PEPA Program of Experience in the Palliative Approach

PEPA Indigenous Program of Experience in the Palliative Approach

Funded by the Australian Government Department of Health

PEPA

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PEPA Placement

Supervised observational placements (2-5 days) within a specialist palliative care service

Funded by Australian Government under Palliative Cared Education and Training Collaborative.

Potential placement sites around Queensland including multiple hospitals and hospices

RBWH Palliative and Supportive Care Service

- specialist consultation liaison service
- outpatient clinic
- inpatient pain and symptom assessment, management and advice
- inpatient psychosocial and spiritual support and appropriate referral
- support for advance care planning
- liaison and support to GPs and domiciliary nurses in the community
- Does not have admitting rights - referral to local palliative care inpatient units for patients requiring this

My experience

Observed nurses and doctors manage patients with different types and stages of life limiting illnesses, including MND, Cancers, end stage renal failure, cardiac conditions etc.

Able to sit in on outpatient clinics, attend ward rounds and patient reviews, attended meetings

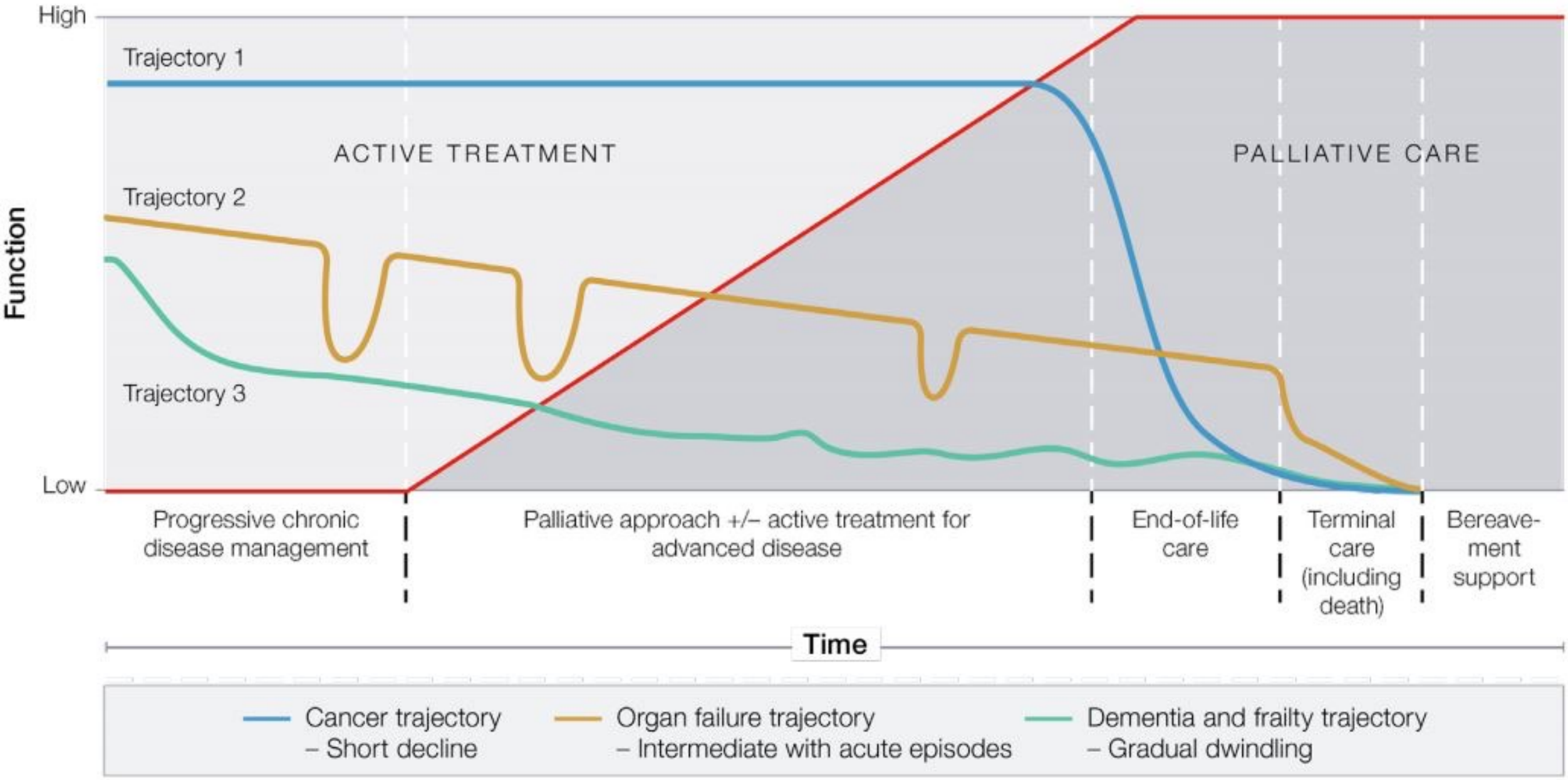
Had an opportunity to observe both nursing and doctor reviews and staff gave lots of opportunities to ask questions and discuss

