

PallConsult



Support for clinicians delivering end-of-life care

Palliative Care Workshop

Ben Sankey Clinical Nurse Consultant

November 15 2023

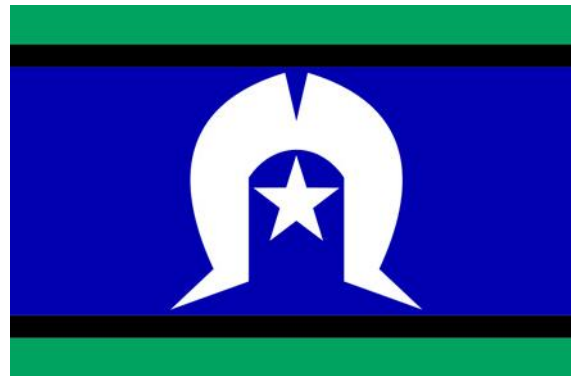


Queensland
Government



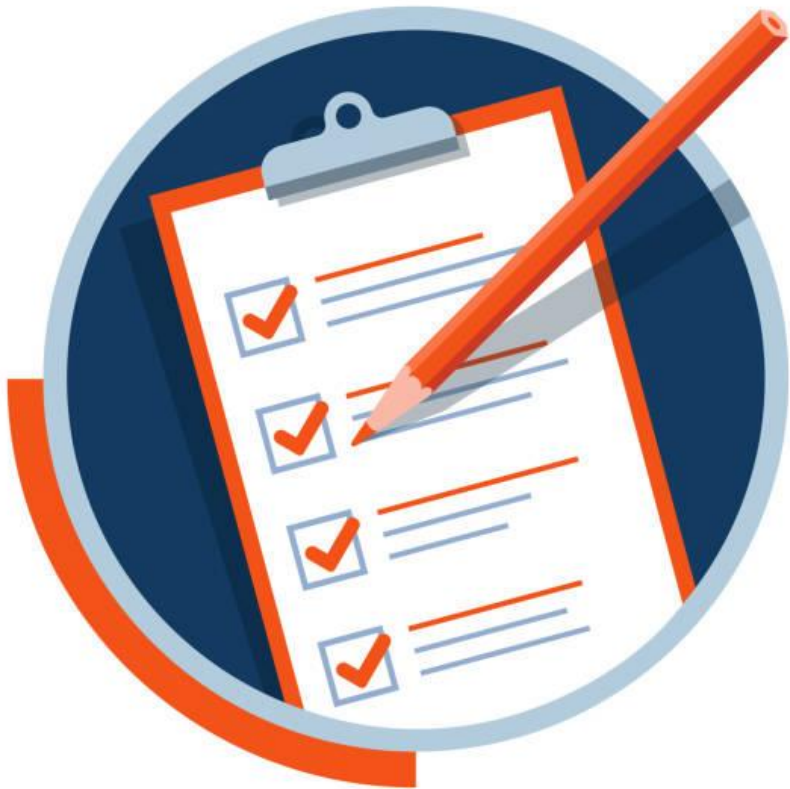
Acknowledgement of Country

We would like to acknowledge the Traditional Owners and Custodians of the land and waterways on which we work. We acknowledge their continued connection to these lands and waters and pay our respects to Elders both past and present.





