

# **Palliative Care Emergencies**

*Additional module if needed*

# Learning objectives

- Understand emergency /urgent / important
- Describe common emergencies in PC
- Explore principles of essential management
- Outline management for specific common emergencies in PC

# Questions

- In any given situation we must use
  - knowledge
    - know what we could do
  - skill
    - know what we should do
  - attitude
    - know how we should do
  - diplomacy
    - know what the patient wants us to do / not do
  - judgement
    - make an active/ negotiated decision

# Emergencies

- severe pain
- confusion
- spinal cord compression
- fractures
- metabolic - hypercalcaemia
- seizures
- haemorrhage
- superior vena cava obstruction
- respiratory obstruction

# Total Pain

PHYSICAL



EMOTIONAL

SOCIAL

SPIRITUAL

# Confusion

- confusion
  - up to 75% patients advanced illness
  - often fluctuates
  - terminal restlessness (mild)
  - terminal delirium (severe)

# Confusion

## Causes

- biochemical / drugs
- pain
- cerebral irritation
- infection
- constipation / retention
- hypoxia / respiratory distress
- anxiety / spiritual distress

# Confusion

## Management

- treat reversible causes
  - stop medications / insert catheter / start antibiotics / treat constipation
- adjust environment
  - familiar voices, music, soft lighting, avoid loud noise / don't use restraints
- explain / support
  - family needs
- pharmacological intervention



# Confusion

## Management

- use sedatives
- symptom relief
  - neuroleptics - anxiolytic / antipsychotic
    - *haloperidol / olanzepine / chlorpromazine*
      - *haloperidol 5mg po/sc as required and repeat*
  - benzodiazepines - anxiolytic / sedative
    - *midazolam / lorazepam / diazepam*
      - *midazolam 2.5mg sc / diazepam 5mg od*

# Spinal Cord Compression

## Incidence

- 3% patients advanced cancer
- > one level 20%
- common
  - breast
  - bronchus
  - prostate



# Spinal Cord Compression

## Mechanism

- metastatic spread to bone 85%
- direct tumour extension 10%
- intramedullary primary 4%
- haematogenous spread to epidural space 1%



# Spinal Cord Compression

## Presentation

- pain >90%
- weakness >75%
- sensory level >50%
- sphincter dysfunction >40%



*nb. pain usually predates other symptoms*

# Spinal Cord Compression

## Diagnosis

- history and clinical findings
- plain x-ray
- ?bone scan
- ?MRI
- ?CT / myelogram





# Spinal Cord Compression

## Management

- corticosteroids
  - *dexamethasone 16-32mg*
- radiotherapy
  - as soon as possible
- surgery



# Spinal Cord Compression

## Outcome

- poor prognosis
  - loss of sphincter control
  - rapid onset
  - complete paraplegia
- better prognosis
  - early detection and treatment
  - cauda equina lesion
  - incomplete paraplegia











# Fracture

- common with metastatic bone disease
- may be terminal event
- management
  - anticipate
  - radiotherapy
  - surgery
  - neuraxial therapies







# Hypercalcaemia

- commonest metabolic complication
- rate of rise determines emergency
- common
  - up to 50% breast and myeloma
  - lung / renal / cervix / head and neck
- diagnosis
  - thirst / polyuria / confusion / pain / nausea and vomiting / constipation / dehydration / coma



# Hypercalcaemia

- investigation
  - serum calcium / albumin / renal function
- management
  - rehydrate
  - bisphosphonates
    - *pamidronate 60mg*
  - treat underlying disease

# Seizures

## Causes

- cerebral metastases
- cerebral infection / oedema
- cerebral haemorrhage
- biochemical derangement
- premorbid epilepsy

# Seizures

## Treatment

- emergency
- maintain airway
- pharmacology
  - *diazepam 10mg pr*
  - *midazolam 5-10mg sc/iv*
  - *phenobarbitol 100mg sc or in 100mls saline over 30mins*
  - *consider steroids*

# Haemorrhage

- fear often worse than reality
- more common
  - GI / lung / pelvic / head and neck
- management
  - radiotherapy
  - surgery

# Haemorrhage

## Management

- topical
  - mild oozing
    - *topical sucralfate*
  - moderate oozing
    - *dilute hemloc (adrenaline 1:1000 soaked swab)*

# Haemorrhage

## Management

- oral
  - *ethamsylate 500mg QID (tranexamic acid)*
  - *sucralfate 1g bd-qds*
- 1% alum bladder irrigation