Also have a meeting in the afternoon weekly to discuss patients who have died – gives opportunity to honour patients and reflect on their care, with small items/stickers places in a vase that symbolizes something about the patient

Experienced discussion and management of patients at different stages illness

What is Palliative Care (as per eTG)

- provides relief from pain and other distressing symptoms
- affirms life and regards dying as a normal process
- intends neither to hasten nor 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 illness
- is applicable early in the course of 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.


High
Trajectory 1
ACTIVE TREATMENT
PALLIATIVE CARE
Trajectory 2
Function
Trajectory 3
Low
Progressive chronic disease management
Palliative approach +/– active treatment for advanced disease
End-of-life care
Terminal care (including death)
Bereave-ment support
Time
Cancer trajectory – Short decline
Organ failure trajectory – Intermediate with acute episodes
Dementia and frailty trajectory – Gradual dwindling

RACGP

Inpatient Palliative Care Guidelines at RBWH for common end of life symptoms

- Pain
- Agitation/Restlessness
- Respiratory Tract Secretions
- Nausea/vomiting

Pain

1. Opioid Niave Patient
   - Morphine 2.5mg-5mg subcut q30mins PRN
2. Patient maintained on oral opioid
   - Titrate from oral opioid to subcutaneous dose by dividing total 24 hour oral opioid requirement by 2 or 3 and prescribe as continuous subcutaneous infusion
   - Calculate PRN (breakthrougth) dose as 1/10 fo daily dose and prescribe q30 minutes PRN

Agitation

- 1st line – Midzaolam 2.5mg -5mg subcut q30minutes PRN (max 20mg /24hrs)
- Haloperidol 0.5mg -1mg subcut hourly PRN (max. 6mg/24hrs) – use with evidence of confusion/marked agitation and/or multiple Midazolam doses
- Levomepromazine – only prescribed by palliative care doctors

Respiratory tract secretions

- Glycopyrrolate 200-400microg subcut Q2H PRN (max 1200 microg/24hrs)

OR

- Hyoscine Butylbromide (Buscopan) 20mg subcut Q2H PRN (max. 120mg/24hrs)