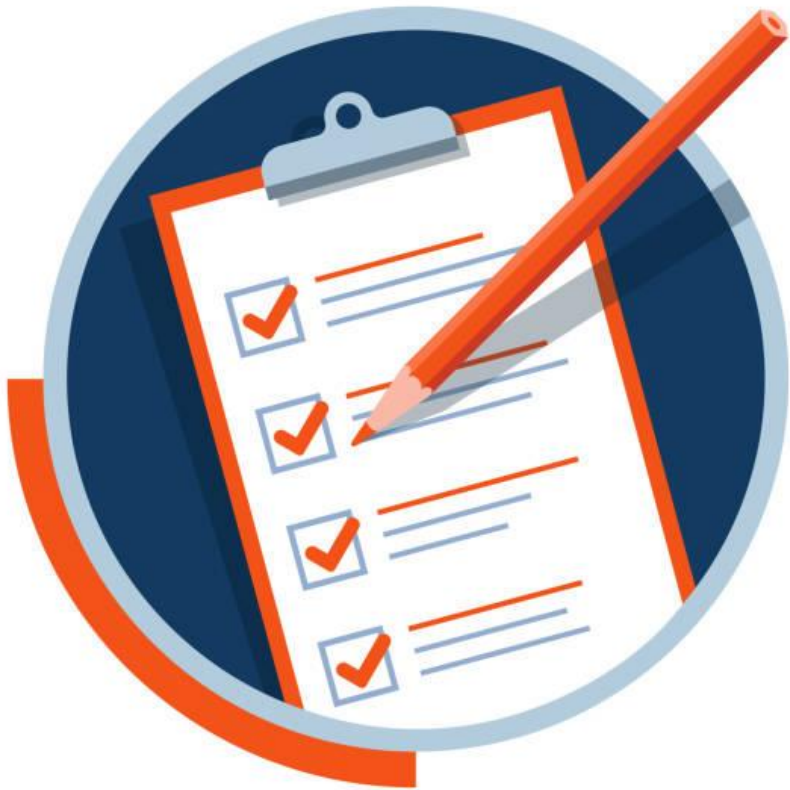
Agenda



1. Self Care
2. End of Life Framework
3. Responding to Distressing symptoms
4. Core Nursing Skills
5. PallConsult Resources
 - Syringe pumps
 - ACP train the Trainer
 - 1300 PALLCR | 1300 PALLDR
6. SPACE and RaSS “WTFH”



Agenda (you are allowed to eat!)



- Morning - Tea 10-1015
- Lunch - 1215-1300
- Afternoon tea - 1415-1430
- Evaluation and close 1545-1600



Aims



Empower Nurses and Care staff in aged care services to residents at end of life (EOL) – especially in terminal phase



Encourage processes and resources proactive and standardised for clinicians to utilize



Enable RACF Nurses and Care staff to be competent safe and confident delivering EoL care.



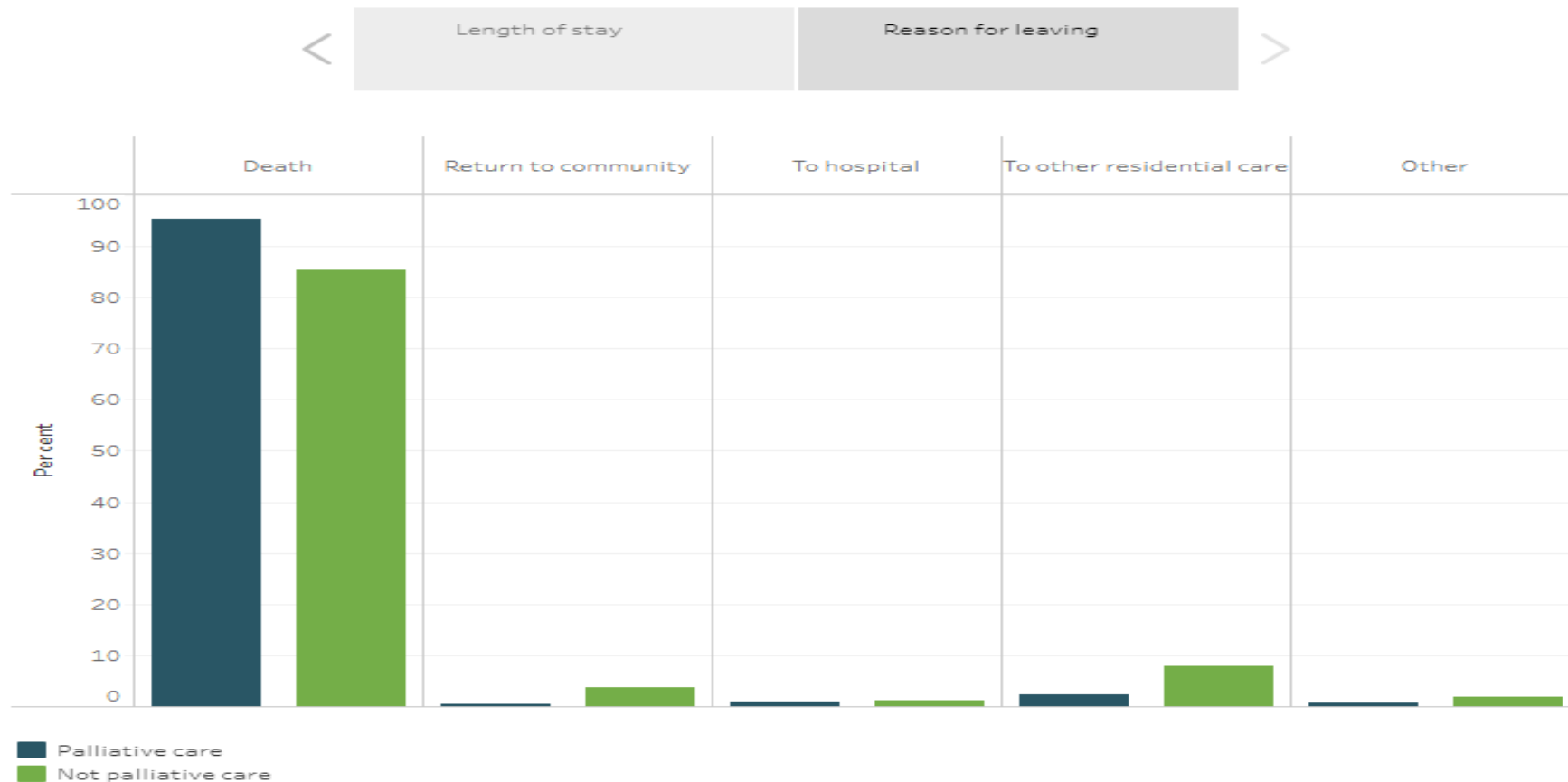
Where do deaths occur in Australia?