# Massive Haemorrhage

## Management

- anticipate
- prevent (if possible)
- keep calm
- skilled person (if available)
- sedation (if possible)
  - *benzodiazepine / morphine*
- vaginal pack / local measures / surgery

# SVCO

## Superior venal cava obstruction

- 75% SVCO is in lung carcinoma
- extrinsic compression / mediastinum
- symptoms/signs
  - depend on extent and speed of development
  - symptoms worse on lying flat
  - facial +/- arm swelling
  - engorged neck and chest wall veins



# SVCO

## Management

- *stat iv dexamethasone 8-16mg then po*
- ?urgent referral for radiotherapy
- stent
- ?chemotherapy

# Respiratory Obstruction

- acute
- reversible or irreversible ?
- relieve symptoms regardless of cause

## Pharmacological

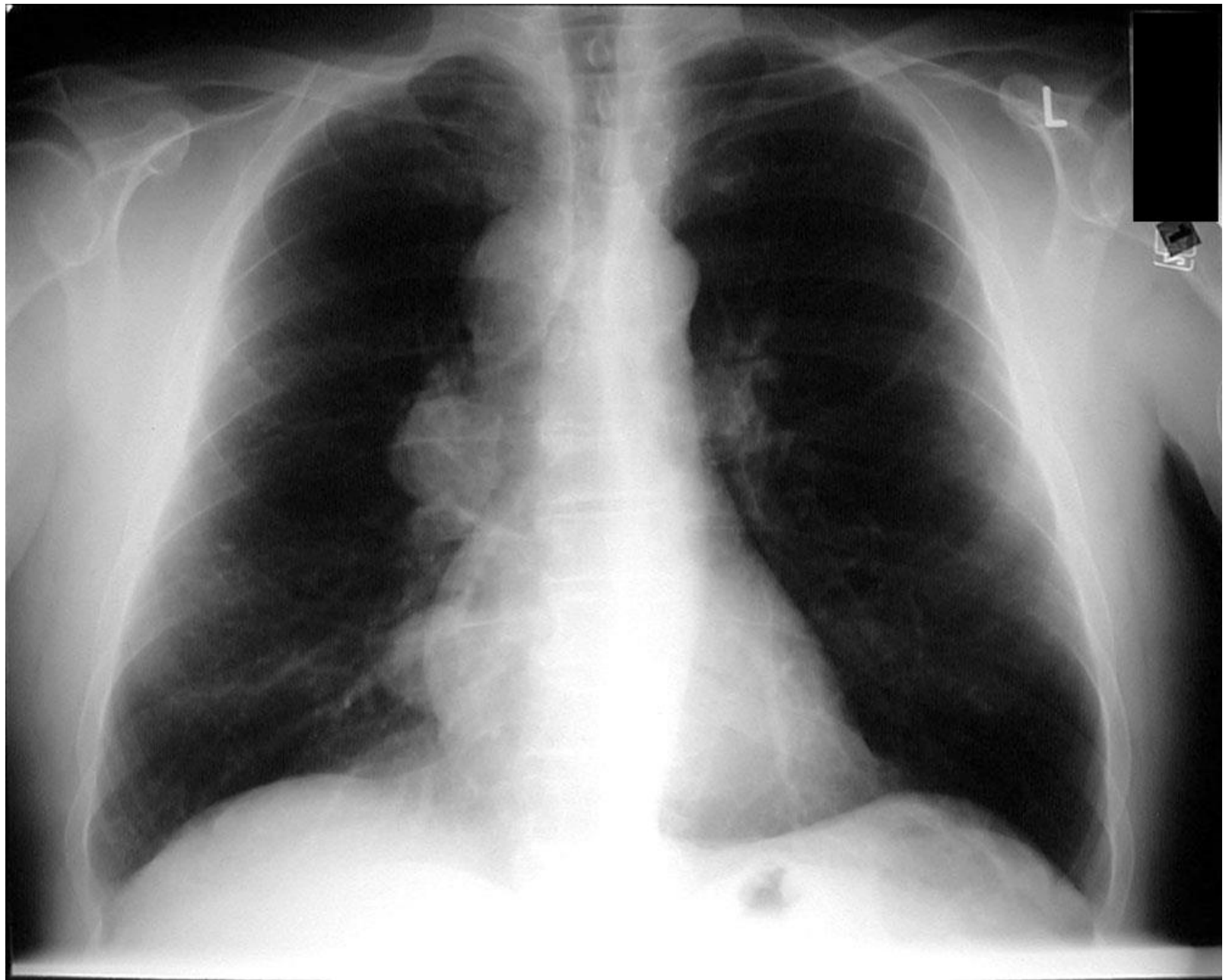
- *parenteral morphine*
- *s/l lorazepam 0.5- 2.0 mg PRN / parenteral midazolam*
- *?steroids - dexamethasone*

