker (health attorney) to make decisions for and on behalf of the patient; and
- providing copies of planning documents to relevant health care providers, family members and carers.

Advance Health Directive

An ‘advance health directive’ is a formal document in which a person can provide directions regarding future health matters, which can include directions to request treatment, directions to refuse specified treatment, and directions to withhold or withdraw life-sustaining measures. An ‘advance health directive’ is legally recognised however, the document must be:

- in writing;
- signed by the patient;
- signed and dated by an ‘eligible witness’ who attests to the capacity of the patient at the time; and
- signed and dated by a medical practitioner (not the witness) who must also certify that the patient had capacity to make the ‘advance health directive’ at the time.^[2]

A patient’s ‘advance health directive’ will only operate if and when the patient loses the capacity to make decisions.

Substitute decision-makers

A substitute decision-maker may include:

- a health attorney appointed under an Enduring Power of Attorney^[3] or an Advance Health Directive;^[4]
- a statutory attorney authorised by legislation;^[5] or
- a guardian appointed by a court of tribunal.

Consent for treatment

If a patient has impaired decision making capacity, the *order of priority* for dealing with a health matter, including a decision to withhold or withdraw life-sustaining treatments, is as follows:^[6]

- (i) If the patient has made an advance health directive, the matter must be dealt with in accordance with those directions (*special conditions apply – see below*)
- (ii) If a court or tribunal has appointed a guardian, the matter may be dealt with in accordance with the guardian’s directions.
- (iii) If the patient has appointed a health attorney, the matter may be dealt with in accordance with the health attorney’s directions.
- (iv) If none of the above apply, the matter may be dealt with by the statutory health attorney.

Directions to withhold or withdraw life-sustaining measures

See guidelines in: *CPG: Resuscitation General – Lawful directions to withhold or withdraw cardio-pulmonary resuscitation*