- Few older Australians (people aged 65 and over) die at home:
- Hospital is the most common place of death (50% of deaths), followed by
- **residential aged care (36%).**
- Residential aged care is the most common place of death for people aged **85** and over (50%), followed by hospital (40%).



Death-most common reason for leaving RACF

Figure AC.2: Exits from permanent residential aged care, 2020–21

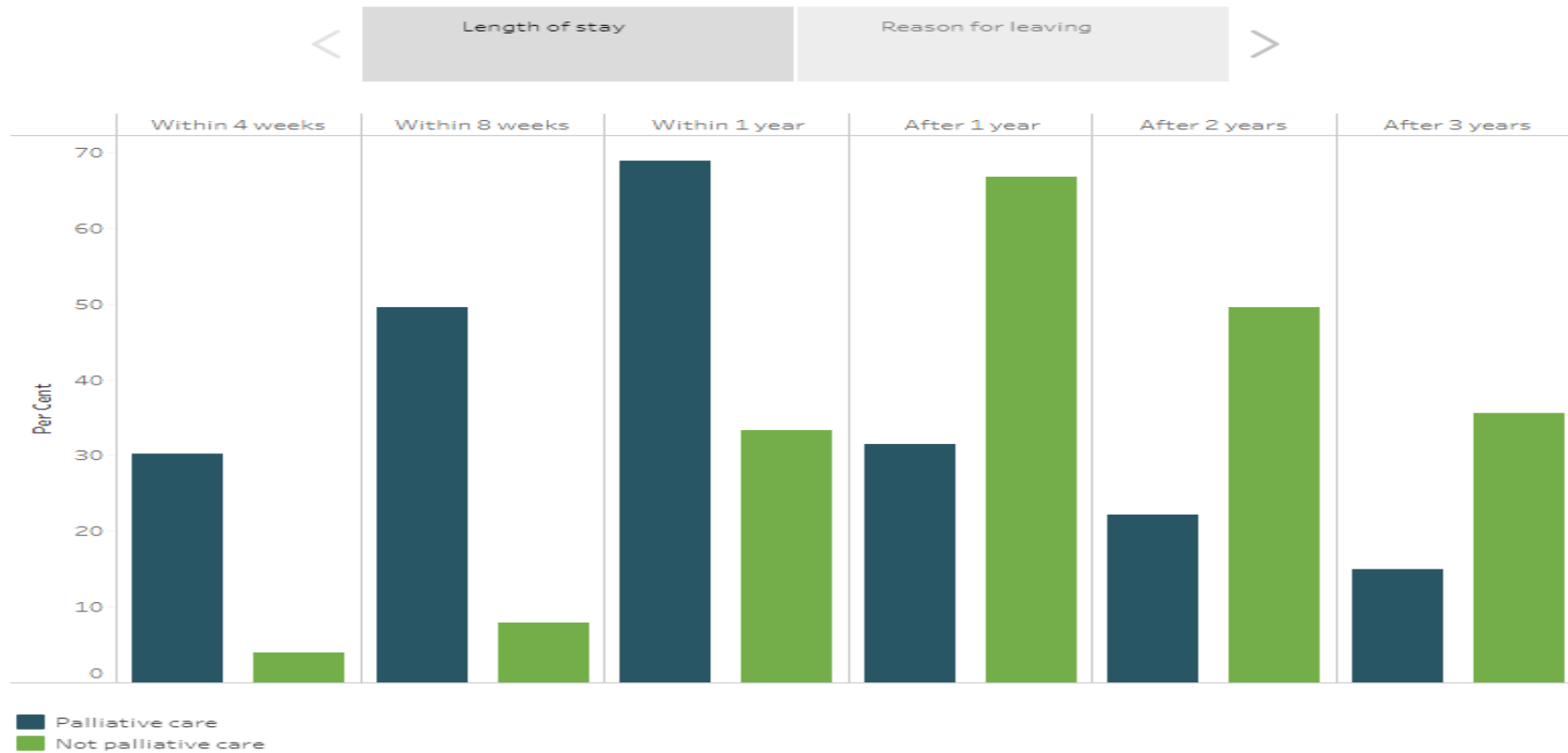


Source: AIHW. Table AC.4.
<http://www.aihw.gov.au/qcsia>



How long does someone stay in an RACF?

