

Nurse Maude

**HOSPICE PALLIATIVE
CARE SERVICE**

Decisions about
Treatment

Ngā whakatau
maimoatanga



Simplifying medication

In the final stages of an illness, the effort required to swallow tablets can become stressful and exhausting. We usually review their medication and discuss stopping those that are no longer beneficial or necessary.

If swallowing becomes difficult we are able to put essential medications (e.g. pain relievers) into a syringe driver which injects the medication continuously into the skin (see our leaflet 'Managing Pain in Palliative Care').

24 hour contact

Please contact your GP or district nurse. Advice is also available 24 hours a day, seven days a week from the hospice.

Nurse Maude

Hospice Palliative Care Service

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Decisions about treatment

Treatment needs change as disease progresses. What gives relief in the early stages can become less effective as the patient becomes less well.

We realise decisions about treatment can be very difficult and while this leaflet sets out to explain some of these decisions, your doctor or nurse can give you more detailed information.

Cardiopulmonary resuscitation (CPR)

CPR is an emergency treatment that attempts to restart the heart when it has unexpectedly stopped beating (cardiac arrest).

CPR is more appropriate when the cause of the cardiac arrest is treatable e.g. a heart attack. People with advanced disease such as cancer generally do not have a treatable cause and therefore resuscitation is usually unsuccessful.

CPR may be undignified and as it can cause injury such as bruising, broken ribs, punctured lung and/or brain damage it is unsuitable for most palliative care patients and therefore not routinely performed. CPR is discussed with patients and their family/whānau on admission.

Intravenous (IV) / Subcutaneous fluids

A drip (IV/Subcutaneous) is often used to help administer drugs or replace fluid.

However, as disease progresses it is normal for patients to eat and drink less. Eventually they may be unable to swallow fluids at all. This is part of the natural dying process and the body adapts to the reduced intake by conserving fluids. Additional fluid can interfere with the natural process and may cause discomfort such as swelling and shortness of breath. Therefore, fluid via a drip is not routinely administered in palliative care.

Regular mouth care to keep the tongue and lips moist is the most effective way to keep the patient comfortable when they are no longer eating or drinking.

Your nurse can show you how to provide mouth care.

Eating

Appetite usually decreases naturally in advanced illness as patients become less active.

Supplemental feeding via drips or tubes is not recommended for patients in the final days of their illness. Instead, patients are offered suitable fluids and/or food when they feel like it.

Antibiotics

Patients can develop infections such as pneumonia when they are close to dying. Reduced activity due to weakness, inability to breathe deeply or cough properly can worsen this.

Our priorities are to reduce distressing symptoms related to the infection and maintain comfort.

Antibiotics usually prove ineffective when someone is close to dying.

Oxygen

Some patients with shortness of breath may be given oxygen via plastic tubing to the nose or a face mask.

Oxygen can be helpful but it can make the mouth and nose feel dry and irritated, restrict mobility (the patient needs to remain close to the oxygen source), and the mask/tubing can be a barrier to communication.

Our preferred option is to offer medications which relieve the feeling of breathlessness and can be just as effective as oxygen therapy.