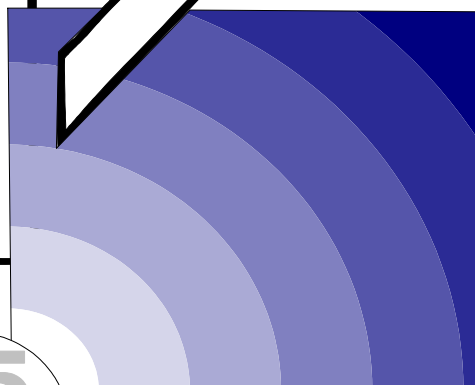
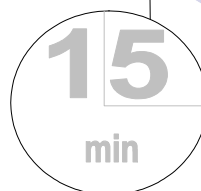


# CLIP

15 minute Worksheet



## Helping patients with symptoms other than pain

# 10: Recognising emergencies

Intermediate level

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### Aim of this worksheet

To learn to recognise emergencies in patients with advanced disease

### How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, then work on the questions overleaf.
- The work page is on the right side, the information page is on the left.
- Work any way you want: you can try answering from your own knowledge (in which case fold over the information page), you can use the information page (this is not cheating- you learn as you find the information), or you can use other sources of information
- It should take you about 15 minutes. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know
- Take this learning into your workplace using the activity on the back page.

### Case study

**John is a 54 year old man who had surgery for a carcinoma of the colon. Two weeks ago his wife noticed he seemed vague on occasions. Over the past week he has become increasingly disorientated. Overnight he has become drowsy. At times he becomes agitated and seems in pain, but is unable to describe his symptoms.**

## Identifying emergencies in advanced disease

In someone with a progressing, advanced disease it is easy to assume that any deterioration is due to the disease and to assume that this is inevitable and irreversible. However, there are many conditions that can be treated or reversed that will improve the quality of life for such patients. This is important for John, whose confusion will be distressing for him and his family. Although treatment will not always be possible because the patients too ill or they refuse treatment, it is important to identify the possibilities.

*Severe pain:* any severe pain needs treatment. Pain worsened by even the slightest movement may be due to a fracture of a long bone or a vertebral collapse. This will need analgesics and may need surgery or radiotherapy. (See CLIP worksheet on *Managing Severe Pain*)

*Agitation:* this may be because of fear or be part of a confusional state (see CLIP worksheet on *Confusion*).

*Blue fingers:* this shows that the amount of oxygen in the blood is low (although it is possible to be low on oxygen-hypoxic- and still look pink). Causes of hypoxia are reduced ventilation (respiratory depression due to drugs), reduced lung capacity (infection, pleural effusion, cancer, COPD), reduced blood circulation (pulmonary embolus) or reduced gas transfer in the lungs (pulmonary oedema, lymphangitis, fibrosis).

*Fatigue:* this is common in advanced disease and, although it needs to be managed and treated if possible, it is not an emergency. See CLIP worksheet on *Fatigue, Lethargy, Drowsiness and Weakness*.

*Sudden drowsiness:* this is unusual in advanced disease and suggests an urgent problem. It is unusual for someone to be up and about one day and then become bed bound and sleepy within a few days. Possible causes are hypoxia, hypercalcaemia, steroid withdrawal, glucose abnormality (high or low), seizure, drug adverse effect, CVA, raised intracranial pressure, and severe infection.

*Swollen face:* this can be due to blockage of the main vein draining the head, the Superior Vena Cava (SVC) by tumour in the chest. It needs urgent treatment with steroids and radiotherapy (chemotherapy is used for SVC obstruction in patients with sensitive malignancies such as small cell lung cancer).

*Confusion:* this is distressing for all. The commonest causes are drugs, infection, and blood chemistry abnormalities (see CLIP worksheet on *Confusion*).

*Weak legs:* in the presence of fatigue it is tempting to put this complaint down to the general effects of the disease. In cancer, however, vertebral collapse can compress the spinal cord. If this is not treated urgently then paralysis of the legs is the result.

*Chest pain:* this may be due to a myocardial infarction, pulmonary embolus or chest infection. All need treatment.

*Sudden breathlessness:* this is distressing for the patient and needs urgent assessment. See the causes of hypoxia above and the CLIP worksheet on *Breathlessness*.

*Rasping breathing:* this is unusual in advanced disease but can be due to narrowing of the airway (usually by tumour) when it is called 'stridor'. It needs emergency treatment to stop the airway closing off altogether.

*'Coffee-ground' vomit:* this indicates altered blood due to an ulcer or inflamed stomach lining. This may be due to the physical and psychological stress of the illness or to drugs such as nonsteroidal anti-inflammatory drugs. It needs urgent treatment to prevent severe bleeding.

*Blood in sputum:* this is common in lung cancer and is usually just streaks in the sputum. More troublesome bleeding needs drugs that reduce bleeding (eg tranexamic acid), radiotherapy or embolisation.

*Swollen legs:* this is common and not usually an emergency, but sudden swelling suggests a blood clot (DVT- deep venous thrombosis) or blockage of the Inferior Vena Cava (IVC) and these need urgent assessment.

## Decisions in unexpected deterioration

1. *Are drugs the cause?* Reduce the drug dose and, if necessary, partially reverse their effects (eg. naloxone for opioid toxicity). NB in palliative care, reversal should be titrated so the benefit of the original drugs is not lost.
2. *Is comfort only possible?* eg. very short prognosis (hour by hour deterioration), patient refusing treatment, irreversible problem. Company and warmth are the most important- if sedation is needed ask advice.
3. *If treatment is clearly appropriate:* arrange tests and treat cause.
4. *If the need for treatment is uncertain :* consult with the patient if they are able to understand and discuss what is going on. Otherwise talk to partner or family as they may indicate what the patient has said previously. Consult with the care team taking into account the history, rate of deterioration and availability of treatment. Judgement of the patient's previous quality of life by others is not helpful- there is good evidence of its subjectivity and inaccuracy.
5. *If need for treatment is still unclear:* use the rule of 3- if deteriorating hourly wait 3 hours, if deteriorating daily wait 3 days. If further deterioration has occurred then treat for comfort, otherwise consider treating.