Figure AC.2: Exits from permanent residential aged care, 2020–21

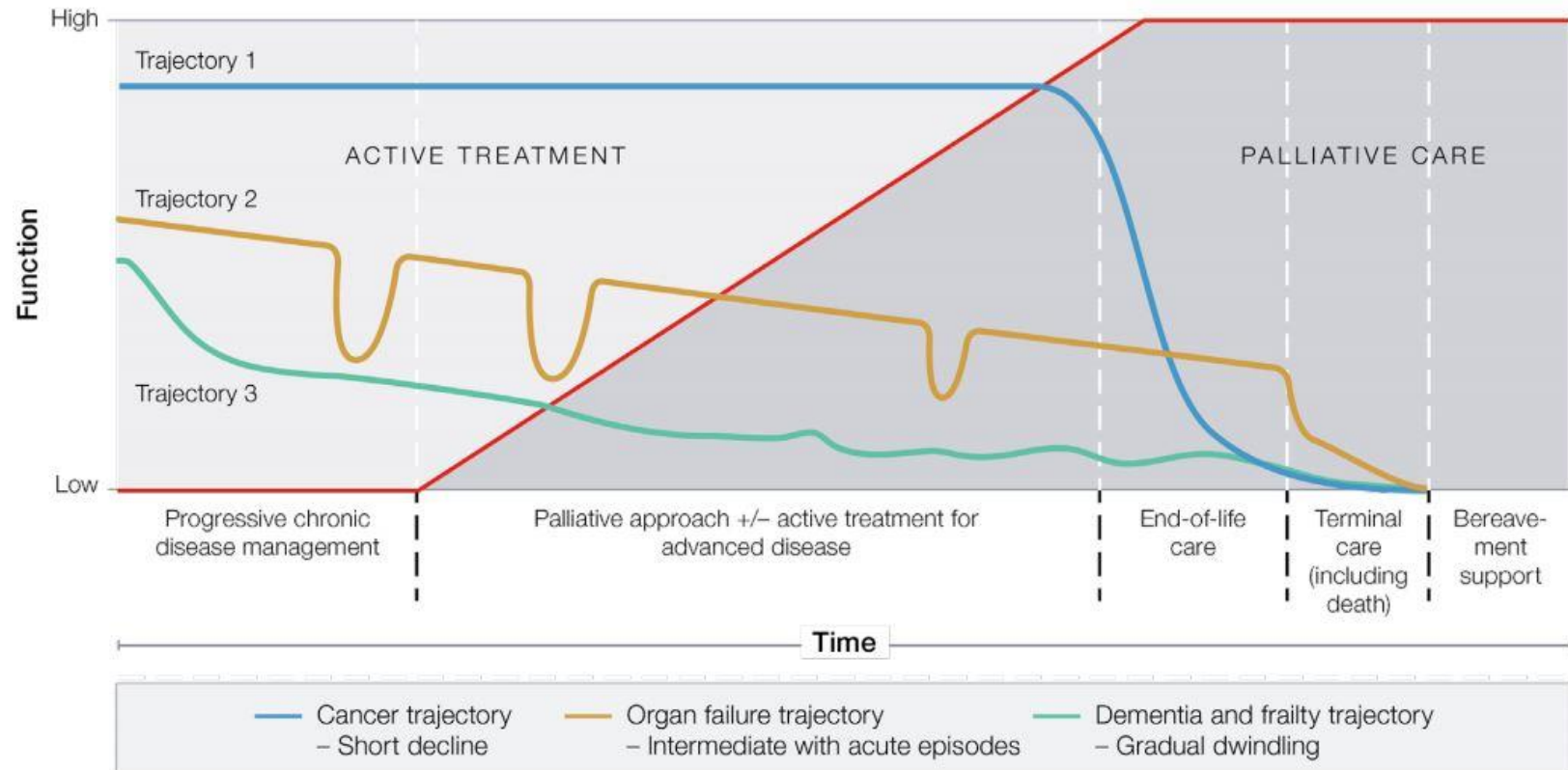


Source: AIHW, Table AC.3.
<http://www.aihw.gov.au/ocsia>



Palliative and end-of-life care

Royal Australian College of General Practitioners





End-of-Life Care Framework – How do facilities support EoL Care?

