

# Palliative care in an Intensive Care Unit



**JOSIEN SCHOO**

**NURSE PRACTITIONER PALLIATIVE CARE  
RIJNSTATE HOSPITAL ARNHEM  
THE NETHERLANDS**

# Introduction

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- Definition palliative care and intensive/critical care
- Literature review palliative care on an ICU
  - Decision-making
  - Family support
  - Symptommanagement
- Role of the consultation team palliative care
- Outcomes of qualitative study with nurses from the ICU Rijnstate hospital by Josien Schoo

# Definition palliative care

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- Approach that improves quality of life of patients and their families
- Facing problems associated with life-threatening illness
- By prevention and relief of suffering through early identification, assessment and treatment of problems
- Physical, psychosocial and spiritual problems

- Palliative care can be provided in any patient setting
- By an interdisciplinary team
- Including ICU



# Definition intensive care

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- Provides comprehensive and continuous care for persons who are critically ill and who can benefit from treatment



# Literature review

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- USA: 20 % of all deaths occur on an IC
- Most IC deaths follow a decision to forgo life-sustaining treatment
- Most of the cases patients have no decisional capacity ( less than 5 %)
- Family members play an important role in daily decision-making



# Literature review

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- Patient orientated in the IC includes family orientated



# Literature review

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- Importance of palliative issues in intensive care
  - Frequency of death
  - Unpredictability of death
  - Complex technology
  - Interdisciplinary decision-making
  - Threat of discomfort, distress and loss of dignity



# Literature review

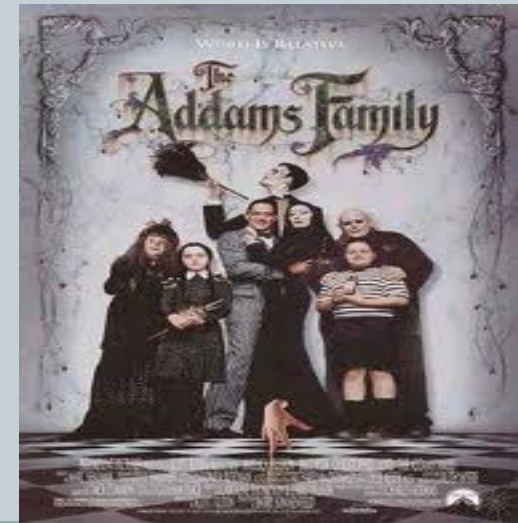
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- Decision-making ICU often difficult
  - Culture IC is saving lives
  - Transition from curative to palliative care is often sudden and in a short time
  - Dying process more dramatic and in a shorter time
  - Unstable situation
  - Great variety between clinicians and nurses about goals of care
  - Nurses think often sooner about withdrawl life-sustaining therapy

# Literature review

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- Family support on an ICU is complex
  - Studies show that the needs of family are inconsistently met
  - Universal problem
  - Improving communication can reduce family member symptoms
  - Nurses play an important role



# Literature review

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- **Important issues for family support**
  - Desire for information exchange
  - Timely communication about prognosis and goals of care
  - Timely communication about withdrawing curative interventions

# Literature review

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- Good clinician-family communication
- Support for surrogate decision makers
- Majority of improving family satisfaction is under direct control of clinician/nurse
- Routine palliative care consultation (quality of care and cost effective)

# Literature review

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- **Communication on an ICU**
  - Family rate communication one of the most important skills of a clinician
  - As most important as clinical skills
  - 70 % talking and 30 % listening
  - Satisfaction family higher when clinician talks less and listens more
  - All team members must be informed about medical situation and goals of therapy



# Literature review

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- Important issues for communication ICU
  - Family meeting important place for communication
  - Choose the right time and early in the process
  - Use a structured way to lead a family meeting (VALUE)
    - ✦ V= Value statements made by family
    - ✦ A= Acknowledge family emotions
    - ✦ L= Listen to family members
    - ✦ U= Understand the patient as a person
    - ✦ E= Elicit questions from family members

# Literature review

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- Important issues for communication ICU
  - Respond to emotions (NURSE)
  - Withdrawl of life-support is not the same as withdrawl care
    - ✦ N= Naming
    - ✦ U= Understanding
    - ✦ R= Respecting
    - ✦ S= Supporting
    - ✦ E= Exploring



# Literature review

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- **Symptommanagement on an ICU**
  - Not optimal, has to be improved
  - Symptoms best assessed through direct communication
  - Most patients are sedated, more complex
  - Lack of knowledge about symptommanagement in the last days of life

