



# Top 10 things every practitioner should know in Palliative Care

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# 1. Initiate Palliative Care Early

- Identify patients both Cancer and Chronic illness who would benefit from palliative care
- Ask the **Surprise** question for patients with Chronic illness
- Would this patient benefit from a palliative approach to care?
- Palliative care is active care
- Initiating Palliative Care early in the illness trajectory, improves and maintains best quality of life under the circumstances.
- Allows for time to review goals of care and advanced care planning



## 2. Symptom Response Kit

- A kit that contains
  - **Parental medications**
    - Opioids (Morphine or Hydromorphone)
    - Oropharyngeal secretions (atrophine)
    - Agitation/Nausea (Haloperidol)
    - Seizure (Diazepam or Midazolam)
    - Agitation / Sedation (Midazolam)
    - Pulmonary Edema (Furosemide)
    - Dexamethasone
  - **Supplies including a Foley Catheter**



## 2. Symptom Response Kit

- ▶ When to Order it
  - ▶ Patient's PPS is around 40-50%
- ▶ Why Order it
  - ▶ Allows nurses to have access to injectable medications when needed in a **CRISIS** i.e patient cannot swallow, pain crisis
  - ▶ No 24 hour pharmacies in our area
- ▶ How to fill it out
  - ▶ Need to initial on the boxes
  - ▶ Hoping new form contains the LU code for Midazolam
  - ▶ Fax to LHIN Care Coordinator for the patient



## 2. Symptom Response Kit

- Usually takes 3 business days to arrive
- It is **not** to be used for "I need these medications NOW"
- Form acts as a prescription and orders
- Discuss with patient and family why you are ordering and where they are going to keep it in the home
- **Once a nurse uses the medications, they should be notifying you so you can then start regular prescriptions and orders as needed.**
- Put down your contact information or alternative if you are away
- South East and Champlain LHINS have different forms



## 2. Symptom Response Kit

### ➤ **Midazolam**

➤ Now Limited Use Code 495

➤ " For intermittent injection used for symptomatic relief in patients receiving palliative care"



# 3. Palliative Care Facilitated Access

- **What is it?**

- - is a list of physicians who have applied to the Ontario Medical Association and received a PCFA designation
- Allows physicians to prescribe high strength opioids and other restricted medications required for palliative purposes

- **What is the purpose?**

- A PCFA designated physician holds expertise in palliative care which allows them to evaluate the need to prescribe specific products used for palliative purposes.
- The PCFA physicians can obtain these medications without having to go through the Exceptional Access Program



## 3. Palliative Care Facilitated Access

- **Who can qualify?**
- Long list of criteria and essentially family physicians without extra palliative care training will not qualify
  
- **Will this affect family physicians/ nurse practitioners to deliver palliative care?**
  - Only for prescribing high strength opioid prescriptions
  - Many medications which required PCFA designation are now on the ODB formulary or require a Limited Use Code.





## 3. Palliative Care Facilitated Access

- **How do I get the high strength opioids prescriptions for my patients**
  - Morphine SR 200 mg
  - Fentanyl 75 mcg/h and 100 mcg/h and
  - Hydromorphone CR 24 and 30 mg
- Call the PCFA Program and speak with a Palliative Care Physician for a consultation.
- If approved the primary physician calls the Exceptional Access program Telephone Request Service with the PCFA's physician CPSO number and gets approval.
- See "Palliative Care Medications Made Easy" cheat sheet and be aware further changes may occur.



## 4. Call a Friend

### Champlain

- Regional Palliative Consultation Team
- 1-613-562-6397
- 1-800-651-1139

### South East

- Queens Palliative Care Medicine
- 613-548-2485
- Afterhours 613-548-3232



## 5. Palliative Care Nurse Practitioner

- Both the South East and Champlain LHINS have Palliative Care Nurse Practitioner Programs
- Practitioners can refer their patients to these programs for ongoing collaborative care
- Referrals can be made through Home and Community Care
- to enhance the quality of hospice palliative care by working collaboratively to provide on-going whole-person care, through optimal pain and symptom management,
- providing patients and their families with comprehensive evidence-based hospice palliative care,
- closer to home in their care setting of choice



## 5. Palliative Care Nurse Practitioner

- ▶ Our nurse practitioners serve our patients and families in a number of ways:
- ← provide early diagnosis of hospice palliative care needs
- ← provide direct clinical care in your home (within the scope of practice of a nurse practitioner)
- ← Help you identify the best possible place to spend your remaining days: home, hospital or hospice
- ← If you choose to remain at home, we support you to live comfortably in your own home for as long as possible
- ← help improve pain and symptom management through medication and other interventions
- ← improve access and referrals to specialist services



# 5. Palliative Care Nurse Practitioner

## Champlain

- Referral through the Regional Palliative Consultation Team
- 1-844-689-1768
- Complete Referral form found at [www.bruyere.org](http://www.bruyere.org)

## South East

- Referral through Home and Community Care
- Monday - Friday 8:30-16:30
- 1-888-547-7744
- Complete regular Home and Community Care Referral Form and specify you would like the Palliative Care Nurse Practitioner
- <http://healthcareathome.ca/southeast/en/partner/Documents/Referral%20Form.pdf>