Last 12
months of life

Begin ACP

Medication
Symptom
management

Care
coordination

Core Nursing Care

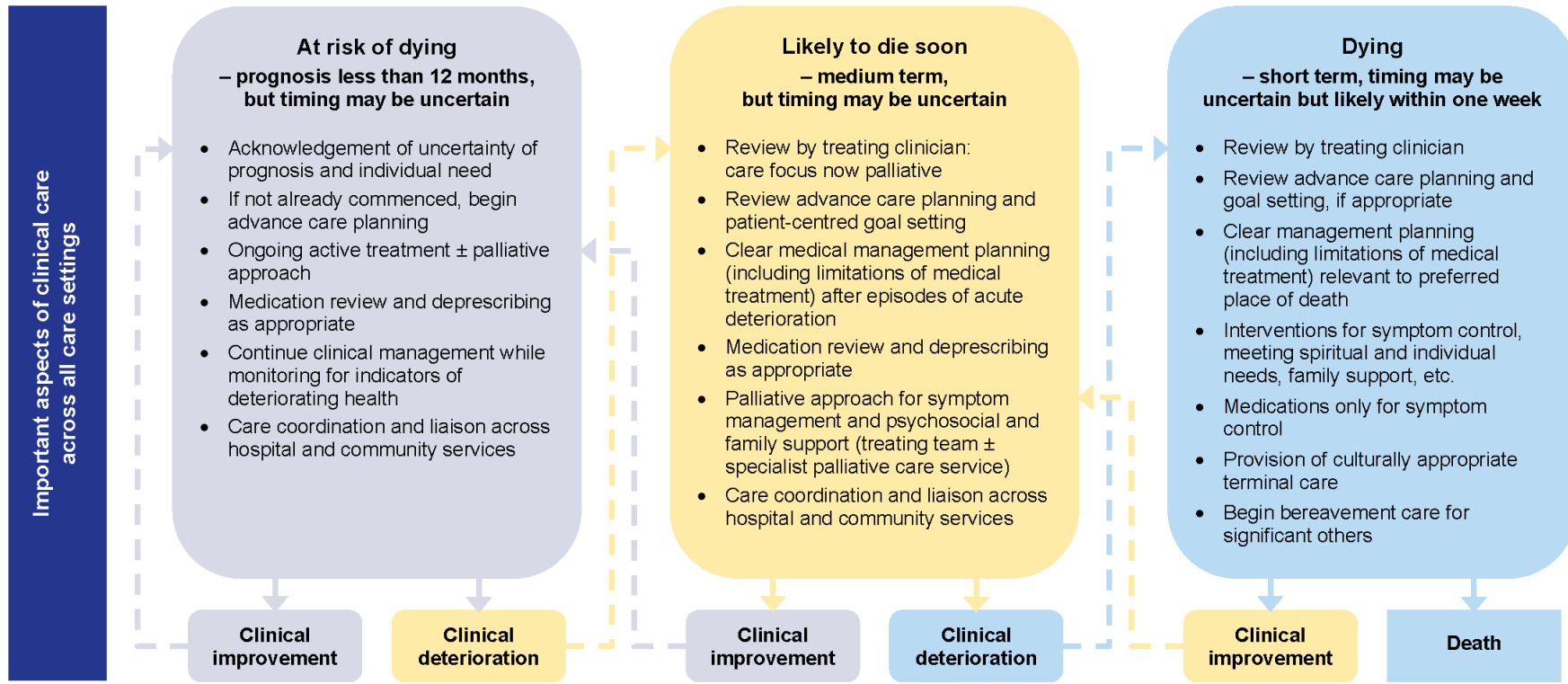
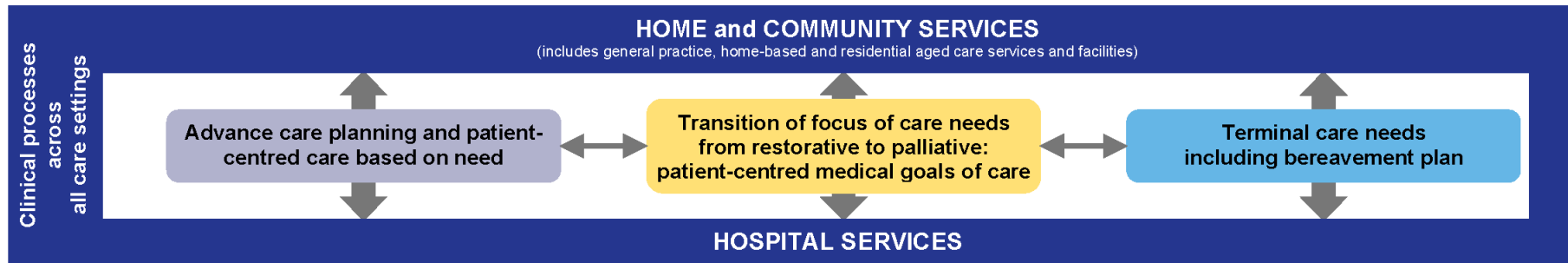
Family care