# Literature review

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- **Symptommanagement**

- Shortness of breath, pain, anxiety, delirium
- Balance between goals of comfort and goals of intensive care
- Current use of analgesics and sedatives do not hastening death
- Alleviation of pain and suffering is crucial for good quality of end of life care



# Intensive care nurse

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- Symptommanagement patient
- Communication within the team
- Communication process with patient and family
- Supporting family
- End of life care during last hours
- Fore front of integrating both types of care



# Consultation team palliative care

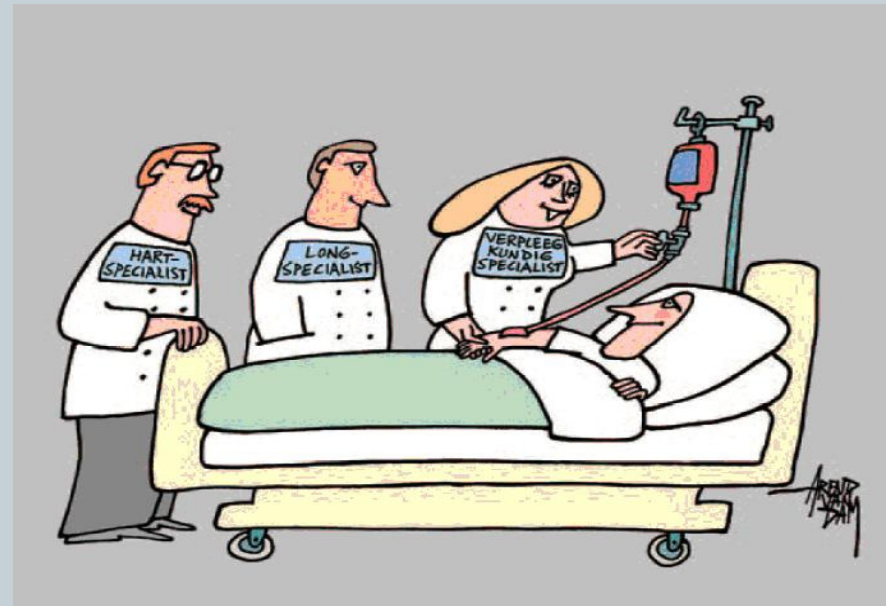
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- Respect for the ICU team
- Understanding and honoring perspective ICU clinicians and nurses
- Find a way to identify ICU patients who need palliative care
- First educate basic elements of palliative care

# Consultation team palliative care

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- Second educate the ICU team in identifying palliative care patients, symptommanagement, communication, bereavement and grief family
- For more complex situations advice the ICU team



# Palliative care on the ICU of Rijnstate hospital

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# Qualitative study

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- Descriptive and qualitative study from november 2009 – march 2010
- Semi structured interviews with 8 nurses from IC Rijnstate hospital



# Qualitative study

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- Analyzing data in a structured manner using Kwalitan software
- Phases in analyzing
  - Open encoding
  - Axial encoding
  - Selective encoding





# Qualitative study

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- 3 main themes
  - Withdrawing life-sustaining therapy and stopping curative treatment
  - Alleviating symptoms and providing comfort for the patients (symptommanagement and supporting the process of dying)
  - Support for family on an ICU (attending and informing family by nurses, doctors and other healthcare deliverers)

# Conclusion

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- Palliative care on the ICU of Rijnstate hospital includes namely:
  - Management of symptoms
  - Providing support to the patient to make the process of dying as comfortable as possible
  - Offering support and giving information to the patients family

# Conclusion

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- The conclusion matches with a few key points of the definition of palliative care by the WHO (2002)
  - Affirms life and regards dying as a normal process
  - Intends neither to hasten or postpone death
  - Provides relief from pain and distressing symptoms
  - Integrates the psychological and spiritual aspects of patient care
  - Offers a support system to help the family cope during the illness and in their own bereavement
  - Uses a team approach to address the needs of patient and family

# Recommendation

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- Implementing a protocol for palliative care for patients on the ICU
- Palliative care more earlier in the process
- More study on the ICU in how family experiences the decision-making process and the dying of their loved one

# The end

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- Education is a powerful tool
- Palliative care not only for the actively dying patient
- More research is necessary to understand palliative care on an ICU
- Impact of palliative care on an ICU
  - Length of stay
  - Costs
  - Family satisfaction