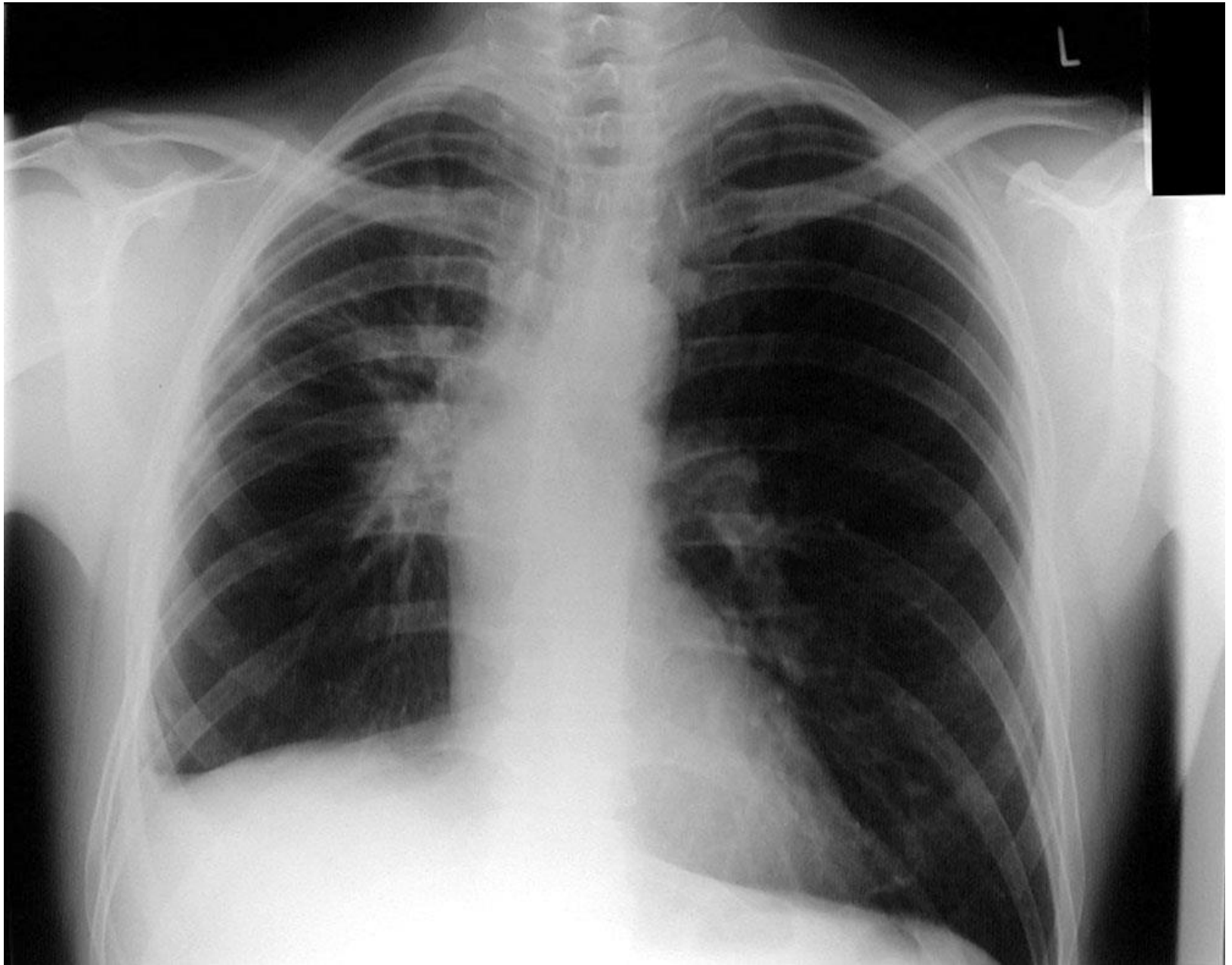
## Non-pharmacological

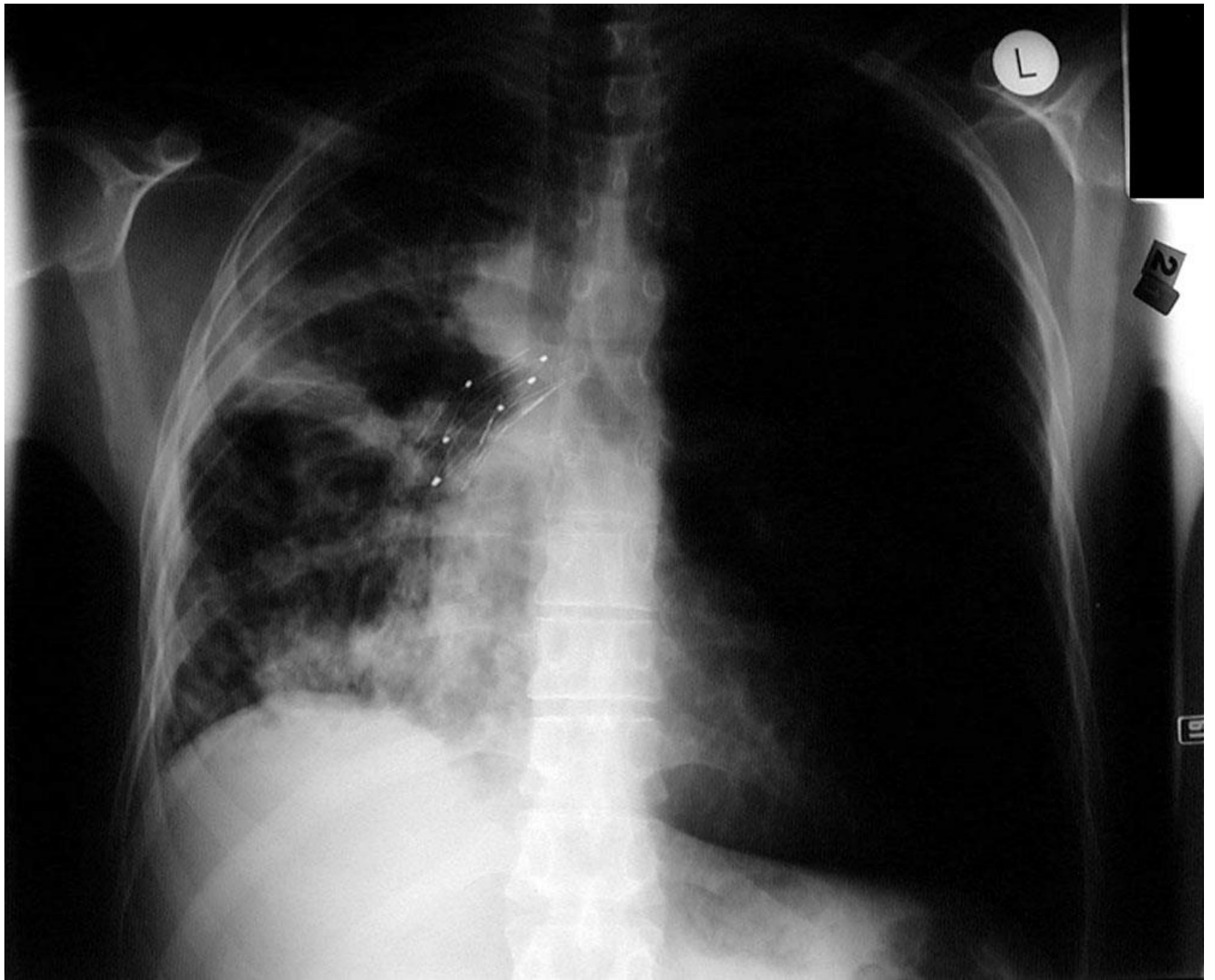
- fan, presence

# Stridor

- acute stridor is very rare
- iv dexamethasone stat
- iv midazolam, if severe agitation
- ? referral for stent /DXT







# Conclusions

- can be physical, social, spiritual, psychological
- can cause team tension
- challenge
- opportunity
- bridges specialties
- teamwork

- These resources are developed as part of the THET multi-country project whose goal is to strengthen and integrate palliative care into national health systems through a public health primary care approach
  - Acknowledgement given to Cairdeas International Palliative Care Trust and MPCU for their preparation and adaptation
  - part of the teaching materials for the Palliative Care Toolkit training with modules as per the Training Manual
  - can be used as basic PC presentations when facilitators are encouraged to adapt and make contextual



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