Resources promoted by PallConsult:-

- Designed to support front line clinicians providing care in last 12 months of life
- Enable specialist services to “value add” – esp in complex cases

PALLIATIVE and END-OF-LIFE CARE FRAMEWORK – LAST 12 MONTHS OF LIFE



Adapted from: 1. Australian Commission on Safety and Quality in Health Care. National Consensus Statement: essential elements for safe and high-quality end of life care. Sydney: ACSQHC, 2015
 2. Alfred Health. Guideline End of Life Care Management. Alfred Health Prompt Doc No: AHG0001555 v1.0, February 2015
 3. Reymond L et al. End-of-life care: Proactive clinical management of older Australians in the community. AFP 2016; 45(1-2)



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ACP Documents

Statement of Choices (SoC)

Advance Health Directive (AHD)

Enduring Power of Attorney (EPOA Long and Short)

Revocation of EPOA/AHDs

QCAT Decisions

Enduring documents



The Health Provider Portal and The Viewer

Clinicians with AHPRA registration can sign up and gain access to The Viewer



**Login to the Health
Provider Portal**





palliMEDS app

- New 2023 version now available
- Familiarises primary care prescribers with eight palliative care medicines, endorsed by the Australian & New Zealand Society of Palliative Medicine (ANZSPM) for the management of terminal symptoms
 - Search by medicine
 - Search by symptom
 - Opioid calculator





palliPHARM

- A Queensland Health funded intervention, and a part of PallConsult
- Developed a *'Core Palliative Care Medicines List for Queensland Community Patients'* and supporting resources



FACTSHEET

Core Palliative Care Medicines for Queensland Community Patients

Introduction

Community-based palliative patients need timely access to palliative care medicines to ensure emergent end-of-life (terminal phase) symptoms are optimally controlled. For this reason, Queensland Health recommends community pharmacies and residential aged care facilities (RACFs) stock at least one medicine from each of the five medicine categories included in the list below.

Core Palliative Care Medicines List for Queensland Community Patients*

Medicine Category	Medicines		Minimum recommended stock	Indication(s) for use in terminal phase patients
	First Line	Second Line		
Analgesic (High potency opioid)	Morphine (sulfate or hydrochloride) 10mg/mL and/or 30mg/mL Injection	Fentanyl citrate 100µg/2mL Injection	5 ampoules	Dyspnoea Pain
		Hydromorphone 2mg/mL Injection		
Anticholinergic	Hyoscine butylbromide 20mg/mL Injection	—	5 ampoules	Respiratory tract secretions
Antiemetic	Metoclopramide 10mg/2mL Injection	Haloperidol 5mg/mL Injection	10 ampoules	Nausea, vomiting
Antipsychotic	Haloperidol 5mg/mL Injection	—	10 ampoules	Agitation Nausea, vomiting Refractory distress
Anxiolytic	Clonazepam 1mg/mL Injection	Midazolam 5mg/mL Injection	5 or 10 ampoules	Agitation Dyspnoea Refractory distress Seizure
	Clonazepam 2.5mg/mL (0.1mg/drop) Oral Liquid			

*Community pharmacies are encouraged to stock first-line medicines or may substitute second line medicines dependent upon local prescribing preferences and/or stock availability. This list does not restrict which medicines can be prescribed for individual palliative patients, but is one approach which will allow community pharmacies to anticipate medicines most likely to be prescribed, and allow prescribers to anticipate medicines most likely to be available for rapid supply in Queensland pharmacies and RACFs.

- Encourage RACFs to embed appropriately stocked palliative care medicine imprest systems
- Provide RACFs with flexible policy and procedure templates to support safe and effective management of palliative care medicine imprest systems
- Ease carer burden by continuing to promote *caring@home* resources as well as other resources relating to anticipating and managing end-of-life symptoms at home.

