

Palliative Care Update; Specialist Services and symptom management

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Medicine Marie Curie Hospice and BHSCT



Marie Curie Services Northern Ireland



Marie Curie Hospice Inpatient Unit Belfast



Marie Curie Nursing Services

- Marie Curie Rapid Response Team
- Marie Curie overnight nursing



Marie Curie Community and Outpatient Services

Marie Curie Hospice Inpatient Unit Belfast



- **Symptom Control**
- **End of life care**
- **Rehabilitation**

Marie Curie Nursing Service



One-to-one
nursing care and
support overnight
in patient's home



Daytime sits – for
carer respite



Access through
DN

Marie Curie Helper Service...matched volunteers who provide

**Companionship
and emotional
support**

**Help with
practical tasks,
accompany to
appointments**

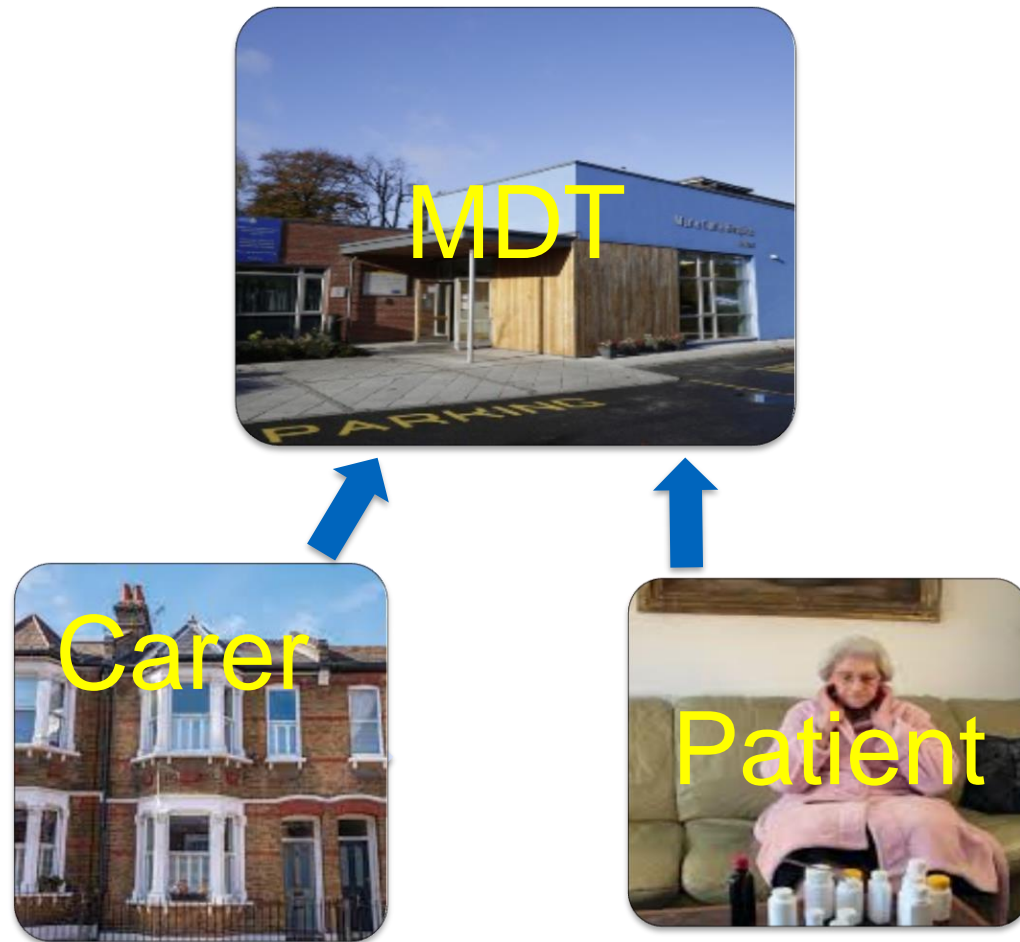
**A break for
families/carers**

**Bereavement
support**

Tel: 028 94 331 868

19/05/2023

Previous model: Day Hospice



Changes

Covid-telephone/DVs/OP attendance

Funding (Cancer Fund) for 2 CNSs and medical time

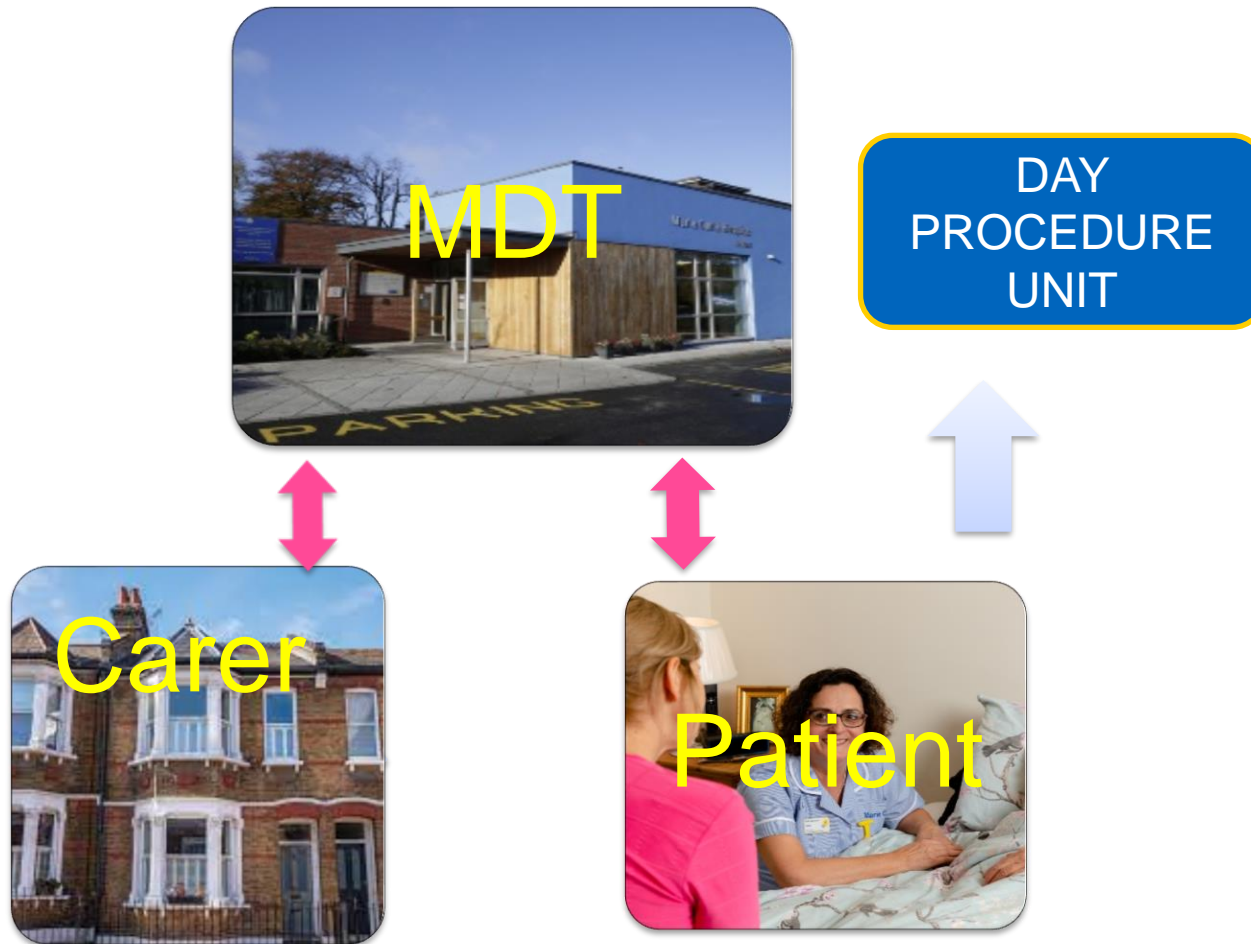
Community Consultant (5 sessions)

Capacity for group sessions e.g. carers, FAB, bereavement.