# 5A: Palliative Pain and Symptom Management Consultation Service

- PPSM Consultants are Registered Nurses with CAN Certification in Hospice Palliative Care who :
- Provide case-based education and mentoring to health care providers working in community agencies, long term care homes, community health centers and family health teams
- Educate and mentor with the goal to build capacity among front line care providers who are supporting individuals and families living with a life-limiting, life-threatening illness
- Offer bedside consultation and mentorship to professional caregivers
- Through South East LHIN Home and Community Care



## 6. Transfer of Patients from Home to Hospital for EOL care.

- If a patient chooses to have their end of life care in hospital, our committee is currently developing a policy to facilitate a smooth transfer.
- Contact the Patient Flow Coordinator to put the patient on a list for a bed
- Contact the Most Responsible Physician who will be taking care of the patient in hospital
- Send pertinent information to the Patient Flow Coordinator who will also notify the Emergency Departments in case the patient comes in crisis
- Contact the Hospital Palliative Care Nurses –they can liaison with the Community Nursing Agencies if required



## 7. Provide 24/7 coverage for your patient

- The goal of providing in home palliation is to keep people at home
- When a crisis occur, family panic and when they cannot have their issues managed at home, they go to the Emergency Department for assessment and often they are admitted to manage their symptoms.
- Provide your contact numbers to the nursing agency
- You can give your contact numbers to the family and give them instructions when and how to use. I have done this and people are grateful and rarely use it.
- When you are away, find someone to replace you and send your replacements contact information to the nursing agency and or family





## 8. How to order a CADD Pump

- Pumps can be used at home and in hospital
- Consider using when using multiple subcutaneous injections are used
- Mainly used for opioids and benzodiazepines.
- Call the pharmacist at OMS to help you determine the concentration
- TIPS
  - Order 2 cassettes at a time
  - Have a contingency plan in case the CADD fails



## 9. Palliative Performance Scale

- Describes function over 5 domains
  - Ambulation
  - Activity and Evidence of Disease
  - Self Care
  - Intake
  - Conscious Level
- It is **NOT** a prognostic tool for chronic conditions but can be a guide for cancer conditions
- Provides a snapshot of functional status at the time of assessment
- Useful to have common language to use amongst care providers



# 10. Education, Education, Education

- LEAP – Learning Essential Approaches to Palliative Care – Core and LTC
- Kingston 4 day course
- Quarterly Lunch and Learn sessions provided by Palliative Pain and Symptom Management Consultants (PPSMC)
- Monthly Queens Palliative Medicine Academic Rounds: third Friday of each month 8-9am OTN (Contact PPSMC or more information)
- Annual **Nurses** Retreat Weekend: Crossing the Threshold in Palliative Care with PPSMC and Queen's Palliative Medicine Physicians November 24-26.
- Introductory **multidisciplinary** course: Fundamentals of Hospice Palliative Care (3 full day sessions and independent work with an additional optional Enhanced day for Nurses)
- Second level for **support staff**: APPS - Advanced Palliative Practice Skills (3 half day sessions and independent work)
- Second level for **Nurses** is CAPCE - Comprehensive Advanced Palliative Care Education (22 weeks with in class, coaching, Elearning modules, peer to peer and practical applications)



# Summary

1. Initiate Palliative Care Early
2. Symptom Response Kit
3. Palliative Care Facilitated Access Program
4. Call A Friend
5. Palliative Care Nurse Practitioner and Palliative Pain and Symptom Management Consultation Service Nurse
6. Transfer of Patients from Home to Hospital for EOL care
7. Provide 24/7 coverage for your patient
8. Use a CADD pump
9. Palliative Performance Scale
10. Education



# South East LHIN Forms

- ▶ **South East LHIN SRK**

form <http://healthcareathome.ca/southeast/en/partner/Documents/SRK%20Prescription%20Order%20Form%20-%20May%202017.pdf>

- ▶ **Physician Process for SRK**

<http://healthcareathome.ca/southeast/en/partner/Documents/SRK%20-%20Physician%20Process%20-%20May%202017.pdf>

- ▶ **South East LHIN CADD pump**

form <http://healthcareathome.ca/southeast/en/partner/Documents/CADD%20SOLIS%20PCA%20Order%20Form%20-%20May%202017.pdf>

- ▶ **South East LHIN Referral form for NP**

Program <http://healthcareathome.ca/southeast/en/partner/Documents/Referral%20Form.pdf>



# Champlain LHIN Forms

- ▶ **Champlain LHIN SRK**

form <http://healthcareathome.ca/champlain/en/partner/Documents/Champlain%20Palliative%20SMK%20Medication%20Order%20Form.pdf>

- ▶ **Champlain LHIN CADD pump**

form <http://healthcareathome.ca/champlain/en/partner/Documents/Medical%20Referral%20Infusions%20for%20Symptom%20Management.pdf>

- ▶ **Champlain LHIN Referral form for NP**

Program [http://healthcareathome.ca/champlain/en/care/Documents/RPCT%20Referral%20Form\\_revised\\_10\\_2017\\_EN.pdf](http://healthcareathome.ca/champlain/en/care/Documents/RPCT%20Referral%20Form_revised_10_2017_EN.pdf)