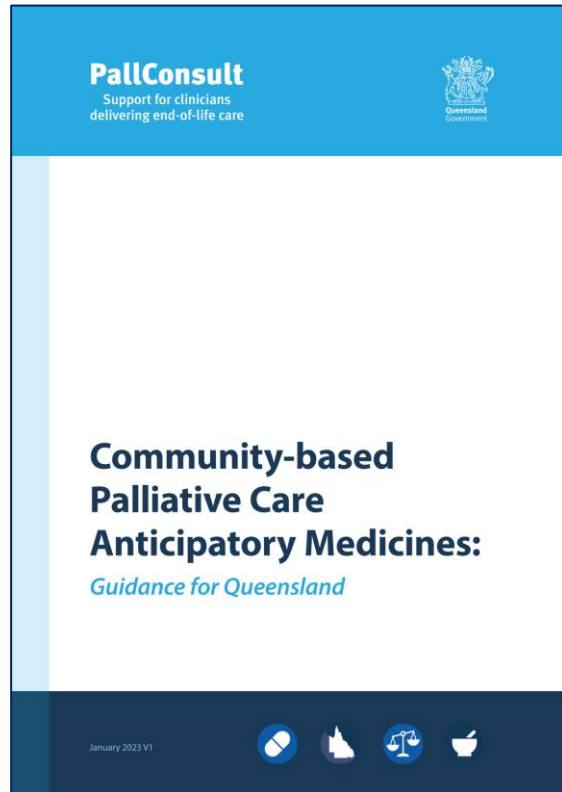
Funding
This statewide project has been funded by Queensland Health.

More information:
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Information:
 3338 9080
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psa.org.au/pallipharma



Anticipatory medicines guidelines



A short online webinar is available to assist clinicians to navigate the document





NIKI T34™/BodyGuard™ T, Surefuser™+ and CADD™ Pump learning packages

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delivering end-of-life care

A practical handbook for health professionals:
How to safely set up, commence and provide necessary documentation for NIKI T34™, T34™ and BodyGuard™ T syringe pump infusions.

April 2022 V1

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A step-by-step guide – Setting up the Surefuser™+ infusion device, commencing and monitoring the infusion
This guide assumes a subcutaneous cannula has already been inserted into the person.

Gather the equipment required

- Surefuser™+ infusion device
- Medicine(s) as per medicine order
- 50mL or 100mL sodium chloride 0.9% (depending on length of infusion)
- Alcohol swabs
- 50mL Luer Lock syringe(s)
- 3mL Luer Lock syringe(s) for drawing up medicine(s)
- Drawing up needle(s)
- Clear waterproof dressing
- Subcutaneous medicine label
- Infusion monitoring label (not shown in the image)
- Lightweight carry pouch
- Non-sterile kidney dish
- Sharps container

Complete the subcutaneous medicine label for the Surefuser™+

Complete the following required details on the subcutaneous medicine label and set it aside:

- Person's name
- ID number
- Date of birth
- Medicine(s) added
- Units + mL of medicine(s) added
- Diluent added
- Date prepared
- Time prepared
- Initials of the health professional who prepared the medicine(s)
- Initials of the health professional who checked the medicine(s)

Fill the Surefuser™+ (This guide shows the process for filling a 100mL 2-day Surefuser™+)

1. Wash your hands and don Personal Protective Equipment (PPE) as per local policy and procedures

Endorsed by the Statewide Palliative Care Directors' Group. February 2022 V1

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A practical handbook for health professionals:
How to safely set-up, commence and provide necessary documentation for the CADD™-SOLIS or CADD™-SOLIS VIP infusion pumps

NOTE: This document describes the safe practice requirements for the use of the CADD™-SOLIS and CADD™-SOLIS VIP infusion pumps in the administration of CONTINUOUS SUBCUTANEOUS MEDICINES for the management of symptoms in palliative care patients.

July 2023, V1.0






RAC EOL Care Pathway

Metro South Health

Home | About us | COVID-19 Response | Hospitals and centres | Patients and visitors | Join our team | Get involved | Clinician resources | Refer your patient

Research



Metro South Health

- Home
- About us
- COVID-19 Response
- Hospitals and centres
- Patients and visitors
- Join our team
- Get involved
- Clinician resources**
 - Residential aged care end of life care pathway**
 - Refer your patient
 - Research

Home > Clinician resources

Residential aged care end of life care pathway

The Residential Aged Care End of Life Care Pathway (RAC EoLCP) is a care plan that guides the provision of good quality end of life (terminal) care in residential aged care. It incorporates evidence and consensus-based best practice clinical management and care coordination for dying residents in residential aged care facilities.