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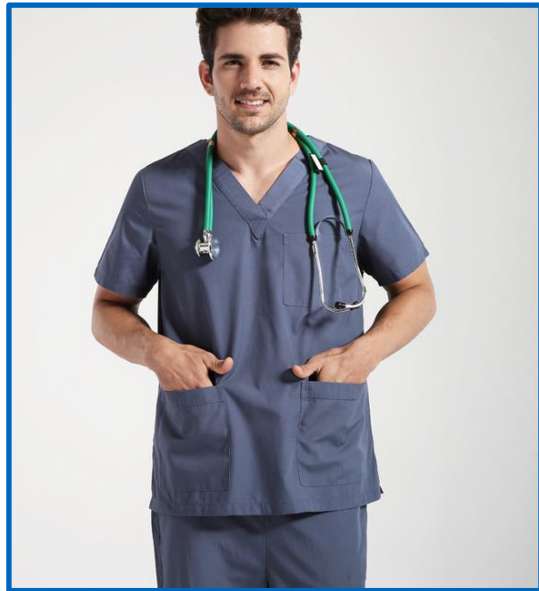
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New Model; Community & Outpatient Services;



+ Marie Curie Community and Outpatient Services

Multidisciplinary Team



Care and support through terminal illness

Marie Curie Community and Outpatient Services

MEDICAL & CNS

Rapid Access Outpatient Clinics

Consultant-led Medical review and management of complex symptoms

Domiciliary visits

Advice to professionals

PHYSIO & OT

Individual Assessment

Individual ongoing review

Domiciliary assessment

Individual Programmes for fatigue, anxiety & breathlessness(FAB) or rehabilitation.

Parkinsons Disease Group

PATIENT & FAMILY SUPPORT TEAM

Pre & post bereavement support

Carer assessments and support

Counselling service

Emotional Support

Advice (legal, benefits, finance)

Advance care Planning

AHP Programmes



F.A.B. (Fatigue Anxiety & Breathlessness) programme (5 weeks)



Exercise Programme for patients with Parkinson's Disease (6 weeks)



Carers Support Programme (5 weeks)



Wellbeing Programme

Day Procedure Unit



- **Zoledronic acid infusions**
- **Blood transfusions**

Marie Curie Nursing Services

- **Planned Nursing care at Home**
- **Rapid Response Community Nursing Services**



Referring patients

CCG

-IPU/ Community & Outpatients or Day Procedure.

-Call us to discuss

028 94 331 868

Provide Information

- reason for referral
- Relevant diagnoses.
- Key issues currently.
- Other HCPs involved
- Supports in home
- Patient insight

If refer to IPU and patient not known to a SPC provider we may offer a bridging DV

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Plans

Belfast Trust Hub to manage referrals



Belfast Trust Community Consultants



Development of SPC referral form on CCG



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**Specialist
Palliative
Medicine
advice
line**