**NB. Assessment of quality of life by professionals should *not* be used in deciding treatment- there is good evidence to show that professionals are very inaccurate in such assessments. Only patients can estimate their own quality of life.**

(See Mencap website [http://www.mencap.org.uk/html/campaigns/health\\_pubs.htm](http://www.mencap.org.uk/html/campaigns/health_pubs.htm) )

## Where to get help

Decisions about emergencies can be clear cut, but in patients with advanced disease there are many occasions when uncertainty exists on: whether the deterioration is treatable, if it should be treated, how it should be treated. Advice can be sought from specialist teams for the disease concerned, pain teams and palliative care (PC) teams. See [www.hospiceinformation.info](http://www.hospiceinformation.info) for information on local PC teams. Some provide 24 hour advice on difficult problems.

**Reflect**

**Ring** those features which you think might indicate an emergency

Severe pain

Agitation

Blue fingers

Fatigue

Sudden drowsiness

Swollen face

Confusion

Weak legs

Chest pain

Sudden breathlessness

Rasping breathing

Blood in sputum

'Coffee-ground' vomit

Sudden swollen legs

**Reflect**

**Ring** whichever of the following you think would be helpful in deciding if treatment should be considered

Current drugs as a cause

Rate of deterioration

Patient's opinion

Whether cause is treatable

Partner's opinion

Patient's previous views

Availability of treatment

Teams' view of patients quality of life

Wait and see what happens

**Write**

Where can you get advice?

## FURTHER ACTIVITY: Recognising emergencies

Think back to the last emergency you were part of and consider which factors made decisions on treatment harder and which made them easier

## FURTHER READING: Recognising emergencies

### Journal articles

- Aurora R. Milite F. Vander Els NJ. Respiratory emergencies. *Seminars in Oncology*. 2000; **27**(3): 256-69.
- Brigden ML. Hematologic and oncologic emergencies. Doing the most good in the least time. *Postgraduate Medicine*. 2001; **109**(3): 143-6.
- Flombaum CD. Metabolic emergencies in the cancer patient. *Seminars in Oncology*. 2000; **27**(3): 322-34.
- Keefe DL. Cardiovascular emergencies in the cancer patient. *Seminars in Oncology*. 2000; **27**(3):244-55.
- Manghani HH. Marco RA. Picciolo A. Healey JH. Orthopedic emergencies in cancer patients. *Seminars in Oncology*. 2000; **27**(3): 299-310.
- Quinn JA. DeAngelis LM. Neurologic emergencies in the cancer patient. *Seminars in Oncology*. 2000; **27**(3): 311-21,
- Russo P. Urologic emergencies in the cancer patient. *Seminars in Oncology*. 2000; **27**(3):284-98.
- Schnoll-Sussman F. Kurtz RC. Gastrointestinal emergencies in the critically ill cancer patient. *Seminars in Oncology*. 2000; **27**(3): 270-83.
- Tan SJ. Recognition and treatment of oncologic emergencies. *Journal of Infusion Nursing*. 2002; **25**(3): 182-8.

### Resource books and websites

- A Guide to Symptom Relief in Palliative Care, 5<sup>th</sup> ed.* Regnard C, Hockley J. Abingdon: Radcliffe Medical Press, 2004
- Oxford Textbook of Palliative Medicine* 3rd ed. Doyle D, Hanks G, Cherny NI, Calman K eds. Oxford : Oxford University Press, 2003.
- PCF2- Palliative Care Formulary, 2<sup>nd</sup> ed.* Twycross RG, Wilcock A, Charlesworth S. Abingdon: Radcliffe Medical Press, 2003.  
Also on [www.palliativedrugs.com](http://www.palliativedrugs.com)
- Symptom Management in Advanced Cancer, 3rd edition.* 2001. Twycross RG, Wilcock A. Abingdon: Radcliffe Medical Press.  
[www.palliativedrugs.com](http://www.palliativedrugs.com) Updated website for the Palliative Care Formulary
- See [www.st.christophers.org/hic](http://www.st.christophers.org/hic) for information on local PC teams. Some provide 24 hour advice on difficult problems.
- [www.mencap.org.uk](http://www.mencap.org.uk) information on caring for people with mental health and learning difficulties.

**CLIP**

**Current  
Learning  
In  
Palliative care  
An accessible  
learning programme  
for health care  
professionals**

### Fifty seven 15 minute worksheets are available on:

- An introduction to palliative care (3 worksheets)
- Helping the patient with pain (9 worksheets)
- Helping the patient with symptoms other than pain (11 worksheets)
- Moving the ill patient (2 worksheets)
- Psychological needs (8 worksheets)
- Helping patients with reduced hydration and nutrition (8 worksheets)
- Procedures in palliative care (4 worksheets)
- Understanding and helping the person with alternative communication (learning disabilities) (5 worksheets)
- The last hours and days (4 worksheets)
- Bereavement (3 worksheets)

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Helping the Patient with Advanced Disease: a Workbook  
Regnard C. ed.

Oxford: Radcliffe Medical Press [www.radcliffe-oxford.com](http://www.radcliffe-oxford.com)