OR

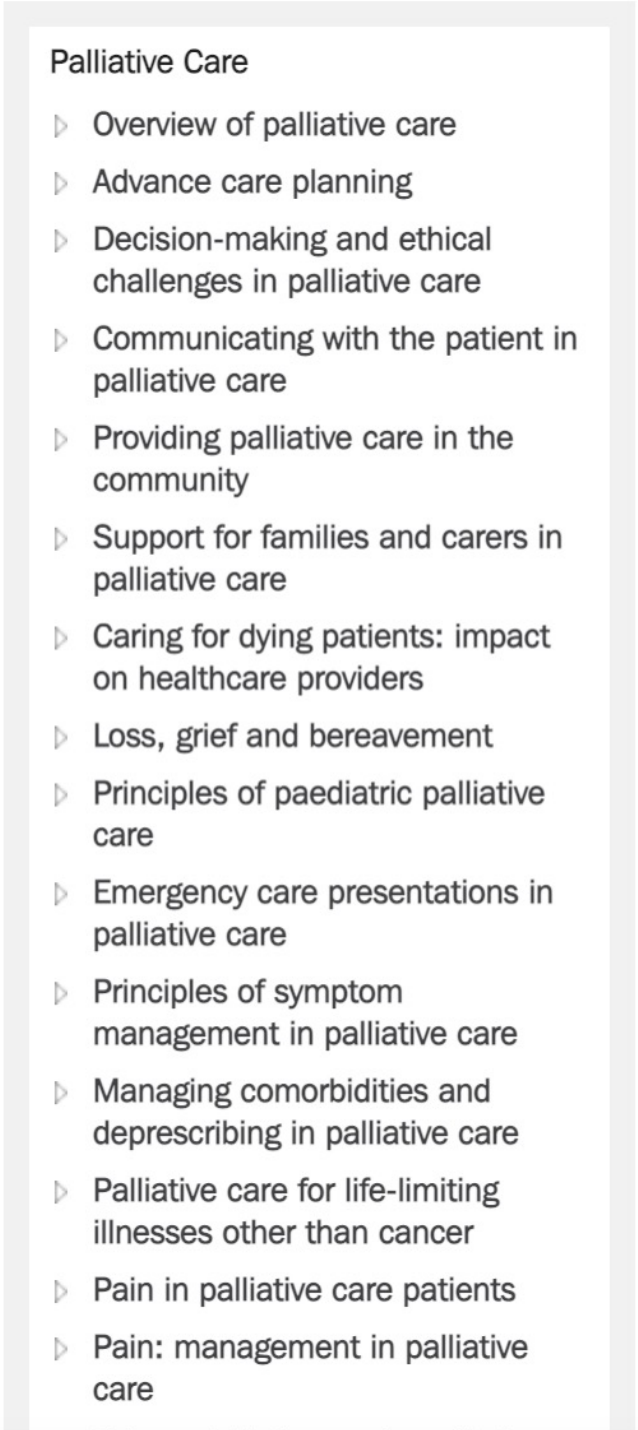
- Hyoscine Hydrobromide 400 mcg subcut Q2H PRN (max 1600mcg/24hrs)

Nausea/Vomiting

- 1st line – Metoclopramide 10mg subcutaneous Q4H PRN (max 60mg/24hrs)
- 2nd line – Haloperidol 1mg-1.5mg subcut BD PRN (max 3mg/24hrs)
- 3rd line – Levopromazine – prescribed by Palliative Care Medical Officer only

Dyspnoea

- Morpine 2.5mg -5mg subcut Q30mins PRN
- Midazolam (for associated anxiety/distress) 2.5mg – 5mg subcut Q30 mins



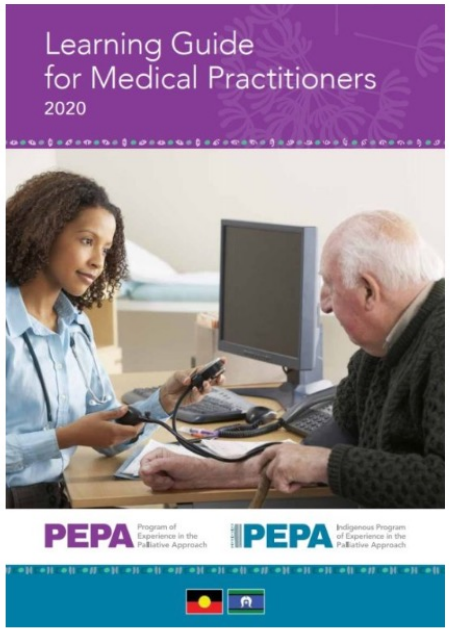
Useful resources

- PallConsult – 24/7 doctor hotline for advice on palliative and end-of-life care from Pallitiative Medicine Specialist (1300 725537)
- eTG also has quite an extensive section of palliative care
- Learning Guide on PEPA website

Learning & Placement Guides

- Paramedics
- Aboriginal and Torres Strait Islander Health Professionals
- Allied Health Professionals
- Care Workers
- Disability Support Workers
- Medical Practitioners
- Nurses

Learning Guide for Medical Practitioners



- Online Module (via LMS)
- Learning Guide for Medical Practitioners (Print / PDF-writable*)

Applying for PEPA