Implementation of this care plan should be supported by education to all facility staff involved in the end of life (terminal) care of residents. Its use supports, but does not replace, good medical practice and the requirement to exercise clinical judgement. The final decision to commence the pathway is a clinical one, supported by the views of a suitably qualified practitioner and, if possible, the resident and/or their substitute decision maker.

Background

The RAC EoLCP was developed by the Brisbane South Palliative Care Collaborative (BSPCC) with funding from the Australian Government Department of Health and Ageing.

It is recommended that the RAC EoLCP is implemented within a supportive framework. Components of

Contact

For further information on implementation and training:

The Manager, Brisbane South Palliative Care Collaborative.

Telephone: 1300 007 227

Email: BSPCC@health.qld.gov.au

Mail: PO Box 2274, Runcorn QLD 4113

Additional Resources

Additional resources are available on the [palliAGED website](#).

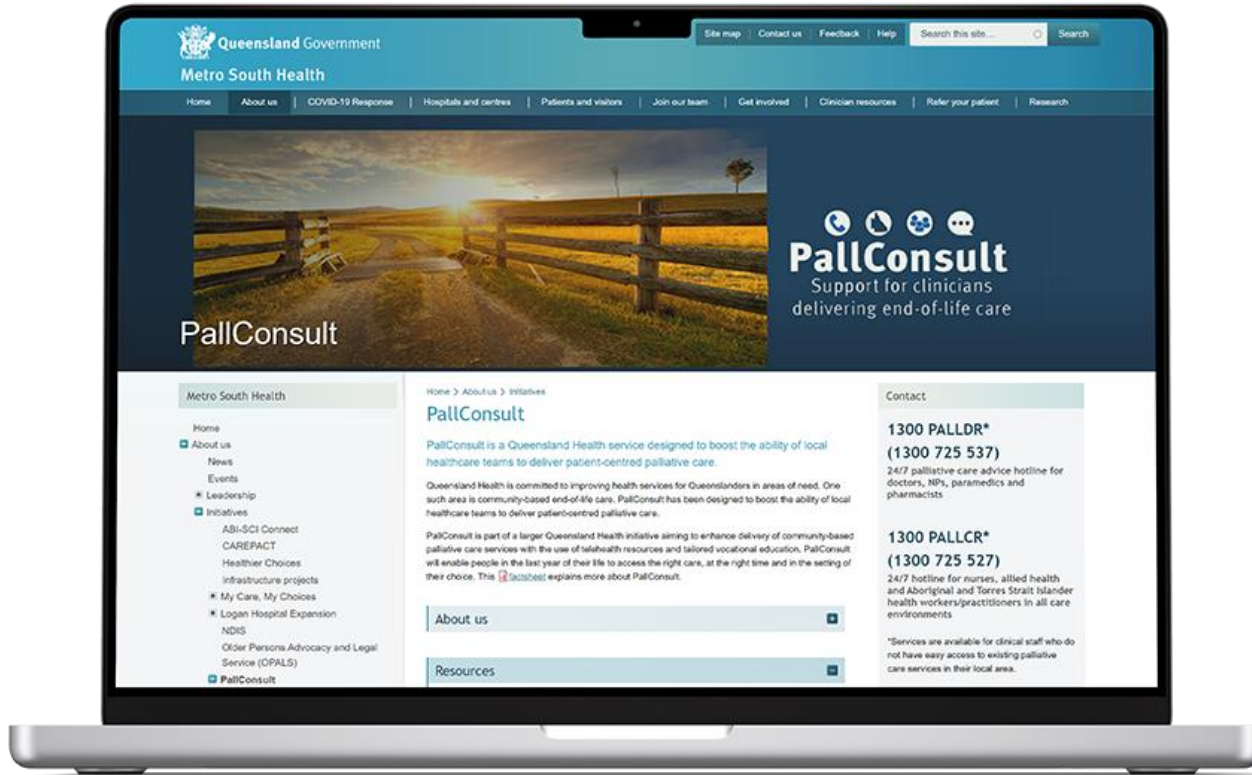
These include:

- [A 26 minute video designed to train](#)

[Residential aged care end of life care pathway | Metro South Health](#)



Navigating pallconsult.com.au





Review – any further questions?

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Contact us



1300 PALLDR* (1300 725 537)

For doctors, NPs, paramedics and pharmacists



1300 PALLCR* (1300 725 527)

For nurses, allied health and Aboriginal and Torres Strait
Islander health workers/practitioners in all care environments



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