**Out of
Hours**

028 9615 1900

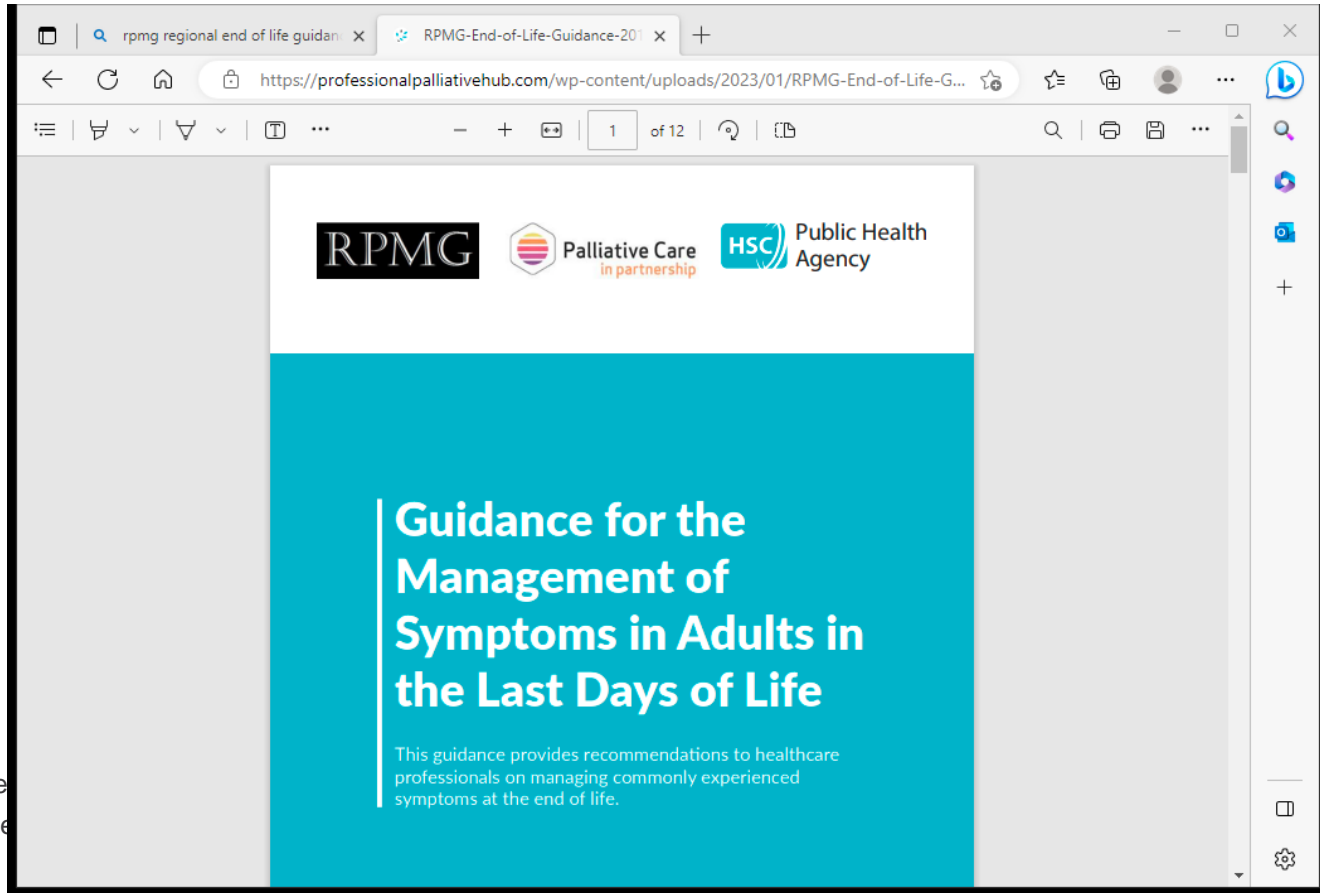
**Doctor to doctor
advice**

**Available to GPs and
hospital doctors in
BHSCT area OOH**

**Please have patients
medical details /
medication history/
relevant info**



Resources-



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'Just in Case' Box Cost



**10 amps Morphine
Sulfate**

10 amps Cyclizine

10 amps Midazolam

**10 amps
Glycopyrronium
Bromide**

**10 amps Water for
injection**

**Total cost approx
£44.00**

OOH palliative care; Marie Curie Conference 2023

1. Telephone advice available 24/7 from person access to summary.
2. Medicines management; anticipatory Rx and access to injections
3. Crisis support- direct hospice admission/rapid response nursing/GP visits
4. Help families anticipate and prepare for crisis
5. Help managing last days of life

INTEGRATE OOH
SERVICES

PROACTIVE
CARE RATHER
THAN CRISIS
CARE

Medicines which may be suggested by SPC

Parecoxib

PPIs

Levetiracetam

Fentanyl



Parecoxib

COX -2 inhibitor, usual cautions apply

SC administration –non licensed.

Dose 40mg-80mg CSCI/24hrs or 10-20mg SC PRN

Dilute in NaCl, NOT water for injection.

Do not mix with other drugs in SD*

PPIs



Esomeprazole CSCI experience 20-40mg in 0.9% NaCl
Off licence use (dyspepsia, GI bleeding)



Esomeprazole alkali



Case series data in combination with parecoxib.



Protect from light, observe for precipitation

Woodman et al. BMJ Support Palliat Care 2022

Source: details here (or delete)

Levetiracetam

Indication; seizure control, PO route not feasible.

SC infusion unlicensed use.

PO; SC conversion =1:1

500mg/5mls-max dose in one SD -21mls in 30ml syringe is 2g.

Maximally dilute, preferred diluent is 0.9% saline.

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Fentanyl

Morphine first line strong opioid in liver failure

Generally avoid oxycodone in liver failure re impaired elimination

Fentanyl injectable opioid of choice in liver failure

**HOWEVER CAUTION re lack familiarity/ alfentanil confusion/
CYPA4 interactions/ potency**

1mg sc fentanyl =150mg PO morphine

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